

# 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 ..... 12/05/2022 09:57 (SGT)  
Date of Accident ..... 11/05/2022 14:30 (SGT)  
Exact Location of Accident ..... Hougang Ave 2, Singapore  
Additional Location Information ..... BETWEEN BLOCK 702 AND BLOCK 703 CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLC34U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NAM WAH LONG PTE LTD  
Company Reg No ..... 2XXXX327Z  
Email Address ..... tobytngis@gmail.com  
Mobile Phone No ..... (Phone) +65-84842245  
Alternative Phone No ..... +65-84842245

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Estima  
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 ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2362

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNA00048672201  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... QUEK QIVEI (GUO QIVEI)  
NRIC No ..... SXXXX850B

Date Of Birth .....	18/11/1981
Occupation .....	Indoor
Date Of Driving Pass .....	14/06/2021
Driving experience .....	11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84842245
Alt. Phone Number .....	-
Email Address .....	tobytnngis@gmail.com
Address .....	BLK 270A PUNGGOL FIELD #13-219
Address complement .....	-
Postcode .....	821270
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 - Major/Minor Rd
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) .....	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 .....	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

PLEASE REFER TO POLICE REPORT T/20220511/7042

#### 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 .....	GBG6580S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	NG ENG WAN
NRIC No .....	SXXXX422Z
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 .....	QUEK QIVEI (GUO QIVEI)
Gender .....	Male
Phone No .....	(Phone) +65-84842245
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLC34U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

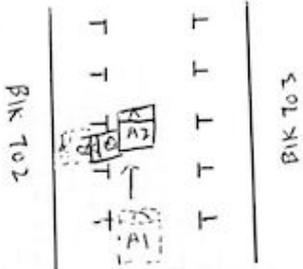
  
 Driver's Signature (if driver is not the policyholder) / Date & Time

 12/05/2022  
 Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: 2C 344  
 Veh B: 6B455805

Heungang Ave 2  
 BIK 707 & 703  
 carpark



Describe Circumstances of the Accident

Refer to police report T/20220511/7042

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

  
Witnessed by Reporting Centre Personnel





















**SINGAPORE  
POLICE FORCE**



T/20220511/7042

1 of 3

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

Report No. T/20220511/7042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/05/2022 17:59	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: QUEK QIWEI		Address: 270A PUNGGOL FIELD #13-219 SINGAPORE 821270	
ID Type / ID No.: NRIC NO / S8134850B		Contact No.: Home/Office: Mobile: 84842245	
Nationality: SINGAPORE CITIZEN		Email: quekqiwei@yahoo.com.sg	
Sex: Male	Age: 40	Date of Birth: 18/11/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: self employ		Driving Licence Information: Class: 3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2022 14:30	Type of Location: Car Park
Location: HOUGANG AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG6580S	Van					0
SLC34U	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20220511/7042

CONTINUATION OF REPORT

Driver			
Name	QUEK QIWEI	ID No.	S8134850B
Related Vehicle	SLC34U (Car)	Contact No.	84842245
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	11/05/2022	Date	11/05/2022
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On the stated time and date, i was driving my vehicle SLC34U along the open space carpark between blocks 702 & 703 hougang ave 2.  
i had slowed down for a vehicle to reverse into 1 of the empty lots on my right and once i had enough room to pass, i continued proceeding straight.  
Suddenly a huge impact hit onto my vehicle's left portion causing my vehicle to jerk sideways.  
i knocked my right knee against the driver's side door as a result of the unexpected impact  
i alighted to realise that GBG6580S , which was initially parked head in in one of the lots to my left, had abruptly reversed out at fast speed and collided into the left portion of my vehicle.  
i was completely blind sided by the reversing van as i had already driven past where it had parked before the impact hit me.  
shortly after the incident, i started feeling soreness and stiffness in my neck and back areas as well and pain on my right knee.  
i proceeded to my family doctor at Intermedical kovan for treatment and was given 4 Days MC for injuries cause by the accident



**SINGAPORE  
POLICE FORCE**

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



T/20220511/7042

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Report No. T/20220511/7042

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
11/05/2022 17:59

Classification Of Case: