



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 17:26 (SGT)
Date of Accident	15/02/2022 20:30 (SGT)
Exact Location of Accident	Nicoll Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6911S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEGGY TAN HUAY BENG
NRIC No	SXXXX230A
Email Address	alanngkm@hotmail.com
Mobile Phone No	(Phone) +65-98394004
Alternative Phone No	+65-98394004

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05029081
Cover Note Number	-

DRIVER

Name of Driver	NG KOK MING
NRIC No	SXXXX230A



Date Of Birth	14/10/1966
Occupation	Outdoor
Date Of Driving Pass	19/12/1986
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87222242
Alt. Phone Number	-
Email Address	alanngkm@hotmail.com
Address	BLK 416 PASIR RIS DRIVE 6 #05-229
Address complement	-
Postcode	510416
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	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	PEGGY TAN HUAY BENG
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

REFER TO POLICE REPORT: T/20220216/2001.

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	FBR9055P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER OF VEH B
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR9055P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

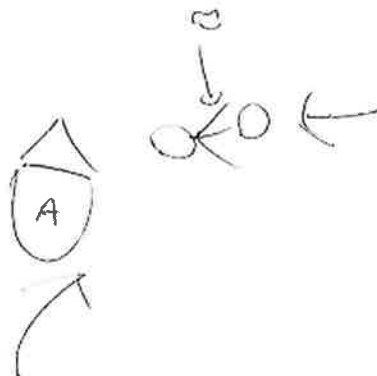
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

Sketch Plan


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

Witnessed by Reporting Centre Personnel



SUNE

Describe Circumstances of the Accident

REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

Notary Public's Signature
 Title

Driver's Signature
& Time

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE

Email Address:



T/20220216/2001

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

1 of 3

Report No. T/20220216/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2022 00:01		Vide Report No.: G/20220215/0153		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG KOK MING			Address: 416 PASIR RIS DRIVE 6 #05-229 SINGAPORE 510416		
ID Type / ID No.: NRIC NO / S1739230A			Contact No.: Home/Office: Mobile: 87222242		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 14/10/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SERVICE MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/02/2022 20:30	Type of Location: Car Park
Location: NICOLL DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR9055P	Motorcycle	YAMAHA	FZS ABS MANUAL	Black		0
SKP6911S	Car	MERCEDES BENZ	C 180 BLUEEFFICI ENCY	Black		1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

CONTINUATION OF REPORT

Driver				
Name	NG KOK MING		ID No.	S1739230A
Related Vehicle	SKP6911S (Car)		Contact No.	87222242
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
Passenger				
Name	PEGGY TAN HUAY BENG		ID No.	S1544463J
Related Vehicle	SKP6911S (Car)		Contact No.	98394004
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

Brief Details.

ON STATED DATE, TIME AND LOCATION

AS ABOVE MENTION I WAS AT OPEN SPACE CARPARK LOCATED AT NICOLL DRIVE. HENCE, I WAS PLANNING HEADING TOWARDS CHANGI VILLAGE. WHICH AFTER I DRIVE OUT OF THE PARKING LOT AND EXITING OUT FROM THE CARPARK TO THE MAIN ROAD. I DID ALL THE NECESSARY THING BY CHECK ON COMING TRAFFIC AND EVEN SWITCH MY SIGNAL LIGHT ON, AS I DRIVING OFF TOWARDS THE OPPOSITE LANES, OUT OF THE SUDDEN I REALISE A COLLISION HAPPEN ON MY FRONT RIGHT HAND SIDE. I ALIGHT FROM MY VEHICLE TO CHECK ON THE RIDER DUE TO FLEW OFF 30 METRES AWAY FROM THE ACCIDENT. WHILE I WAS THERE, I TALK WITH HIM AND CHECK IF HE STILL CONCIIOUS, HENCE I CALLED THE AMBULANCE. WHICH AFTER I REALISE A POLICE OFFICER WAS AT SCENE TO ASSISTING US. THE RIDER WAS RIDER WAS CONVEY BY AMBULANCE, I WAS GIVEN A CASE CARD AND IO SYAKIR CALLED ME TO MAKE MY WAY DOWN TO TPHQ TO LODGE POLICE REPORT ACCORDINGLY. THAT'S ALL.

IO IN-CHARGE: SYAKIR



**SINGAPORE
POLICE FORCE**



T/20220216/2001

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

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Report No. T/20220216/2001

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 / SCCPL MUHAMMAD
SYAFIQ BIN ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

NP168

Signature Of Informant:

Date/Time:
16/02/2022 00:01

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 