

# 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 ..... 13/12/2021 10:50 (SGT)  
Date of Accident ..... 10/12/2021 10:30 (SGT)  
Exact Location of Accident ..... Yishun Industrial Park A, Singapore 752106  
Additional Location Information ..... TOWARDS YISHUN AVENUE 7  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDP87T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG YONG PING, JOSEPH (HUANG RONGBIN)  
NRIC No ..... SXXXX993D  
Email Address ..... giggseph@gmail.com  
Mobile Phone No ..... (Phone) +65-93831105  
Alternative Phone No ..... +65-93831105

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Impreza  
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 ..... 2457

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTPV01013427  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG YONG PING, JOSEPH (HUANG RONGBIN)  
NRIC No ..... SXXXX993D

Date Of Birth .....	17/01/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	05/05/2006
Driving experience .....	15 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93831105
Alt. Phone Number .....	+65-93831105
Email Address .....	giggseph@gmail.com
Address .....	116 WOODLANDS AVENUE 5 #12-33
Address complement .....	-
Postcode .....	739018
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? .....	Yes
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JJR898
Vehicle Category .....	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211210/2038

#### 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 TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	JJR898
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Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Innova
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	TEY KUANG FOOK
Passport No/FIN .....	GXXXX416L
Contact Number .....	(Phone) +65-83066193
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

# SKETCH PLAN

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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' 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

