

# 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 ..... 26/07/2021 16:10 (SGT)  
Date of Accident ..... 23/07/2021 14:55 (SGT)  
Exact Location of Accident ..... Clementi Ave 6, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ3779G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GLORY TRADING & MINIMART PTE LTD  
Company Reg No ..... 2XXXXX397W  
Email Address ..... youan83@gmail.com  
Mobile Phone No ..... (Phone) +65-90614005  
Alternative Phone No ..... +65-90404023

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... XZU710R  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 4009

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00063712100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG YOU AN (HUANG YOUAN)  
NRIC No ..... SXXXX854A

|  |                                |
|--|--------------------------------|
| Date Of Birth .....  | 08/04/1983                     |
| Occupation .....   | Outdoor                        |
| Date Of Driving Pass .....   | 11/01/2007                     |
| Driving experience .....   | 14 YEARS AND 6 MONTHS          |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-90404023           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | youan83@gmail.com              |
| Address .....  | BLK 208B PUNGGOL PLACE #15-918 |
| Address complement .....   | -                              |
| Postcode .....   | 822208                         |
| Is the driver the policyholder? .....                              | No                             |
| If No, Relationship of the Driver with the Insured .....           | Employee                       |
| 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 .....   | Collision - Head to Rear |
| Weather Conditions ..... | Clear                    |
| Road Surface .....       | Dry                      |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 2   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other vehicle or property damaged? .....  | Yes |
| Number of Passengers (Including Driver) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |             |
|--------------|-------------|
| Name .....   | NG KAI LIAN |
| 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

PLEASE REFER TO POLICE REPORT T/20210723/7036

#### ATTACHMENT(S)

|   |            |
|---|------------|
| Are accident photos available for attachment? .....     | Yes        |
| Was there any video captured by Car Camera? .....       | Yes        |
| Reasons for not uploading a video of the accident ..... | WITH OWNER |
| Was there any audio recorded? .....                     | No         |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | PA9708M |
|-----------------------------------|---------|

|   |                      |
|---|----------------------|
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Commercial vehicle   |
| Name of Driver .....                          | CHEONG KONG KIN      |
| NRIC No .....                                 | SXXXX544H            |
| Contact Number .....                          | (Phone) +65-94560148 |
| 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 .....                              | NG YOU AN (HUANG YOUAN) |
| Address .....   | -                       |
| Address Complement .....                                  | -                       |
| Post Code .....   | -                       |
| Approximate Age Years Old .....                           | -                       |
| Injuries Sustained .....                                  | NECK AND BACK PAIN      |
| Injured person in which vehicle? .....                    | YQ3779G                 |
| Were seat belts worn? .....                               | Yes                     |
| Was this injured conveyed to hospital by ambulance? ..... | No                      |

##### INJURED 2

|   |                    |
|---|--------------------|
| Name of injured person .....                              | NG KAI LIAN        |
| Address .....   | -                  |
| Address Complement .....                                  | -                  |
| Post Code .....   | -                  |
| Approximate Age Years Old .....                           | -                  |
| Injuries Sustained .....                                  | NECK AND BACK PAIN |
| Injured person in which vehicle? .....                    | YQ3779G            |
| Were seat belts worn? .....                               | Yes                |
| Was this injured conveyed to hospital by ambulance? ..... | No                 |

# SKETCH PLAN

## IMPORTANT NOTICE

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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.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that :  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



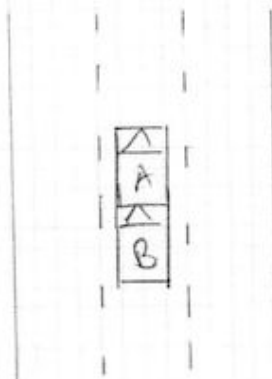
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

Signature: [Handwritten Signature] Date: 26/07/2021

Witnessed by Reporting Centre Personnel



A: YQ3779G  
B: PA9708M

Refer to Police Report  
T/20210723/7036

I/We declare the foregoing particulars are true in every respect.



