

# 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 ..... 08/12/2021 12:31 (SGT)  
Date of Accident ..... 01/12/2021 11:30 (SGT)  
Exact Location of Accident ..... Sims Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH801X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DREAM CAR LEASING PTE LTD  
Company Reg No ..... 2XXXXX313Z  
Email Address ..... dreamcarrentalsg@gmail.com  
Mobile Phone No ..... (Phone) +65-81288789  
Alternative Phone No ..... +65-81288789

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Cla180  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD21V09479/VPL/R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG CHIN CHOON(HUANG ZHENCHUN)  
NRIC No ..... SXXXX058J

Date Of Birth .....	10/06/1972
Occupation .....	Indoor
Date Of Driving Pass .....	12/11/1996
Driving experience .....	25 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97670801
Alt. Phone Number .....	-
Email Address .....	dreamcarrentalsg@gmail.com
Address .....	BLK 402 JURONG WEST ST 42
Address complement .....	#10-523
Postcode .....	640402
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

PLS REFER TO THE POLICE REPORT:T/20211202/2028

#### 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 .....	GBE9836X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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 .....	NG CHIN CHOON(HUANG ZHENCHUN)
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	SLH801X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

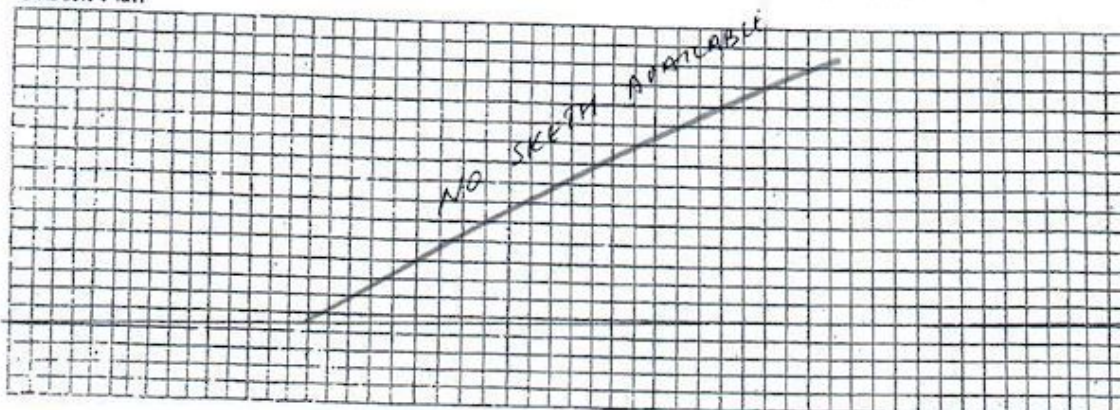
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2. This form must be completed by the Policyholder and/or the Authorised Driver.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers 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.
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





**Describe Circumstances of the Accident**

Refer to Report A10


T/20211202 / 2028

**Declaration**


We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date



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

 08/12/21

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20211202/2028

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

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Report No. T/20211202/2028

**CONTINUATION OF REPORT**

<b>Name</b>	NG CHIN CHOON	<b>ID No.</b>	S7219058J
<b>Related Vehicle</b>	SLH801X (Car)	<b>Contact No.</b>	97670801
<b>Hospital/Clinic</b>	GLENEAGLES HOSPITAL	<b>Class of Driving Licence &amp; Expiry Date</b>	Class: 2B,2A,3,4 Date of Expiry: NIL
<b>Date Treatment</b>	01/12/2021	<b>Date Discharge</b>	01/12/2021
<b>No. of Days granted Medical Leave</b>	17	<b>Degree of Injury</b>	Serious

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING A CAR AT SIMS AVENUE TOWARDS GEYLANG ON THE LEFT SIDE LANE.

I FELL ASLEEP WHILE I WAS DRIVING AND COLLIDED ONTO A LORRY.

MY CAR FLEW TO THE LEFT CURB DUE TO THE IMPACT.

WHEN I REALISED WHAT HAPPENED I IMMEDIATELY TRIED TO MOVE MY CAR BUT COULD NOT.

I ALLIGHTED MY CAR AND SEE WETHER GOT ANYBODY NEARBY.

NOBODY WAS PRESENT THE LORRY DRIVER WS FAR AWAY.

AND MY PHONE BATTERY WAS FLAT AND SO I DECIDED TO FIND A TELEPHONE TO CALL FOR TOW TRUCK.

AFTER I CALLED THE TOW TRUCK I WENT BACK TO THE ACCIDENT LOCATION VIA TAXI.

I SAW A LOT OF PEOPLE WHICH MAKE ME FEEL AFRAID.

I THEN LEFT THE SCENE.

I WAS NOT INJURED AT ACCIDENT LOCATION.

I DID NOT CALL POLICE BECAUSE I WAS AFRAID.

