

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 02/03/2022 17:52 (SGT)
Date of Accident 26/02/2022 18:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information STADIUM WALK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF9312S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GO-LEASE PTE LTD
Company Reg No 201939769N
Email Address EUROSUCCESS0202@GMAIL.COM
Mobile Phone No (Phone) +65-93761666
Alternative Phone No +65-93761666

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Jetta
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5115190072-02
Cover Note Number DRIVO CLASSIC

DRIVER

Name of Driver NG XING KAH
NRIC No S8839496H

Date Of Birth	12/10/1988
Occupation	Outdoor
Date Of Driving Pass	17/01/2017
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96914307
Alt. Phone Number	-
Email Address	ANONYMOUSNXXK@GMAIL.COM
Address	BLK 341 JURONG EAST AVE 1 #07-1508
Address complement	-
Postcode	600341
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Cross Junction
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	KHAIRUL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN & POLICE REPORT NO : T/20220226/2085 , T/20220302/7031.

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	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK8749P
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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	KHAIRUL
Gender	Male
Phone No	(Phone) +65-98691355
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF9312S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	NG XING KAH
Gender	Male
Phone No	(Phone) +65-96914307
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF9312S
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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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.



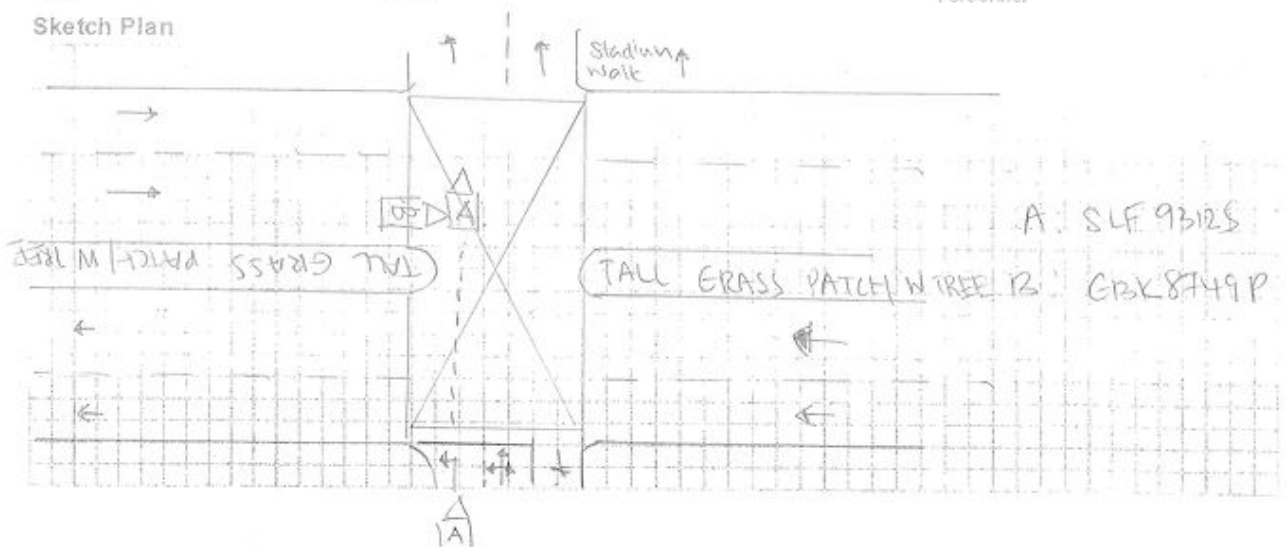
2/3/2022 1730h

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

On the stated date and time, I was travelling out from the carpark. I checked my right as it is a one way road. I proceed on when it was clear and after checking on my left in the middle of the yellow box. As there is a tall grass with tree blocking my vision. I checked and it was cleared. I proceed to go straight while travelling half way. Suddenly vehicle B came out of nowhere and hit my rear passenger left side very hard causing my car to be badly damaged. Initially there was no pain on my body but after I went home I felt back pain on the next day. My passenger was injured as well in this accident.

