

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 16/08/2021 18:35 (SGT)
Date of Accident 14/08/2021 13:50 (SGT)
Exact Location of Accident Bukit Batok Rd, Singapore
Additional Location Information BUKIT BATOK ROAD SLIP ROAD TOWARDS BUKIT BATOK
WEST AVE 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS6155E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG CHOU MENG
NRIC No SXXXX985C
Email Address CHARLIEMIKENG@GMAIL.COM
Mobile Phone No (Phone) +65-96384872
Alternative Phone No (Home) +65-96384872

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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 0

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2020-00011839
Cover Note Number -

DRIVER

Name of Driver NG CHOU MENG

NRIC No	SXXXX985C
Date Of Birth	20/02/1988
Occupation	Indoor
Date Of Driving Pass	23/05/2013
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96384872
Alt. Phone Number	(Home) +65-96384872
Email Address	CHARLIEMIKENG@GMAIL.COM
Address	APT BLK 815A CHOA CHU KANG AVE 7 #16-01
Address complement	-
Postcode	681816
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	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	ONG MUI CHEU
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SLW3365P
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	ONG MUI CHEU
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS6155E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG CHOU MENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS6155E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan


A: SLS 6155E
B: SLW 3365P

Describe Circumstances of the Accident

On 14.08.2021 at about 13:50pm. I was travelling along Bukit Batak Road Slip Road towards Bukit Batak West Avenue 5. I was stationary to check incoming vehicle. Suddenly, vehicle B hit my rear portion.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

























**SINGAPORE
POLICE FORCE**



J/20210814/7040

1 of 2

POLICE REPORT (NP299)

Report No. J/20210814/7040

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 14/08/2021 20:02	Vide Report No.	Station Diary No.
Name Of Informant NG CHOU MENG	Address 815A CHOA CHU KANG AVENUE 7 #16-01 SINGAPORE 681815	
ID Type / ID No. NRIC NO / S8870985C	Contact No. Home/Office: Mobile: 96384872	
Nationality SINGAPORE CITIZEN	Email Address CHARLIE MIKENG@GMAIL.COM	
Occupation Electrical engineer (general)	Sex Male	Age 33
Institution/School Name	Date of Birth 20/02/1988	Race Chinese
Date/Time Of Incident 14/08/2021 13:50 - 14/08/2021 15:00	Location Of Incident BUKIT BATOK WEST AVENUE 5	

Brief details.

SLW3365P crashed into the back of my vehicle SLS6155E near bukit batok driving center. My lamp was damaged with dented on the back of vehicle. SLW3365P Driver involved is Ong Wee Leng, Joshua.

Subjects Involved			
Victim			
Person Name	NG CHOU MENG		
ID Type	NRIC NO	ID No	S8870985C

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2021 20:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20210814/7040

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210814/7040

Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Electrical engineer (general)	Address	815A CHOA CHU KANG AVENUE 7 #16-01 SINGAPORE 681815
Mobile No	96384872	Is Informant A Victim?	Yes
Person Name NG CHOU MENG (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2021 20:02
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Victim			
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