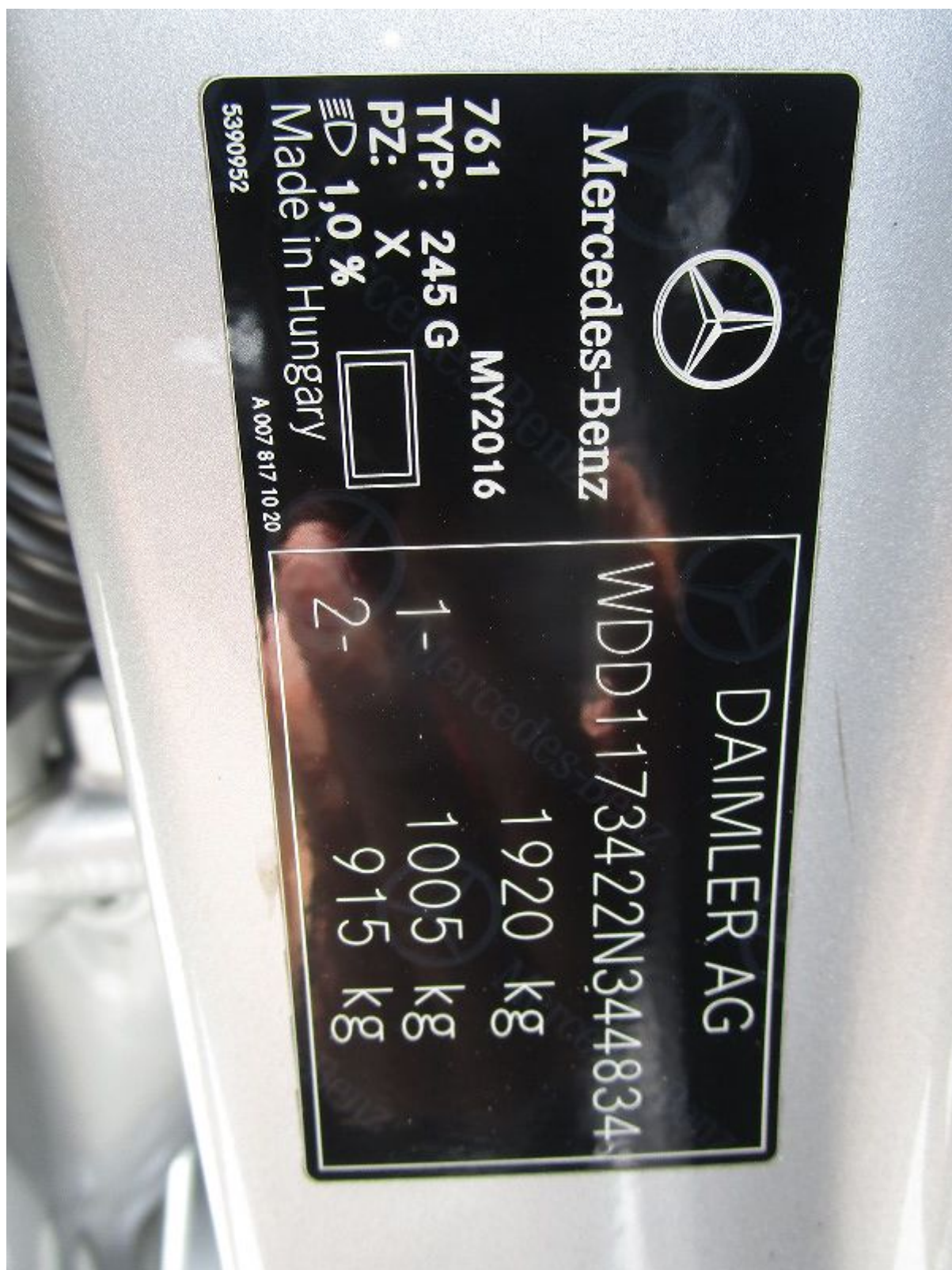
AMBULANCE WAS AT SCENE.

BUT AFTER A FEW HOURS I FELT PAIN AND SO I SELF CONVEYED TO GLENEAGLES HOSPITAL.

I HAVE CAMERA IN MY CAR BUT I'M NOT SURE OF THE CONDITION OF THE CAMERA.

MY CAR WAS DAMAGED SERIOUSLY.

































**SINGAPORE  
POLICE FORCE**



T/20211202/2028

1 of 4

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

Report No. T/20211202/2028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/12/2021 11:36		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG CHIN CHOON			Address: APT BLK 402 JURONG WEST STREET 42 #10-523 HONG KAH COURT SINGAPORE 640402		
ID Type / ID No.: NRIC NO / S7219058J			Contact No.: Home/Office: Mobile: 97670801		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 10/06/1972	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: CAR WORKSHOP			Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2021 11:30	Type of Location:	
Location:  SIMS AVENUE					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
VEHICLE NO	TYPE	MAKE	MODEL	COLOR	STATUS	NO. of Passenger
SLH801X	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20211202/2028

2 of 4

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

Report No. T/20211202/2028

**CONTINUATION OF REPORT**

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**SINGAPORE  
POLICE FORCE**



T/20211202/2028

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

Report No. T/20211202/2028

CONTINUATION OF REPORT

THAT IS ALL.

**SINGAPORE  
POLICE FORCE**

T/20211202/2028

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

Report No. T/20211202/2028

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report  
TP /  
SC2 HAKAN SIDDIQ ONDEK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Insp (1) BOON YEN KIAN  
Contact No.: 65476172

NP168

Signature Of Informant:

Date/Time:  
02/12/2021 11:36

Classification Of Case: