

# 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 ..... 10/05/2022 16:03 (SGT)  
Date of Accident ..... 09/05/2022 09:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TUAS VIADUCT TWDS TUAS SOUTH AVE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD5970L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ANG TONG SENG CONSTRUCTION PTE LTD  
Company Reg No ..... 2XXXXX362N  
Email Address ..... aang@angtongseng.com  
Mobile Phone No ..... (Phone) +65-91052022  
Alternative Phone No ..... +65-91052022

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... FV51JJD4RDEA  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 12882

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 21-MJ000900-R03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG AH CHONG  
NRIC No ..... SXXXX289J

Date Of Birth .....	17/08/1963
Occupation .....	Outdoor
Date Of Driving Pass .....	04/12/1989
Driving experience .....	32 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97317114
Alt. Phone Number .....	-
Email Address .....	aang@angtongseng.com
Address .....	BLK 783 YISHUN RING RD
Address complement .....	#07-3522
Postcode .....	760783
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220509/2115

#### 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 .....	FBR6038J
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 .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBR6038J
Were seat belts worn? .....	-
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

*[Signature]* 10/5/22  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 10/05/22  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

A = XD 5970L  
B = FBR 6038J  
Tuas viaduct towards  
Tuas South Ave 3.

## Describe Circumstances of the Accident


— Please refer to the police report : T/20220509/2115. —


## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 10/5/22  
Driver's Signature (if driver is not the policyholder) / Date & Time

 10/05/22  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220509/2115

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20220509/2115

**CONTINUATION OF REPORT**

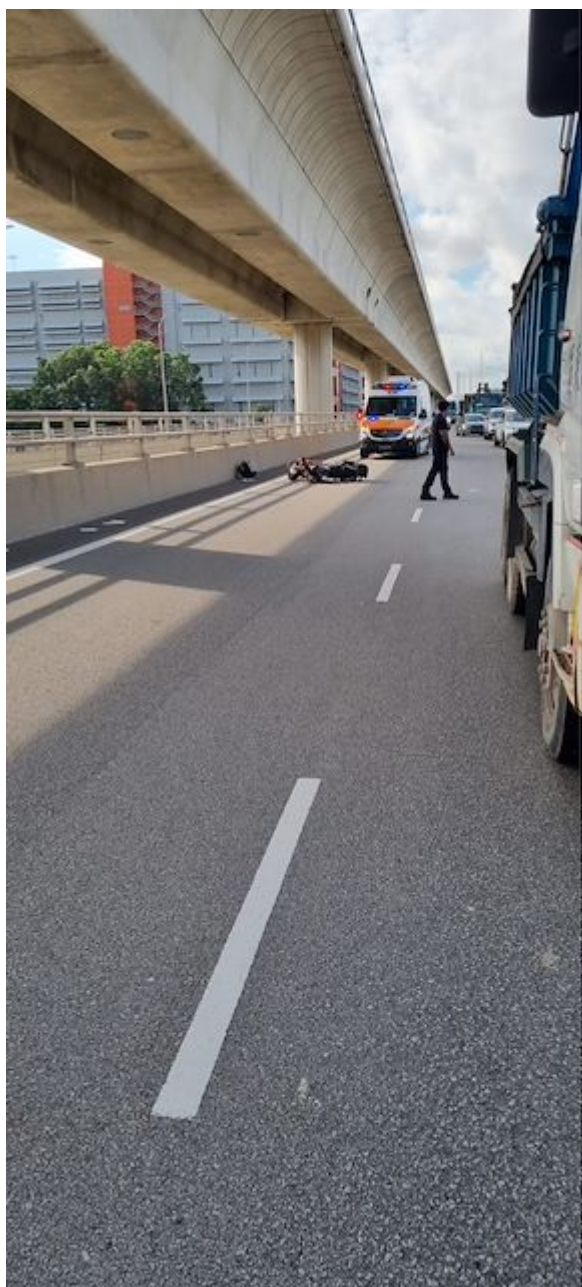
Driver			
Name	NG AH CHONG	ID No.	S1575289J
Related Vehicle	XD5970L (Lorry)	Contact No.	97317114
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09.05.2022 at about 0900hrs, I was driving a tipper truck bearing vehicle license plate XD5970L along Tuas viaduct towards Tuas South Ave 3 when I heard a loud sound and saw my rear-view mirror and saw a motorcyclist bearing vehicle license plate FBR6038J collided into the concrete barrier.

I immediately applied emergency brakes and alighted my vehicle at V156F to check if the motorcyclist is alright. I then asked other passerby to call for ambulance.

Shortly after, Ambulance arrived and conveyed the rider. Police then arrived and took my SD card and advised me to lodge a Traffic Accident Report.























CHASSIS NUMBER: **FV51JJJA 00888**

G.W.: **11180** **KG.**

L.L.W.: **28000** **KG.**

TIRE SIZE: **F 295/80R22.5**

**R 1000R20/16(D) x 2**

PASSENGER CAPACITY: **1 DRIVER 2 OTHERS**





# SINGAPORE POLICE FORCE



T/20220509/2115

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Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20220509/2115

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2022 20:10		Vide Report No.: J/20220509/0053		Station Diary No.: 96	
<b>Informant's Particulars</b>					
Name of Informant: NG AH CHONG			Address: APT BLK 783 YISHUN RING ROAD #07-3522 SINGAPORE 760783		
ID Type / ID No.: NRIC NO / S1575289J			Contact No.: Home/Office: Mobile: 97317114		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 17/08/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TIPPER TRUCK DRIVER			Driving Licence Information: Class: 3,4,5		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/05/2022 09:00	Type of Location: TUAS VIADUCT
Location:  TUAS SOUTH AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR6038J	Motorcycle	YAMAHA	MT15 MANUAL	White	Slightly Damaged	0
XD5970L	Lorry	MITSUBISHI	FV51JJD4R DEA	White	Slightly Damaged	0

## Details of Person Involved

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



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T/20220509/2115

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Report No. T/20220509/2115

**CONTINUATION OF REPORT**

Driver			
Name	NG AH CHONG	ID No.	S1575289J
Related Vehicle	XD5970L (Lorry)	Contact No.	97317114
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

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T/20220509/2115

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Report No. T/20220509/2115

## 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:

L /  
SGT 2 LIM JING KAI, DARYL  
JEROME

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT ABDUL RAHIM BIN SALIM  
Contact No.: 65476433

Signature Of Informant:

Date/Time:  
09/05/2022 20:10

Classification Of Case:

NP168