In accordance to previous police report no. T/20220226/2085

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

2/3/2022 1730h
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

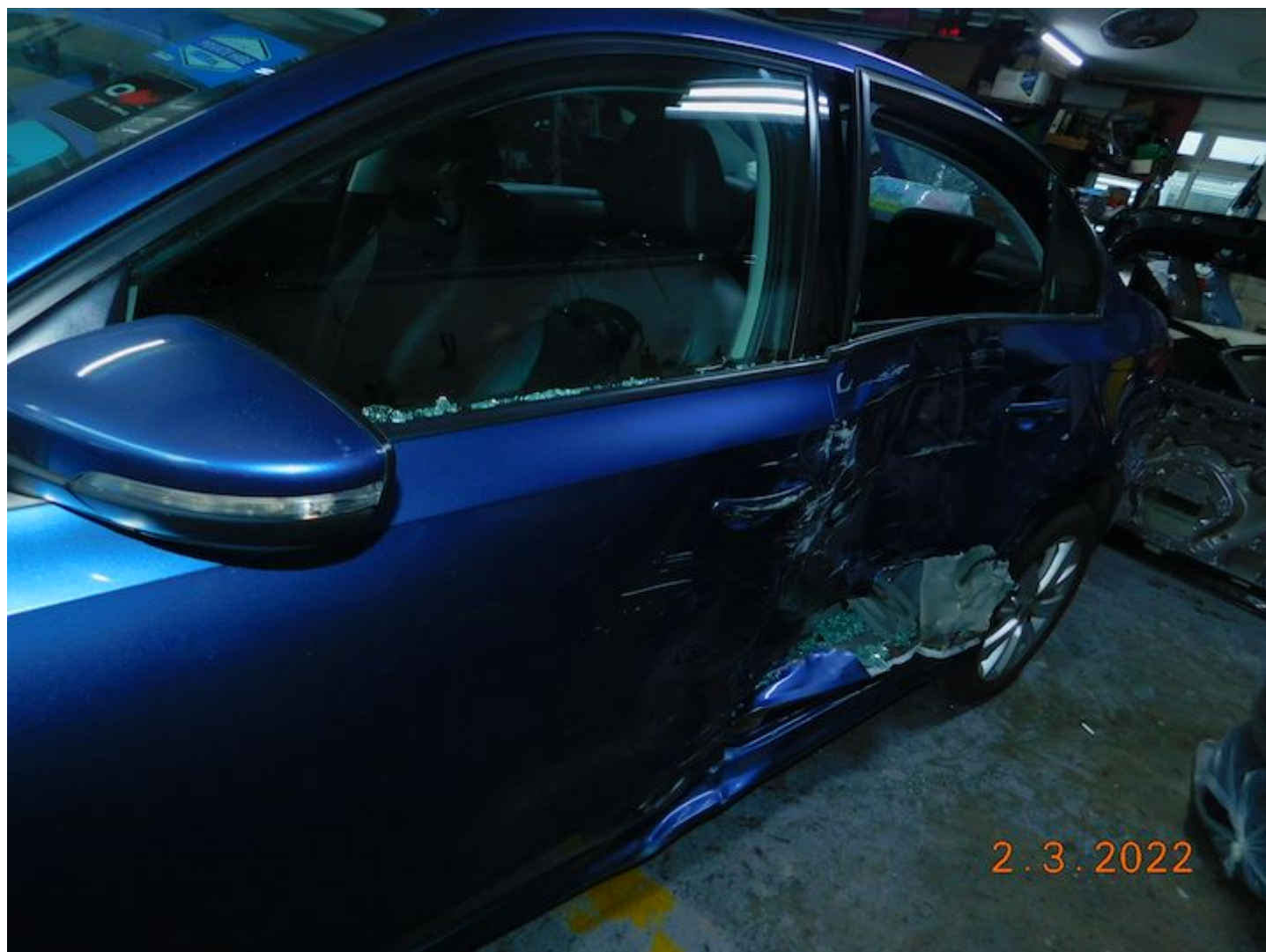












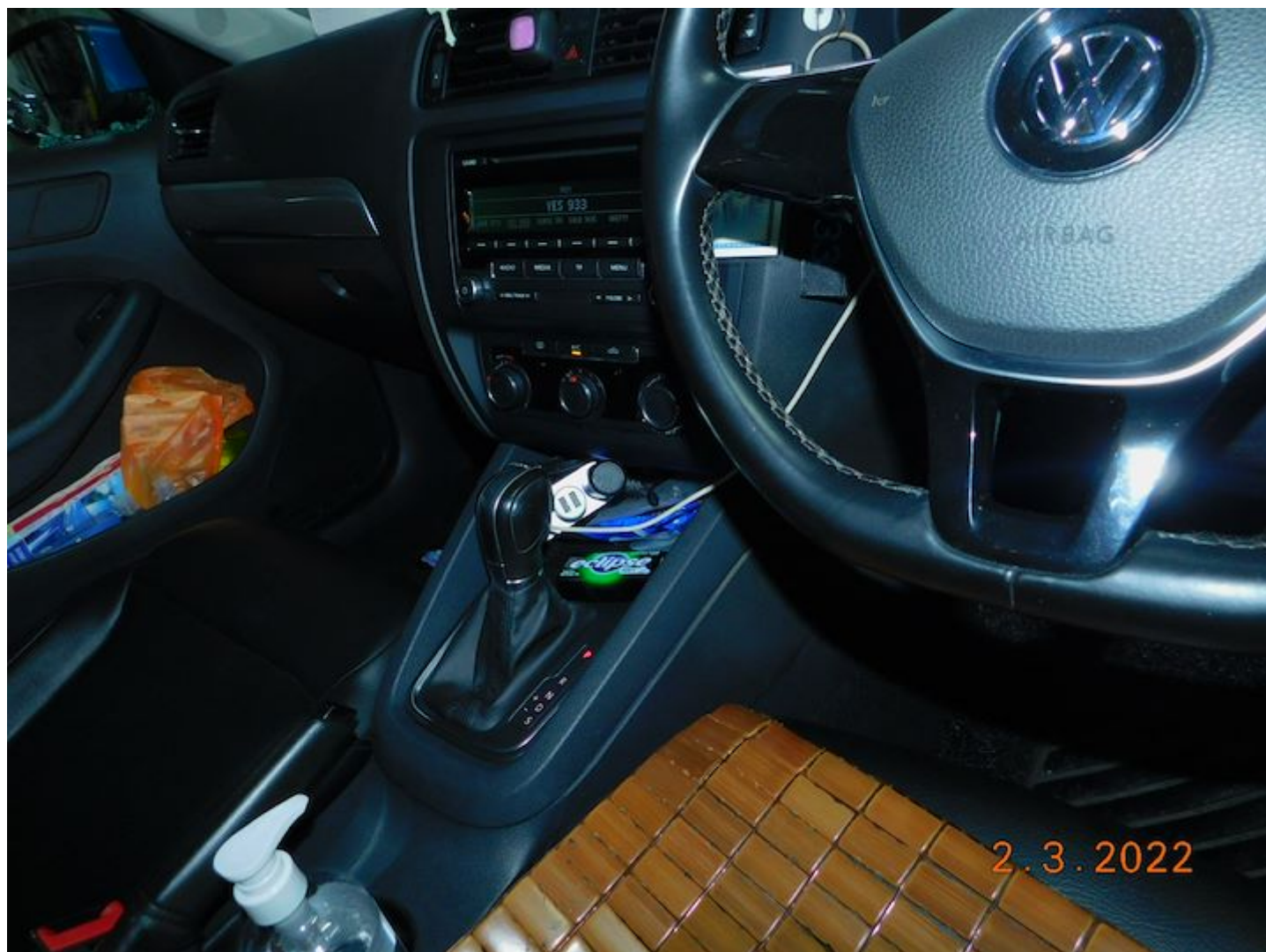
















**SINGAPORE
POLICE FORCE**



T/20220226/2085

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 4

Report No. T/20220226/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2022 21:38		Vide Report No.: G/20220226/0152		Station Diary No.: 59	
Informant's Particulars					
Name of Informant: NG XING KAH			Address: APT BLK 341 JURONG EAST AVENUE 1 #07-1508 SINGAPORE 600341		
ID Type / ID No.: NRIC NO / S8839496H			Contact No.: Home/Office: Mobile: 96914307		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 12/10/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/02/2022 18:50	Type of Location: X-Junction
Location: STADIUM WALK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK8749P	Van		TOYOTA	White	Slightly Damaged	0
SLF9312S	Car		JETTA GP 1.4 TSI 90 A/T TL 1632G5	Blue	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220226/2085

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Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20220226/2085

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG XING KAH	ID No.	S8839496H
Related Vehicle	NIL	Contact No.	96914307
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	KOH ENG GUAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	86611358
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.

At around 1850hrs, I was doing a gojek service, bringing my customer, Khairul (HP: 98691355) from Kallang Stadium to 27B Hoot Kiam Road.

Upon exiting the stadium, I was going toward a X-junction and I remember checking both sides of the road before making a drive straight. Suddenly, there was a van coming from the left side, hitting the left hand side of my car, towards the passenger's seat.

I exited my vehicle, my passenger exited from the vehicle on the right side. There were several witnesses at the scene but I did not get any particulars from them.

The passerby at the scene called for the police. My car was damaged on the left side passenger seat. The door was dented inwards and the glass was also cracked. The van suffered damages on his front bumper.

Myself and the van driver was not injured, but my passenger had scratches on his left hand and strains on his neck.

Upon police arrival, they then continued to comms for the ambulance and TP. My passenger was conveyed in the ambulance shortly after the ambulance arrival. I am not sure of the exact timing that each of them arrived.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220226/2085

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Report No. T/20220226/2085

CONTINUATION OF REPORT

The three of us, (myself, van driver and passenger), exchanged numbers before leaving the scene.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20220226/2085

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Report No. T/20220226/2085

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:
G / SGT 2 TAN JIN XUAN, GINA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/02/2022 21:38

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE

SIGNATURE



SINGAPORE POLICE FORCE



T/20220302/7031

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

1 of 3

Report No. T/20220302/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2022 17:11	Vide Report No.: G/20220226/0152	Station Diary No.:
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Informant's Particulars

Name of Informant: NG XING KAH			Address: 341 JURONG EAST AVENUE 1 #07-1508 SINGAPORE 600341	
ID Type / ID No.: NRIC NO / S8839496H			Contact No.: Home/Office: Mobile: 96914307	
Nationality: SINGAPORE CITIZEN			Email: ANONYMOUSNXXK@GMAIL.COM	
Sex: Male	Age: 33	Date of Birth: 12/10/1988	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: private hirer driver			Driving/Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2022 18:50	Type of Location: X-Junction
Location: STADIUM WALK				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK8749P	Van					0
SLF9312S	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220302/7031

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

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Report No. T/20220302/7031

CONTINUATION OF REPORT

Driver			
Name	NG XING KAH	ID No.	S8839496H
Related Vehicle	SLF9312S (Car)	Contact No.	96914307
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/03/2022	Date	02/03/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

IN REFERENCE TO REPORT NO. T/20220226/2085

INITIALLY I FELT NO PAIN AFTER THE ACCIDENT. BUT THEREAFTER I FELT PAIN THE DAY AFTER MY ACCIDENT, THUS I SEEK MEDICAL CONSULTATION AT LIFEPLUS MEDICAL GROUP (BEDOK) AND WAS GIVEN 3 DAYS OF MC



SINGAPORE POLICE FORCE

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



T/20220302/7031

3 of 3

Report No. T/20220302/7031

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 /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

NP168

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

Date/Time:
02/03/2022 17:11

Classification Of Case:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: 6/2022 0226 10152

I, SS TIHOLA DRW
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1X 1 DRIVE 16GB MICRO SD
2
3
4
5
6
7
8
9
10

from NU XING KAN S88394964 9691 4307
(Name, NRIC or Passport No. / Rank and No.)
of BLK 341 JURONG EAST AVE 1 SLF 9312 S
(Address / Police Station / NPC / NPP)
on 26/02/2022 at 2005 PHU DRIVER
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

S88394964
(Signature)
(Name, NRIC or Passport No. / Rank and No.)

SS TIHOLA DRW
(Signature)
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 ESMOND
6547 2077

