

# 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 ..... 16/02/2022 17:50 (SGT)  
Date of Accident ..... 15/02/2022 12:50 (SGT)  
Exact Location of Accident ..... Jellicoe Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFK1999H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG YEOW SENG  
NRIC No ..... SXXXX582B  
Email Address ..... sjq9007@gmail.com  
Mobile Phone No ..... (Phone) +65-96369427  
Alternative Phone No ..... +65-96369427

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Glc200  
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 ..... 1991

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00203342100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG YEOW SENG  
NRIC No ..... SXXXX582B

Date Of Birth .....	15/09/1967
Occupation .....	Indoor
Date Of Driving Pass .....	30/10/1987
Driving experience .....	34 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96369427
Alt. Phone Number .....	+65-96369427
Email Address .....	sjq9007@gmail.com
Address .....	BLK 168 BUKIT BATOK WEST AVE 8
Address complement .....	#03-210
Postcode .....	650168
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 .....	Side Swipe
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 .....	WAIWAI LWIN
Gender .....	Female

#### 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 ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMW2793G
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 .....	NG YEOW SENG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK,NECK & RIGHT ARM
Injured person in which vehicle? .....	SFK1999H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	WAIWAI LWIN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK
Injured person in which vehicle? .....	SFK1999H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

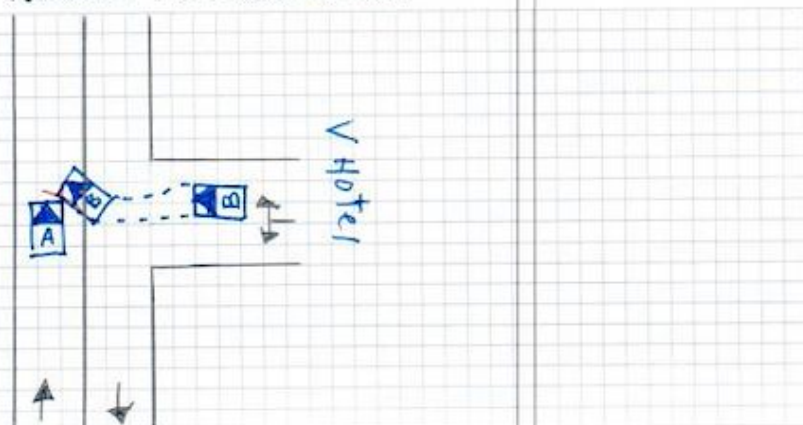
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

ALONG JELICOE ROAD

A- SFK1999H  
B- SMW2793G





## Describe Circumstances of the Accident

On the stated date and time, I vehicle A was travelling straight on the stated venue. suddenly, I felt a huge impact on the right side portion of my vehicle. I then came down to check and realised that it was vehicle B who have collided onto my vehicle while coming out of the hotel without signal and without looking out for on coming vehicles.

## 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

 16/02/22

Witnessed by Reporting Centre Personnel































# SINGAPORE POLICE FORCE

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



T/20220217/7006

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Report No. T/20220217/7006

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2022 11:21	Vide Report No.: T/20220216/7029	Station Diary No.:
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### Informant's Particulars

Name of Informant: NG YEOW SENG			Address: 168 BUKIT BATOK WEST AVENUE 8 #03-210 SINGAPORE 650168		
ID Type / ID No.: NRIC NO / S1792582B			Contact No.: Home/Office: Mobile: 96369427		
Nationality: SINGAPORE CITIZEN			Email: SJQ9007@GMAIL.COM		
Sex: Male	Age: 54	Date of Birth: 15/09/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2022 12:50	Type of Location: Straight Road
Location: JELICOE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFK1999H	Car	MERCEDES BENZ	GLC200+%28R18+LED%29	Silver		0
SMW2793G	Car					0

### Details of Vehicle Insurance

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



T/20220217/7006

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

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Report No. T/20220217/7006

## CONTINUATION OF REPORT

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFK1999H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002033 42100	01/10/2021	23/01/2023

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG YEOW SENG	ID No.	S1792582B
Related Vehicle	SFK1999H (Car)	Contact No.	96369427
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	16/02/2022	Date	16/02/2022
No. of Days granted Medical Leave	03	Degree of	Serious
<b>Passenger</b>			
Name	WAI WAI LWIN	ID No.	S7656585F
Related Vehicle	NIL	Contact No.	91399672
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	16/02/2022	Date	16/02/2022
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

THIS IS AN AMENDMENT FOR REPORT NO : T/20220216/7029.

ON THE STATED DATE AND TIME, I VEHICLE A (SFK 1999 H) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT SIDE PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SMW 2793 G) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE COMING OUT OF THE HOTEL WITHOUT SIGNALLING HIS INTENTIONS AND WITHOUT LOOKING OUT FOR ONCOMING VEHICLES.

A DAY AFTER THE ACCIDENT, ME AND MY WIFE THEN WENT TO CONSULT A DOCTOR AT HEALTHWAY MEDICAL AS WE FELT PAIN IN OUR BACK AND NECK. FOR MYSELF, I FELT PAIN IN MY NECK, BACK AS WELL AS MY RIGHT ARM. WE WERE BOTH GRANTED 3 DAYS MC EACH.



**SINGAPORE  
POLICE FORCE**



T/20220217/7006

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

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Report No. T/20220217/7006

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**

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



T/20220217/7006

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Report No. T/20220217/7006

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
17/02/2022 11:21

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09222G0006 Vehicle Registration No: SFK1999H  
 Name (as shown in NRIC): NgYeow Seng NRIC/FIN/Passport No: S1792582B  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 168 BUfit Batok West Ave 8 #03-210 Singapore 1650168  
 Contact (Tel): - Mobile No.: 9636 9427  
 Email Address: SJQ9007@GMAIL.COM  
 Date of Accident: 15/02/2022 Time of Accident: 1250  
 Place of Accident: Along Jellicoe Road  
 Insurance Company: China Taiping

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. Amend Email Address : SJQ9007@GMAIL.COM
2. Make/model of vehicle : Mercedes GLC200
3. Amend vehicle cc : 1991 cc
4. Was there any video captured by car camera? yes
5. Was there any audio recorded? yes.

Policyholder / Driver's Signature  
 Date:

18/02/22  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: