

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	25/07/2022 16:54 (SGT)
Reported by	Both
Date of Accident	24/07/2022 20:07 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	> SIMS WAY (KPE DIRECTION)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA1166M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KHENG ANN
NRIC No	SXXXX652C
Email Address	jeffrey_nka@yahoo.com.sg
Mobile Phone No	(Phone) +65-96705337
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C5
Variant	AIRCROSS 1.6L SHINE
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	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00179702100

DRIVER

Name of Driver	NG KHENG ANN
NRIC No	SXXXX652C
Date Of Birth	13/08/1968
Occupation	Indoor

Date Of Driving Pass	09/10/1987
Driving experience	34 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96705337
Alt. Phone Number	-
Email Address	jeffrey_nka@yahoo.com.sg
Address	31 UPPER SERANGOON VIEW #09-20
Address complement	-
Postcode	534043
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Post
Police Station Address	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8056G
Vehicle Manufacturer	Mercedes
Vehicle Model	Vito
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Commercial vehicle

Name of Driver	PETER
Contact Number	(Phone) +65-97686565
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.

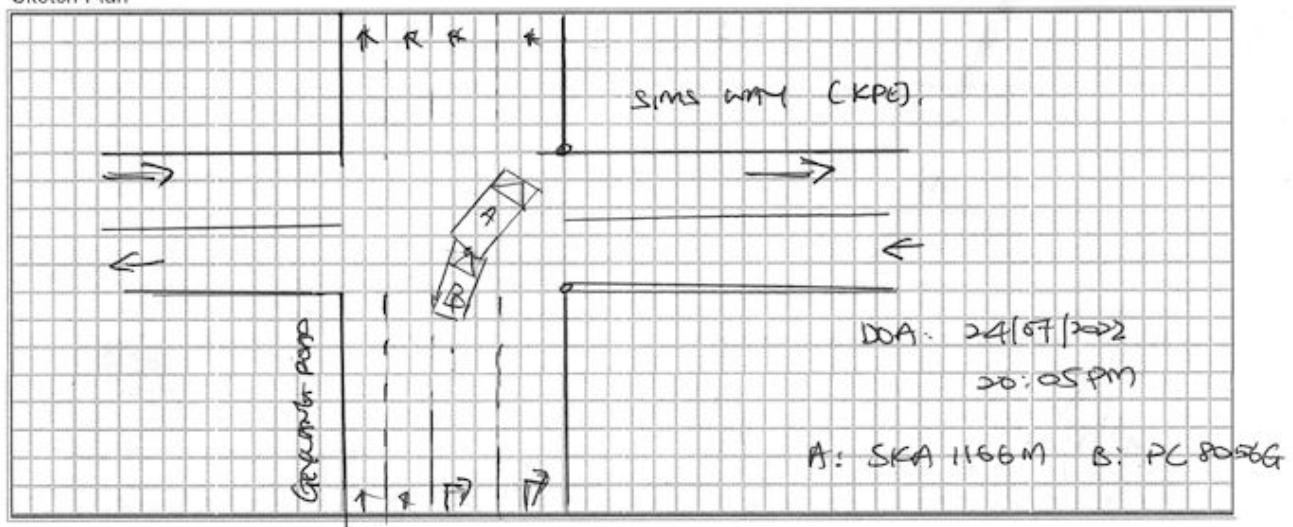

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT.

PLEASE REFER TO POLICE REPORT.

Declaration

I/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
(Name as in NRIC/ID card)







