

# 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 ..... 09/05/2022 18:52 (SGT)  
Date of Accident ..... 07/05/2022 14:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HOLLAND RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNA6416Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG CHING PHENG  
NRIC No ..... S1497299D  
Email Address ..... ngchingpheng1961@gmail.com  
Mobile Phone No ..... (Phone) +65-96970618  
Alternative Phone No ..... (Home) +65-96970618

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNW00006352100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG CHING PHENG  
NRIC No ..... S1497299D

Date Of Birth .....	19/02/1961
Occupation .....	Outdoor
Date Of Driving Pass .....	23/09/1993
Driving experience .....	28 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96970618
Alt. Phone Number .....	(Home) +65-96970618
Email Address .....	ngchingpheng1961@gmail.com
Address .....	BLK 942 JURONG WEST ST.91 #02-455
Address complement .....	-
Postcode .....	640942
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 - 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 .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED POLICE REPORT NO:G/20220508/7013.

#### 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 .....	THE SD CARD IS WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SH9016D
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	NG CHING PHENG
Gender .....	Male
Phone No .....	(Phone) +65-9697618
Address .....	BLK 942 JURONG WEST ST.91 #02-455
Address Complement .....	-
Post Code .....	640942
Approximate Age Years Old .....	61
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNA6416Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

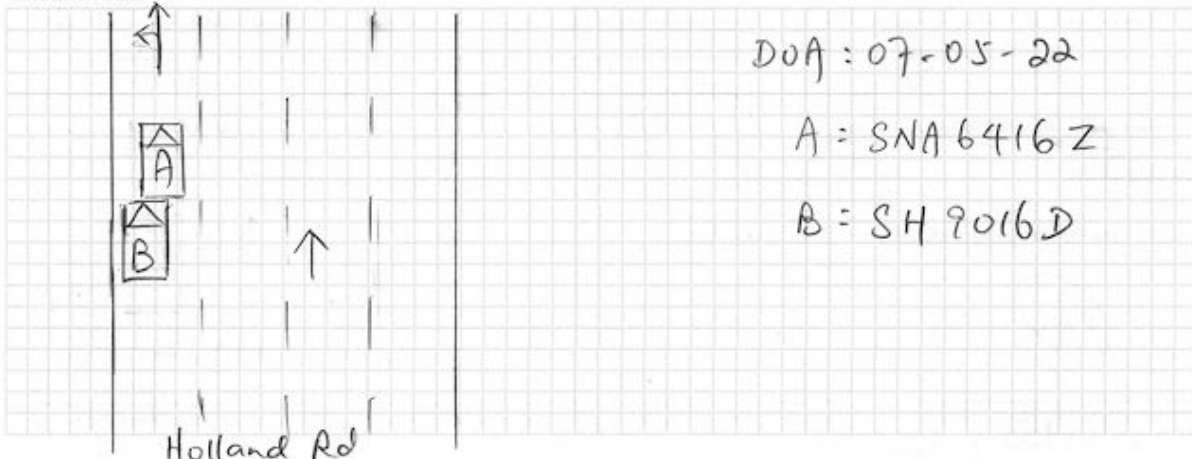
**SKETCH PLAN****IMPORTANT NOTICE**

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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 09/05/22 3.10 pm