Yours

*[Signature]*

Witnessed by Reporting Centre  
Personnel



















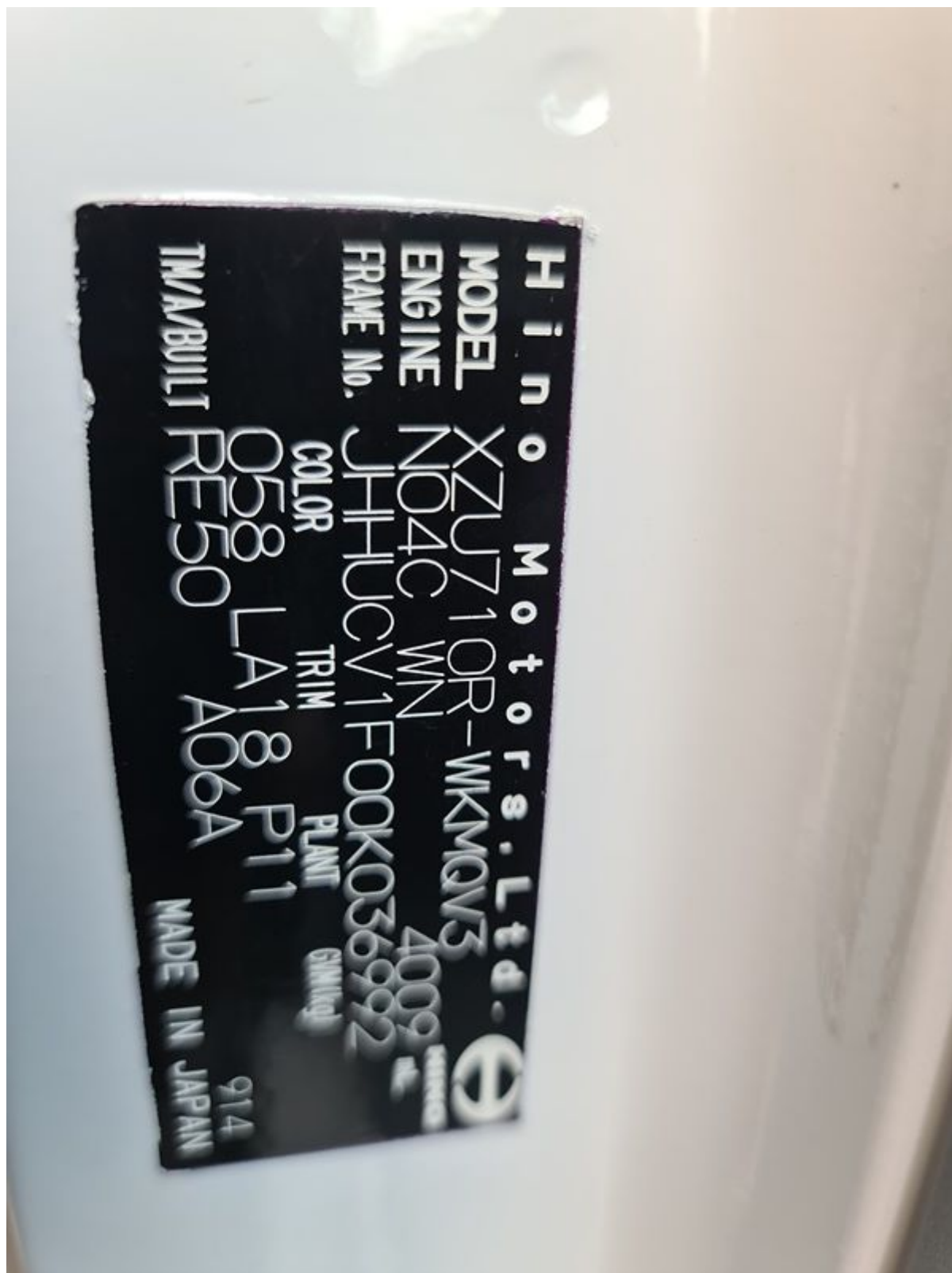
















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210723/7036

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Report No. T/20210723/7036

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>23/07/2021 19:52 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>NG YOU AN            |            |                              | Address:<br>208B PUNGGOL PLACE #15-918 SINGAPORE 822208 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8310854A   |            |                              | Contact No.:<br>Home/Office: Mobile: 90404023           |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>yukidada1998@gmail.com                        |                    |                            |
| Sex:<br>Male                               | Age:<br>38 | Date of Birth:<br>08/04/1983 | Type of Informant:<br>Driver                            |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                    |                    | Institution / School Name: |
| Occupation:<br>Lorry driver                |            |                              | Driving Licence Information:<br>Class:                  |                    | Date of Expiry:            |

**General Information of the Accident**

|  |                  |                                    |  |                                     |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>23/07/2021 14:55 | Type of Location:<br>Straight Road  |
| Location:<br><br>CLEMENTI AVENUE 6                           |                  |                                    |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make | Model | Color | Conditio          | No of |
|-------------|-------|------|-------|-------|-------------------|-------|
| YQ3779G     | Lorry |      |       |       | Seriously Damaged | 1     |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20210723/7036

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210723/7036

**CONTINUATION OF REPORT**

|                                   |                 |                                   |                                   |
|-----------------------------------|-----------------|-----------------------------------|-----------------------------------|
| <b>Passenger</b>                  |                 |                                   |                                   |
| Name                              | NG KAI LIAN     | ID No.                            | S8627926F                         |
| Related Vehicle                   | YQ3779G (Lorry) | Contact No.                       | 81610722                          |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 23/07/2021      | Date                              | 23/07/2021                        |
| No. of Days granted Medical Leave | 03              | Degree of                         | Serious                           |
| <b>Driver</b>                     |                 |                                   |                                   |
| Name                              | NG YOU AN       | ID No.                            | S8310854A                         |
| Related Vehicle                   | YQ3779G (Lorry) | Contact No.                       | 90404023                          |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 23/07/2021      | Date                              | 23/07/2021                        |
| No. of Days granted Medical Leave | 03              | Degree of                         | Serious                           |

Brief Details.

On the above date, time and location, I was stationary along Lane 2 due to traffic, suddenly I felt a huge impact from the rear. I alighted shortly after to check and realised vehicle bearing plate number PA9708M has collided onto the rear of my vehicle.

My brother and I sustained injuries from the accident and went to seek medical attention after leaving the scene and was given 3 days of MC each.



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210723/7036

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Report No. T/20210723/7036

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
23/07/2021 19:52

Classification Of Case: