

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 15/10/2021 15:25 (SGT)
Date of Accident 14/10/2021 15:00 (SGT)
Exact Location of Accident Jalan Bukit Merah, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ4624G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG CHEE PENG
NRIC No S1619971J
Email Address stevenng708@hotmail.com
Mobile Phone No (Phone) +65-98532971
Alternative Phone No (Home) +65-98532971

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant ALTIS CLASSIC 1.6 CVT
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 hire
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118759831
Cover Note Number -

DRIVER

Name of Driver NG CHEE PENG
NRIC No S1619971J

Date Of Birth	29/09/1963
Occupation	Outdoor
Date Of Driving Pass	06/10/1987
Driving experience	34 YEARS
Gender	Male
Mobile Number	(Phone) +65-98532971
Alt. Phone Number	(Home) +65-98532971
Email Address	stevenng708@hotmail.com
Address	BLK 708 CHOA CHU KANG STREET 53 #02-06
Address complement	-
Postcode	680708
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 - Major/Minor Rd
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?	Yes
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	FRIEND
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	SLF1407E
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)	2

PASSENGER 1

Name	MAID
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	THIRD PARTY DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF1407E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	THIRD PARTY PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF1407E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	NG CHEE PENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKZ4624G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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

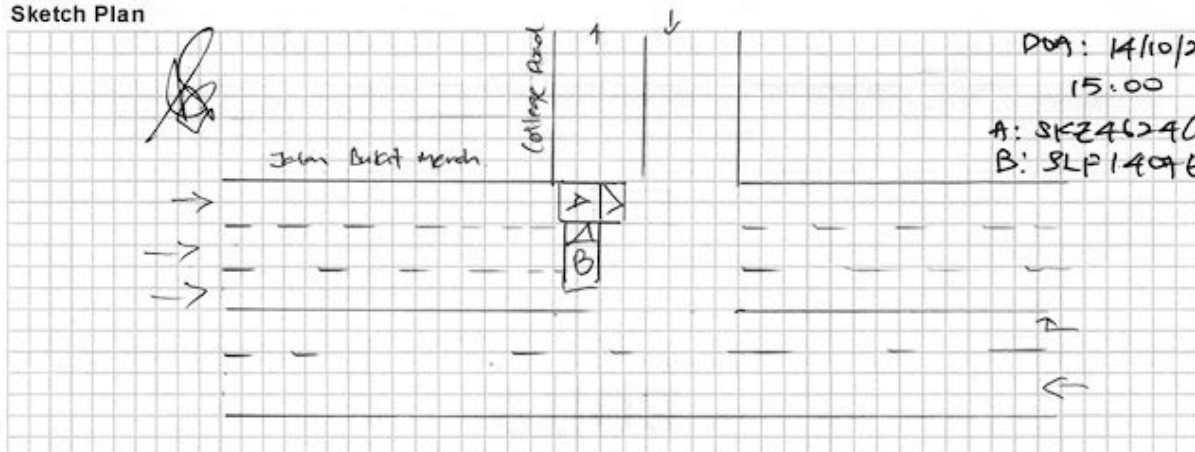
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time 15/10/2021, 15:00pm


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

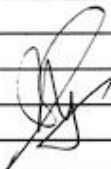

Witnessed by Reporting Centre
Personnel

Sketch Plan

A hand-drawn sketch plan on a grid background. It shows a road layout with a vertical road labeled 'College Road' and a horizontal road. A vehicle is depicted at the intersection, with arrows indicating movement. The name 'John Bukit Mendu' is written near the vehicle. To the right, there is a circular stamp that reads 'JIN AUTO SERVICES PTE LTD'. Below the stamp, the date and time '14/10/2021, 15:00' are written, along with two alphanumeric codes: 'A: SKZ4624G' and 'B: SLP149E'.


Describe Circumstances of the Accident


PLEASE REFER TO POLICE REPORT.



Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time 15/10/2021, 15.00pm


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

 
 Witnessed by Reporting Centre
 Personnel







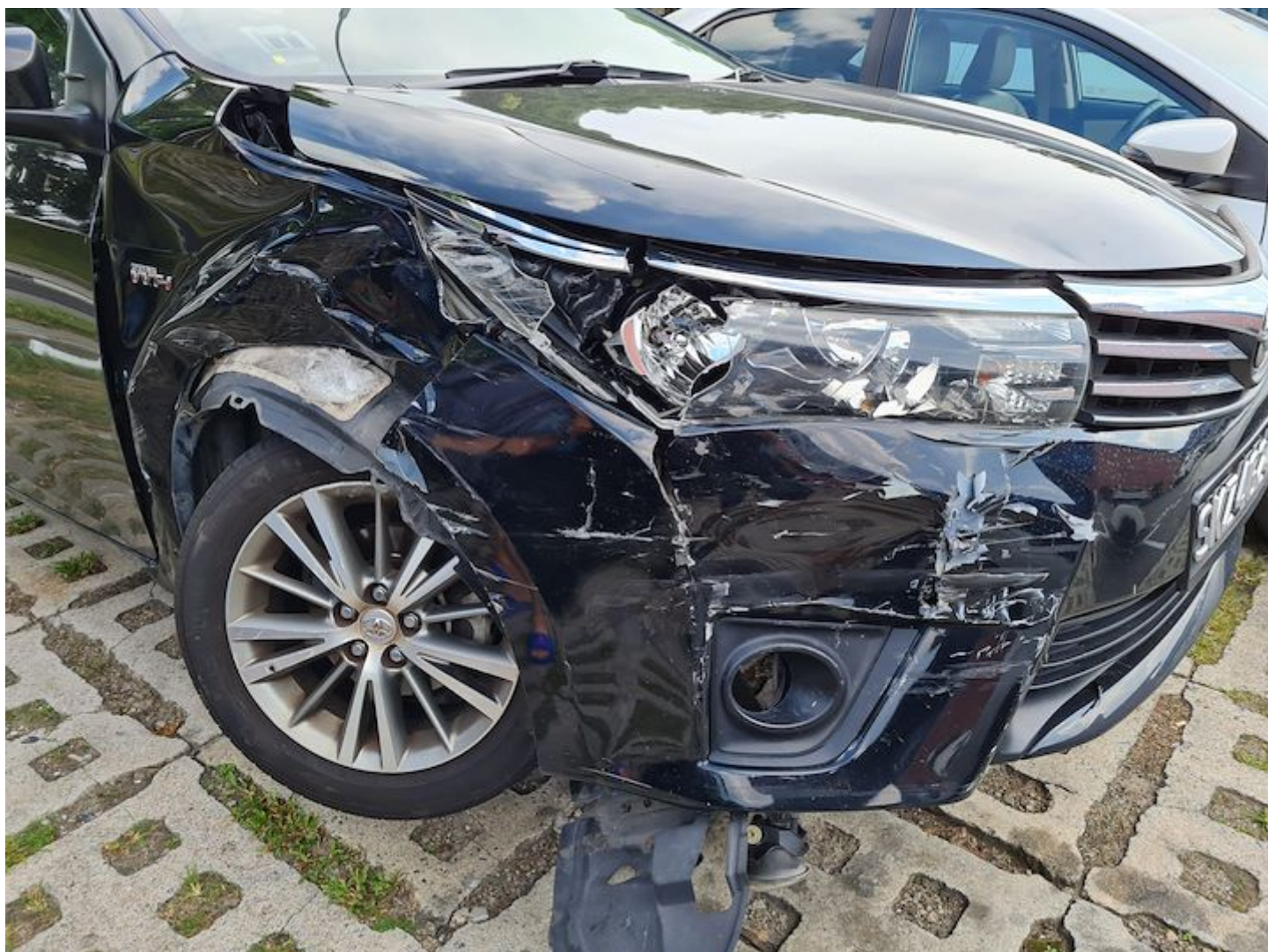


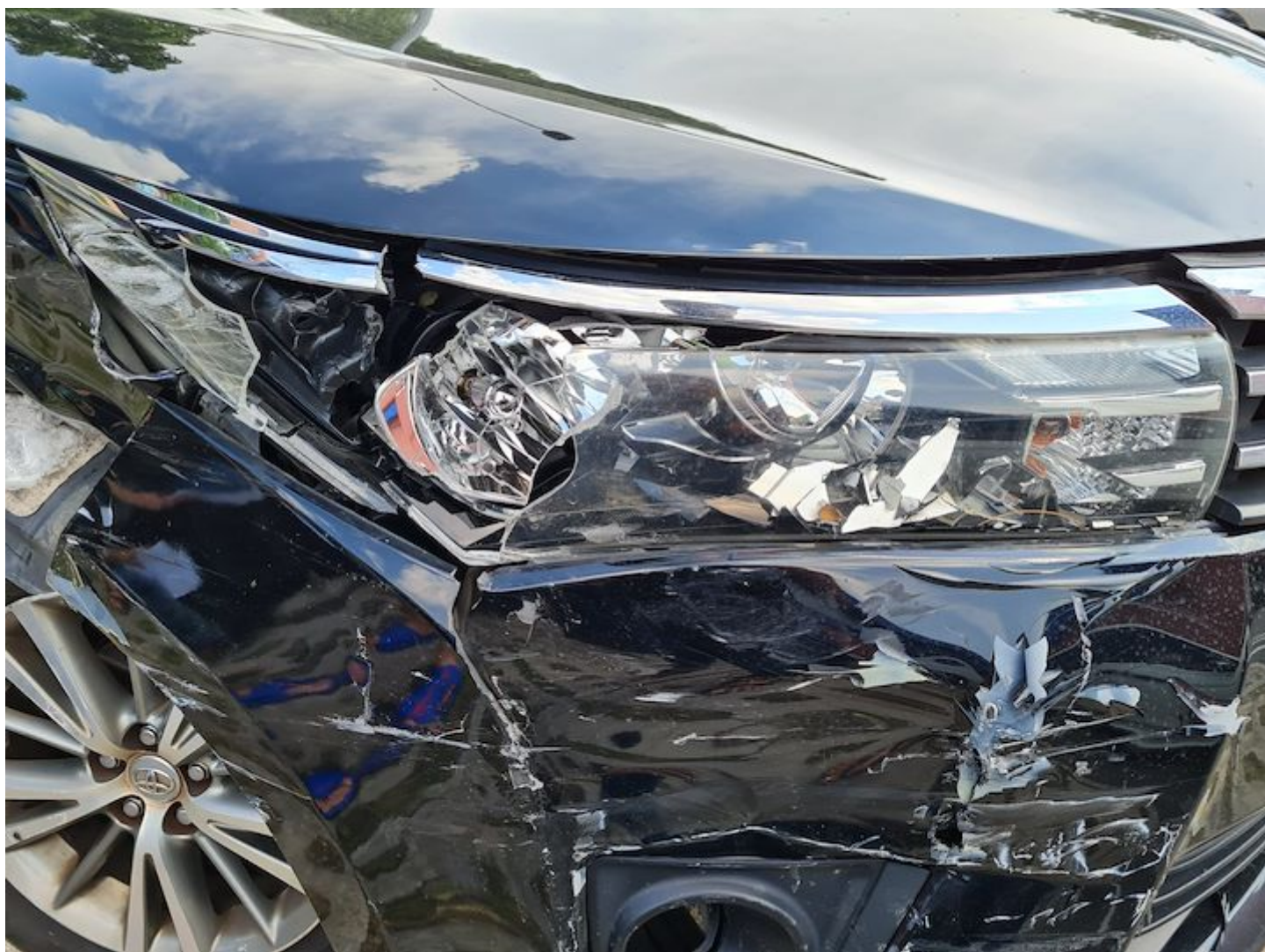



















**SINGAPORE
POLICE FORCE**


T/20211015/2024

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No: T/20211015/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2021 11:16	Vide Report No.: A/20211014/0086	Station Diary No.: 37
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Informant's Particulars

Name of Informant: NG CHEE PENG		Address: APT BLK 708 CHOA CHU KANG STREET 53 #02-06 SINGAPORE 680708	
ID Type / ID No.: NRIC NO / S1619971J		Contact No.: Home/Office: Mobile: 98532971	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 29/09/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/10/2021 15:00	Type of Location: T-Junction
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ4624G	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Black	Seriously Damaged	1
SLF1407E	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20211015/2024

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Report No. T/20211015/2024

CONTINUATION OF REPORT
Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ4624G	NTUC Income Insurance Co-Operative Limited	5118759831	29/08/2020	24/01/2022

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	NG CHEE PENG	ID No.	S1619971J
Related Vehicle	SKZ4624G (Car)	Contact No.	98532971
Hospital/Clinic	GREENLIFE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/10/2021	Date Discharge	15/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/10/2021 at about 1500hrs, I was driving my car (SKZ4624G) along Jalan Bukit Merah Road. At that point of time, I was with my friend and I was the driver. On the three lane road, and I was at the left most lane at that point of time.

I was driving past the T-Junction of Jalan Bukit Merah Road and College Road. Traffic light was green hence, I slowed down my car a bit as I was driving past the traffic light. As I was about to drive past, another car (SLF1407E), who was from the opposite side of the road made a right turn towards College Road without even checking for oncoming traffic on my side of the road.


Due to this, he just made a turn and eventually collided onto me. His front bumper banged onto the right side of my front wheel area. Due to this collision, both of our cars were badly dented and damaged. Both of our cars then stopped and I went out of my car. I saw the driver in pain and shock when the accident happened. Therefore, I called the Police. Shortly after, Traffic Police and Ambulance came down to access the accident.

The Ambulance then informed that the driver of the other car needed to be conveyed after he informed that his chest area was hurting. Both of our cars were also being towed away as well. We then left the accident scene.


On 15/10/2021 at about 1015hrs, I then went to Greenlife Clinic & Surgery pte ltd as I was feeling pain at my neck and my right arm. I was given 3 days MC from 15/10/2021 to 17/10/2021.

I am lodging this report for insurance claim.

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 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
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T/20211015/2024

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Report No. T/20211015/2024

CONTINUATION OF REPORT