Witnessed by Reporting Centre Personnel

Stop line  
Yishun Industrial Park Bldg 1017

A) SDP 877  
B) JJR 898

**Describe Circumstances of the Accident**

Refer to police report/ T/20211210/2038

Refer to police report/ T/20211210/2038

### Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre Personnel



















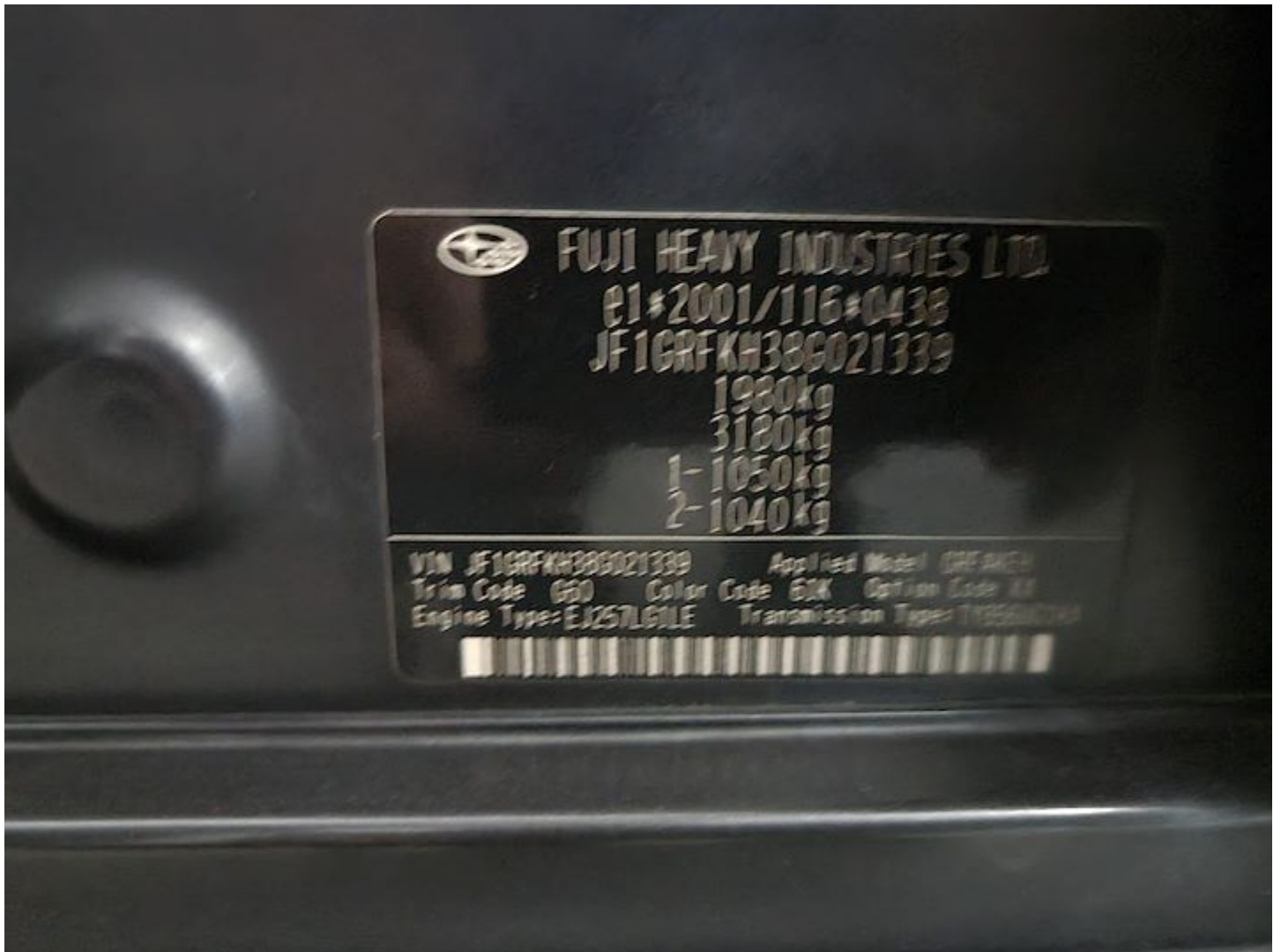








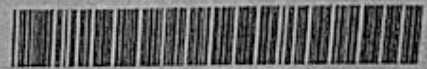








# SINGAPORE POLICE FORCE



T/20211210/2038

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20211210/2038

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2021 13:21	Vide Report No.: L/20211210/0061	Station Diary No.: 48
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## Informant's Particulars

Name of Informant: NG YONG PING, JOSEPH			Address: 116 WOODLANDS AVENUE 5 #12-33 BELLEWOODS SINGAPORE 739018	
ID Type / ID No.: NRIC NO / S8701993D			Contact No.: Home/Office: Mobile: 93831105	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 17/01/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive:	Date/Time of Accident:	Type of Location:
Location:		No	10/12/2021 10:30	Straight Road
YISHUN INDUSTRIAL PARK A				
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way		Not Controlled		No Traffic
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
JJR898	Car	TOYOTA	INNOVA	Black	Slightly Damaged	0
SDP87T	Car	SUBARU	IMPREZA 5DR 2.5 STI AWD 6MT ABS	Grey	Seriously Damaged	0

## Details of Vehicle Insurance

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



T/20211210/2038

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20211210/2038

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDP87T	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV01013427	23/09/2021	19/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	TEY KUANG FOOK	ID No.	G0604416L
Related Vehicle	JJR898 (Car)	Contact No.	83066193
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG YONG PING, JOSEPH	ID No.	S8701993D
Related Vehicle	SDP87T (Car)	Contact No.	93831105
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/12/2021 at about 1030hrs, I was driving my car bearing registration number SDP87T along Yishun Industrial Park A. While I was driving along the main road near to Blk 1017 Yishun Industrial Park A, a vehicle bearing registration number JJR898 which was from the service road of Blk 1017 and 1016 Yishun Industrial Park A was driving out; I was having the right of way as such I had continued to drive.

However, the said vehicle did not stop and continued to drive out to the main road, colliding onto the right side of my car. I had alighted from my car to check on the damages. The collision impact caused my car to be dented with scratches from the front to the rear on the right side, and my rear right wheel was also slanted inwards and punctured. My car was unable to be driven. I had then exchanged particulars with the said driver. In addition, I had also called for Police (reference L/20211210/0061), the Traffic Police came to my accident scene. No one was injured during the accident.

I am lodging this report for my insurance claimant. The memory card for my in-car CCTV was handed over to the Traffic Police. I am unsure of the cost of the damage.





**SINGAPORE  
POLICE FORCE**

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Report No. T/20211210/2038

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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T/20211210/2038

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Report No. T/20211210/2038

**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

L /

Sr Staff Sgt YAP YHEE HOE

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
10/12/2021 13:21Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168

Signature

Singapore Police Force