

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 16/06/2021 16:28 (SGT)  
Date of Accident ..... 15/06/2021 10:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE Before Bahagia  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKR954Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... RICHARD PNG SIOW HONG  
NRIC No ..... SXXXX439G  
Email Address ..... bearofkel\_92@hotmail.com  
Mobile Phone No ..... (Phone) +65-88668229  
Alternative Phone No ..... +65-88668229

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Cla250  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1991

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120427184 (CLASSIC)  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RICHARD PNG SIOW HONG  
NRIC No ..... SXXXX439G

|  |                               |
|--|-------------------------------|
| Date Of Birth .....  | 02/09/1992                    |
| Occupation .....   | Outdoor                       |
| Date Of Driving Pass .....   | 19/02/2013                    |
| Driving experience .....   | 8 YEARS AND 4 MONTHS          |
| Gender .....   | Male                          |
| Mobile Number .....  | (Phone) +65-88668229          |
| Alt. Phone Number .....  | +65-88668229                  |
| Email Address .....  | bearofkel_92@hotmail.com      |
| Address .....  | 428B YISHUN AVENUE 11 #06-160 |
| Address complement .....   | -                             |
| Postcode .....   | 762428                        |
| Is the driver the policyholder? .....                              | Yes                           |
| If No, Relationship of the Driver with the Insured .....           | -                             |
| Does Driver Own Other Vehicles? .....                              | No                            |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                             |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                             |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |                 |
|--------------------------|-----------------|
| Type of Accident .....   | Chain Collision |
| Weather Conditions ..... | Clear           |
| Road Surface .....       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 3   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |             |
|--------------|-------------|
| Name .....   | CHEW JUN DE |
| Gender ..... | Male        |

#### PASSENGER 2

|              |            |
|--------------|------------|
| Name .....   | CALVIN ONG |
| Gender ..... | Male       |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police? .....  | Yes                              |
| Police Station Name .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |
| Was there any audio recorded? .....                 | No  |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SFJ1145K    |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | -           |
| Contact Number .....                          | -           |
| Address .....                                 | -           |
| Address complement .....                      | -           |
| Postcode .....                                | -           |
| Insurance Company Name .....                  | -           |
| Nature Of Damage .....                        | -           |
| Details of property damaged in accident ..... | -           |
| No. Of Passenger (Including Driver) .....     | -           |

## DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SMS1038G    |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | -           |
| Contact Number .....                          | -           |
| Address .....                                 | -           |
| Address complement .....                      | -           |
| Postcode .....                                | -           |
| Insurance Company Name .....                  | -           |
| Nature Of Damage .....                        | -           |
| Details of property damaged in accident ..... | -           |
| No. Of Passenger (Including Driver) .....     | -           |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                       |
|---|-----------------------|
| Name of injured person .....                              | RICHARD PNG SIOW HONG |
| Address .....   | -                     |
| Address Complement .....                                  | -                     |
| Post Code .....   | -                     |
| Approximate Age Years Old .....                           | 28                    |
| Injuries Sustained .....                                  | 5 DAYS MEDICAL LEAVE  |
| Injured person in which vehicle? .....                    | SKR954Y               |
| Were seat belts worn? .....                               | Yes                   |
| Was this injured conveyed to hospital by ambulance? ..... | No                    |

### INJURED 2

|   |             |
|---|-------------|
| Name of injured person .....                              | CHEW JUN DE |
| Address .....   | -           |
| Address Complement .....                                  | -           |
| Post Code .....   | -           |
| Approximate Age Years Old .....                           | -           |
| Injuries Sustained .....                                  | -           |
| Injured person in which vehicle? .....                    | SKR954Y     |
| Were seat belts worn? .....                               | Yes         |
| Was this injured conveyed to hospital by ambulance? ..... | No          |

### INJURED 3

|                              |            |
|------------------------------|------------|
| Name of injured person ..... | CALVIN ONG |
| Address .....                | -          |

|   |         |
|---|---------|
| Address Complement .....                                  | -       |
| Post Code .....   | -       |
| Approximate Age Years Old .....                           | -       |
| Injuries Sustained .....                                  | -       |
| Injured person in which vehicle? .....                    | SKR954Y |
| Were seat belts worn? .....                               | Yes     |
| Was this injured conveyed to hospital by ambulance? ..... | No      |



Refer to Police Report  
T/20210615/7a16

We declare the foregoing particulars are true in every respect.

IDAC SIN MING(VICOM LTD)  
385 SIN MING DRIVE S(575718)

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Witnessed by Reporting Centre  
Personnel