

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

Date of Accident:	10.2.2022	Time of Accident:	16.00 hrs
Exact Location:	Brickland Road		

Vehicle Registration No.	SJZ 3919A	NRIC / FIN / Passport no:	ST2023352E
Name of Registered Owner:	ching hye kuan, Babie		
Owner's Email:	nicholaswong2011@hotmail.com		
Owner's Address:	Blk 122B Edgedale Plains #17-159, S(822122)		
Vehicle Make:	Honda	Vehicle Model:	City
Engine Capacity (cc):	1.5	Transmission:	(Auto) Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	NTUC Income		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	5120873391		

Name of Driver:	Wong Tai Wai, Nicholas		<input type="checkbox"/> same as
NRIC / FIN / Passport no:	88962700D	Date of Birth:	22.1.1989
Occupation:	Indoor / Outdoor	Driving Pass Date:	7.6.2010
Contact Number:	97575100	Gender:	(Male) Female
Address:	Blk 664C, Jurong West St. 64 # 04-214 (64366)		
Relationship with Owner:	Owner / Employee / Spouse (Child) Hirer / Other:		

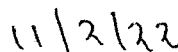
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others: Drizzling		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	(Yes) No	Police Report Made?	(Yes) No
No. of passenger onboard (including driver):	1		

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SLM 9355G		
Vehicle Make / Model:	Kia Cerato		
Name of Driver:	Ng Kok Hong		
NRIC / FIN / Passport no:	87914448G		
Contact Number:			
Name of Insurance Co:			

Name:		Contact Info:	
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	Person 1	Person 2	Person 3
Name / In which vehicle?:	SJZ 3919A		

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

SKETCH PLAN

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. 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)**


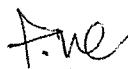
I understand, acknowledge, agree and consent that :

(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 :

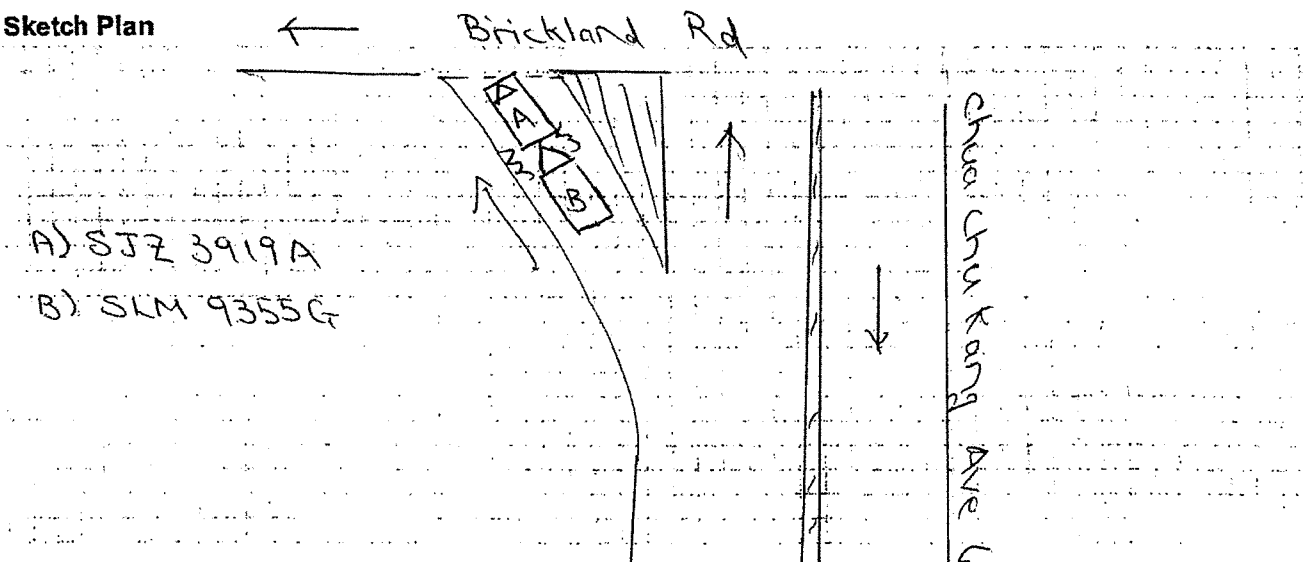
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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
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Sketch Plan



Refer to Police report No: T/20220210/2088

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

Cys

Aver

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220210/2088

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220210/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2022 19:28	Vide Report No.:	Station Diary No.: 116
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Informant's Particulars			
Name of Informant: WONG TAI WAI, NICHOLAS		Address: APT BLK 664C JURONG WEST STREET 64 #04-214 SINGAPORE 643664	
ID Type / ID No.: NRIC NO / S8902700D		Contact No.: Home/Office: Mobile: 97575100	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 22/01/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CIVIL SERVANT		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2022 16:00	Type of Location:
Location: BRICKLAND ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
SJZ3919A	Car	HONDA	CITY 1.5L I-VTEC AUTO	Black	Seriously Damaged	0
SLM9355G	Car	KIA	CERATO K3 1.6A	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220210/2088

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20220210/2088

CONTINUATION OF REPORT

Brief Details.

On 10/2/2022 at about 1600hrs, I was driving my Black Honda (SJZ3919A) car along Chua Chu Kang Ave 6 turning left towards the filter lane of Brickland Road. I then notice there are still car dashing through therefore I came to a stop, but out of a sudden there is a Blue KIA (SLM9355G) car drove by Ng Kok Yong (S7914448G) didn't manage to come to a stop as he was not alert and didn't notice my car in front. I came out of the car to check and noticed that the boot of my car was seriously dented and the other car has a crack on his car plate. We then decided to handle the accident through insurance company.

After the accident I felt that my back was hurting, so I decided to go to Clementi Family Health point Clinic to check on it and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220210/2088

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Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20220210/2088

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 Reporting The Report

J /

SCSGT(1) ZHANG YUNFAN



SINGAPORE
POLICE FORCE
SAFEGUARDING EVERY DAY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

SIGNATURE

Date/Time:

10/02/2022 19:28

Officer In Charge Of Case:

TP / AEIT /

INSP (1) BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168