

# 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 ..... 23/05/2022 18:18 (SGT)  
Date of Accident ..... 23/05/2022 12:45 (SGT)  
Exact Location of Accident ..... Thomson Rd, Singapore  
Additional Location Information ..... THOMSON ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDA5551R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG AH SUAN DORIS  
NRIC No ..... SXXXX332H  
Email Address ..... BENTASL1954@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-89499341  
Alternative Phone No ..... +65-89499341

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... CAMRY 2.0 AUTO ABS AIRBAG  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5126113554  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN SOO LEONG  
NRIC No ..... SXXXX342J

|  |                         |
|--|-------------------------|
| Date Of Birth .....  | 29/12/1954              |
| Occupation .....   | Indoor                  |
| Date Of Driving Pass .....   | 13/07/1973              |
| Driving experience .....   | 48 YEARS AND 10 MONTHS  |
| Gender .....   | Male                    |
| Mobile Number .....  | (Phone) +65-96319039    |
| Alt. Phone Number .....  | -                       |
| Email Address .....  | BENTANSL1954@GMAIL.COM  |
| Address .....  | 1 LEICESTER ROAD #06-11 |
| Address complement .....   | -                       |
| Postcode .....   | 358828                  |
| Is the driver the policyholder? .....                              | No                      |
| If No, Relationship of the Driver with the Insured .....           | Spouse                  |
| 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 - Change/cross lane |
| 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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 ..... | Male      |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes                                     |
| Police Station Name .....                       | Queenstown Neighbourhood Police Centre  |
| Police Station Phone No .....                   | (Phone) +65-18004719999                 |
| Alt. Police Station Phone No .....              | (Fax) +65-64715299                      |
| Police Station Address .....                    | No. 3 Queensway #01-03 Singapore 149073 |
| Was notice of intended Prosecution given? ..... | No                                      |
| If yes, against whom? .....                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

-

#### 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 ..... | SUBMIT TO INSURANCE DIRECTLY |
| Was there any audio recorded? .....                     | No                           |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SJU9671A |
|-----------------------------------|----------|

|   |                    |
|---|--------------------|
| Vehicle Manufacturer .....                    | -                  |
| Vehicle Model .....                           | -                  |
| Vehicle Variant .....                         | -                  |
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Government         |
| Name of Driver .....                          | CALVIN TAY TIAN HO |
| Contact Number .....                          | -                  |
| Address .....                                 | -                  |
| Address complement .....                      | -                  |
| Postcode .....                                | -                  |
| Insurance Company Name .....                  | -                  |
| Nature Of Damage .....                        | -                  |
| Details of property damaged in accident ..... | -                  |
| No. Of Passenger (Including Driver) .....     | -                  |

**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")

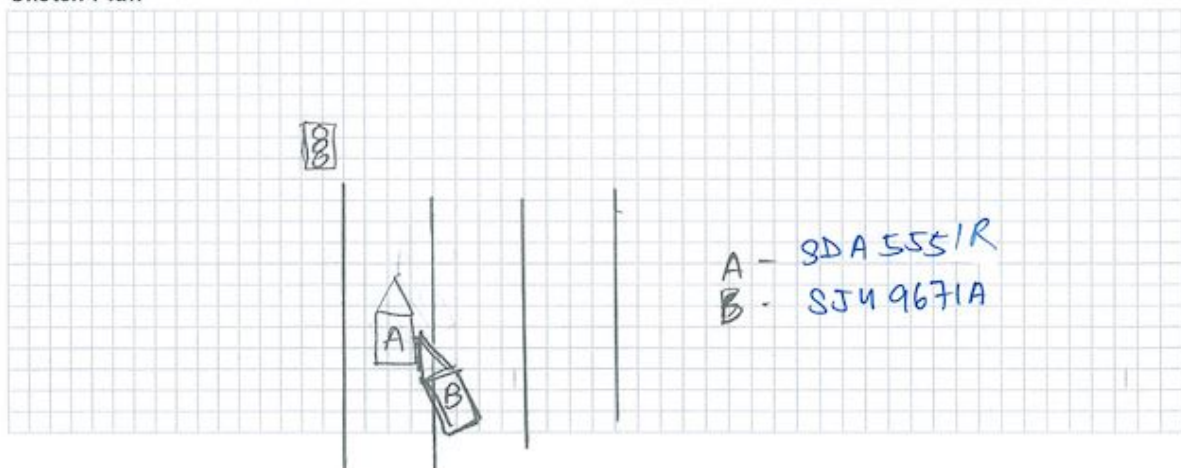
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

LICENSE PLATE: SDA 555SR ACCIDENT DATE & TIME: 23/5/2022 1245pm  
CONTACT NUMBER: 96319069 E-MAIL ADDRESS: bentans1954@gmail.com  
LOCATION: Thomson Road toward to Marine

Refer to police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

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





To Whom It May Concern

**ACCIDENT INVOLVING SPF VEHICLE AND PRIVATE VEHICLE**

If you wish to make any claim against the Singapore Police Force resulting from a motor vehicle accident, you can write to:-

SPF Accident Claims Section  
Automotive Engineering & Management Division  
Police Logistics Department  
1 Mount Pleasant Road  
Block 8 Old Police Academy  
Singapore 298333

2 Before you send your vehicle for repair, you can have your vehicle inspected by an appraiser appointed by the Singapore Police Force. If you wish to do so, you can contact the Officer-In-Charge of accident matters (Tel No: 64784840, Fax No: 64784848) to make the necessary arrangements.