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

Witnessed by Reporting Centre  
Personnel

**Sketch Plan**





























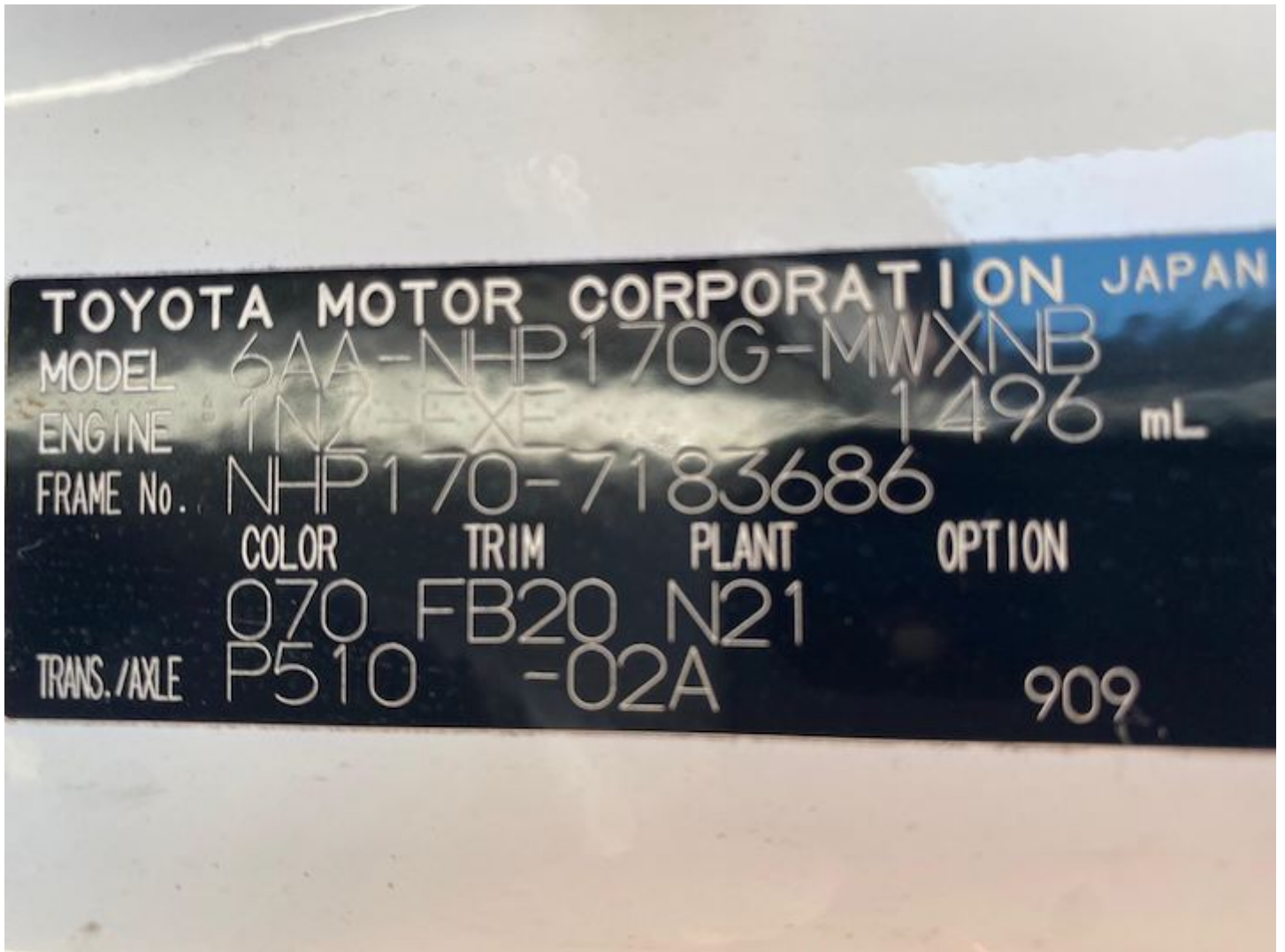
















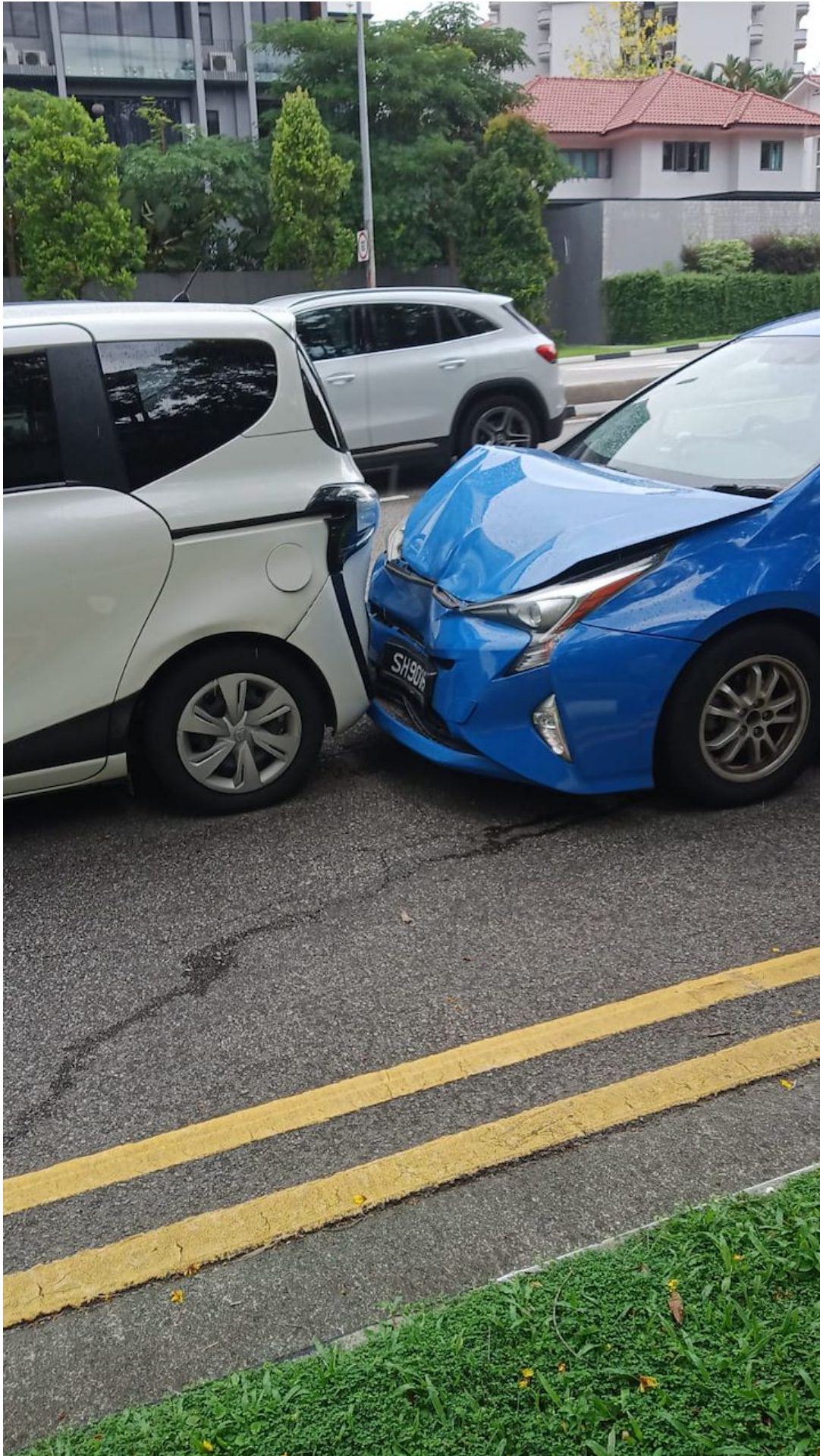














**SINGAPORE  
POLICE FORCE**



G/20220508/7013

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**POLICE REPORT (NP299)**

Report No. G/20220508/7013

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 08/05/2022 10:54	Vide Report No.	Station Diary No.
Name Of Informant NG CHING PHENG	Address 942 JURONG WEST STREET 91 #02-455 SINGAPORE 640942	
ID Type / ID No. NRIC NO / S1497299D	Contact No. Home/Office: Mobile: 96970618	
Nationality SINGAPORE CITIZEN	Email Address ngchingpheng1961@gmail.com	
Occupation Private-hire car driver	Sex Male	Age 61
Institution/School Name	Date of Birth 19/02/1961	Race Chinese
Date/Time Of Incident 07/05/2022 14:00 - 07/05/2022 14:00	Location Of Incident HOLLAND ROAD 7KM	

**Brief details.**

-I WAS FERRYING A CUSTOMER AND EXIT FROM BELMONT ROAD TO HOLLAND ROAD  
-THE TRAFFIC CONDITION OF HOLLAND ROAD IS QUITE HEAVY.  
-WHILE BEING STUCKED IN THE JAM, MY VEHICLE (SNA6416Z) WAS STATIONARY AND WAS HIT ON THE REAR BY A TAXI (SH9016D)  
-AMBULANCES AND TRAFFIC POLICE CAME  
-I (DRIVER) FOLLOWED THE AMBULANCE FOR FURTHER CHECK AS I WAS FEELING UNWELL  
-TRAFFIC POLICE TOWED MY VEHICLE (SNA6416Z) AWAY TO AVOID ROAD OBSTRUCTION

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/05/2022 10:54
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Traffic Police Kiosk 1





**SINGAPORE  
POLICE FORCE**



G/20220508/7013

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220508/7013

Subjects Involved			
Victim			
Person Name	NG CHING PHENG		
ID Type	NRIC NO	ID No	S1497299D
Gender	Male	Age	61
Race	Chinese	Language	English
Occupation	Private-hire car driver	Address	942 JURONG WEST STREET 91 #02-455 SINGAPORE 640942
Mobile No	96970618	Is Informant A Victim?	Yes
Person Name	NG CHING PHENG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/05/2022 10:54
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Traffic Police Kiosk 1