3 When submitting your claim, please ensure that the following are enclosed:

- a) Police report
- b) Survey report (if any)
- c) Repair Bill
- d) Original Photographs of damage

4 Nothing in this notice shall be treated as acceptance by the Singapore Police Force of any liability whatsoever for any damage sustained as the result of the accident in which your vehicle and the Police vehicle are involved.

5 If your claim relates to personal injuries, please send your claim to:

The Attorney General  
Attorney General's Chambers  
1 Coleman Street, #10-00  
Singapore 179803.

NP 122



**SINGAPORE  
POLICE FORCE**



T/20220523/2065

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20220523/2065

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                          |                            |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>23/05/2022 16:24 |            | Vide Report No.:             |  | Station Diary No.:<br>31 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                          |                            |
| Name of Informant:<br>TAN SOO LEONG        |            |                              | Address:<br>1 LEICESTER ROAD #06-11 SINGAPORE 358828       |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S0240342J   |            |                              | Contact No.:<br>Home/Office: Mobile: 96319039              |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>67 | Date of Birth:<br>29/12/1954 | Type of Informant:<br>Driver                               |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:  |                          | Institution / School Name: |
| Occupation:<br>GRAB DRIVER                 |            |                              | Driving Licence Information:<br>Class: 3,4 Date of Expiry: |                          |                            |

|  |                              |   |  |                                     |
|--|------------------------------|---|--|-------------------------------------|
| <b>General Information of the Accident</b>                   |                              |   |  |                                     |
| Type of Accident:  | Non-Injury<br>Police Vehicle | Drink Drive:<br>No                          | Date/Time of Accident:<br>23/05/2022 12:45 | Type of Location:<br>Straight Road  |
| Location:<br><br>THOMSON ROAD                                |                              |   |  |                                     |
| Weather:<br>Sunny  |                              | Road Surface:<br>Dry                        |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                              | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                              |   |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |      |      |       |       |                   |                 |
|------------------------------------|------|------|-------|-------|-------------------|-----------------|
| Vehicle No.                        | Type | Make | Model | Color | Condition         | No of Passenger |
| SDA5551R                           | Car  |      |       |       | Seriously Damaged | 1               |
| SJU9671A                           | Car  |      |       |       | Slightly Damaged  | 2               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20220523/2065

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20220523/2065

**CONTINUATION OF REPORT**

|                                   |                    |                  |   |
|-----------------------------------|--------------------|------------------|---|
| <b>Driver</b>                     |                    |                  |   |
| Name                              | TAN SOO LEONG      |                  | ID No. S0240342J  |
| Related Vehicle                   | SDA5551R (Car)     |                  | Contact No. 96319039  |
| Hospital/Clinic                   | NIL                |                  | Class of Driving Licence & Expiry Date<br>Class: 3,4<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                | Degree of Injury | NIL   |
| <b>Driver</b>                     |                    |                  |   |
| Name                              | CALVIN TAY TIAN HO |                  | ID No. S8020040D  |
| Related Vehicle                   | SJU9671A (Car)     |                  | Contact No. NIL   |
| Hospital/Clinic                   | NIL                |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                | Degree of Injury | NIL   |

**Brief Details.**

On 23/05/2022 at about 1245hrs, I was driving my wife's vehicle SDA5551R travelling on the third lane along Thomson Road towards Mount Alvernia Hospital. I noticed that the traffic light at the front junction was in red and there were several vehicles stopped at the junction occupying the first and second lane of the road. I continue to drive towards the junction and out of a sudden, a vehicle SJU9671A came out of the second lane and collided with my vehicle. We stopped our vehicle and exchange our particulars, the person told me that he was driving a private police vehicle and shown me his police warrant card, issued a NP122 form to me and informed me to lodge a police report for the insurance claims.

I wished to state that due to the collision, my vehicle suffered damages(dents and scratches) on the rear bumper, both driver, right passenger's door and right rear wheel area. While his vehicle suffered damages (dent and scratches) on the front left bumper and left wheel area. I also handed over my in car camera SD card over to him. I wished to state that the accident happened too fast, I did not managed to see if the vehicle did signal before he drove out from his lane and both of us did not suffered from any injuries.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999



T/20220523/2065

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Report No. T/20220523/2065

**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:  
D /  
Other LIU FENGZHAN, GERRY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / DDGVT /  
Other MUHAMMAD FARHAN BIN SAIRI  
Contact No.: 65476224

Signature Of Informant:

Date/Time:  
23/05/2022 16:24

Classification Of Case:

NP168