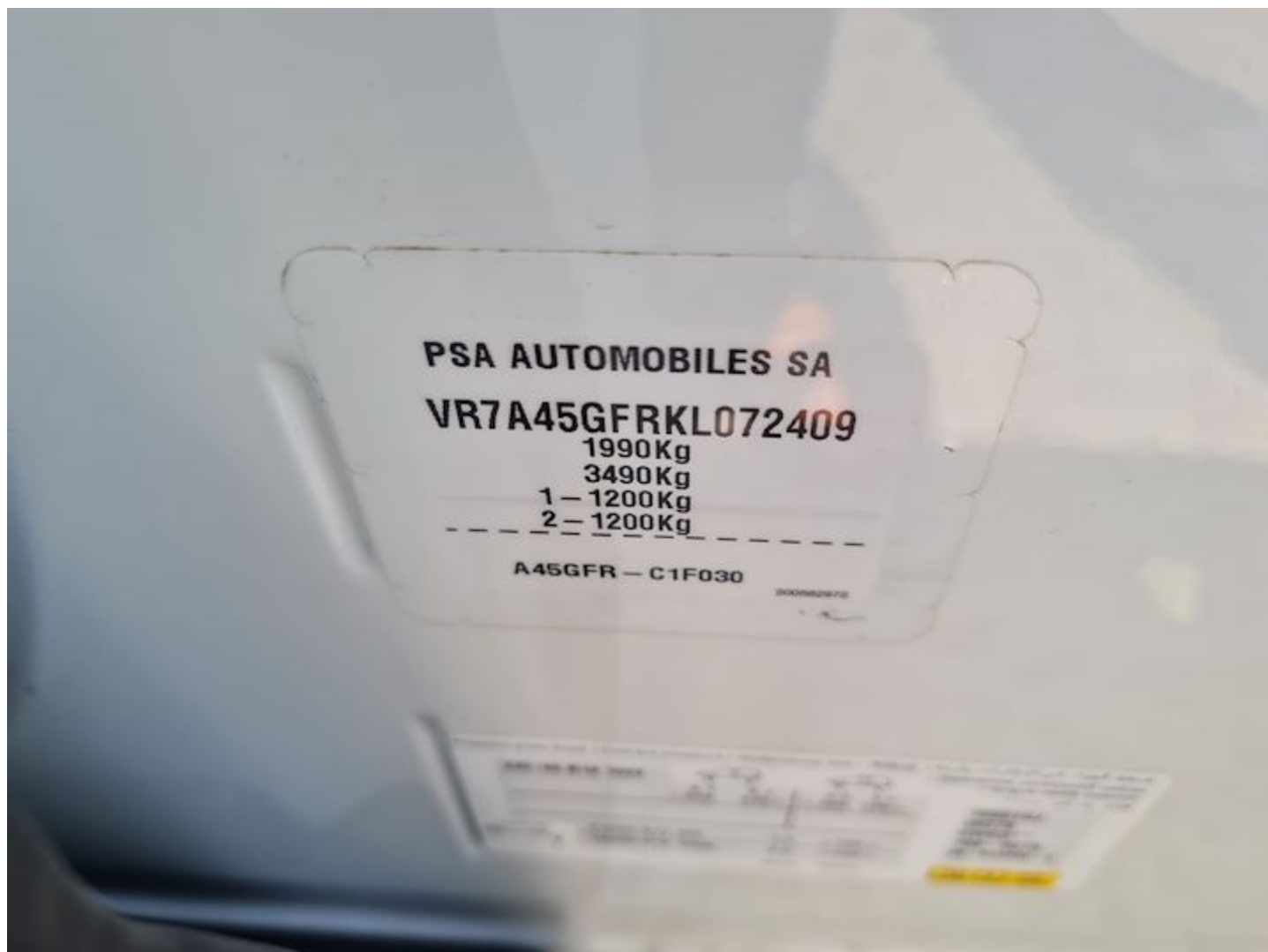





























**SINGAPORE
POLICE FORCE**


T/20220725/2054

1 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20220725/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2022 14:29	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: NG KHENG ANN			Address: 31 UPPER SERANGOON VIEW #09-20 SINGAPORE 534043		
ID Type / ID No.: NRIC NO / S6830652C			Contact No.: Home/Office: Mobile: 96705337		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 13/08/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TECHNICAL OPERATION SPECIALIST			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2022 20:05	Type of Location: X-Junction
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8056G	Van				Slightly Damaged	0
SKA1166M	Car	CITROEN	C5 AIRCROSS 1.6L SHINE	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

T/20220725/2054

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

2 of 3

Report No. T/20220725/2054

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA1166M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001797 02100	27/09/2021	26/09/2022

Brief Details.

On 24/07/2022 at about 2007hrs, I was driving my vehicle SKA1166M and I exited Shells Petrol Kiosk of Geylang Road. As I was wanted to turn right into Sims Way, I saw that all the pedestrian that is crossing on the pedestrian crossing has crossed and I wanted to turn, I made another check and saw an Indian cycling through the traffic light junction as such, I stepped on my brakes. After which, I felt a collision on the rear of my vehicle.

Another van(PC8056G, Peter, HP:97686565) collided on to the rear of my vehicle. We came down and exchanged mobile number and decided on insurance claim.

Nobody was injured. My vehicle sustained deep scratch on my rear bumper. I am unsure what is the damages of the van.

No police nor ambulance attended. I have a in-car CCTV but I am unsure if it has captured the incident or not as I have not made a check.

The purpose of this report is for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20220725/2054

3 of 3

Report No. T/20220725/2054

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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:

F /

SGT 2 ROYCE YEW TIAN POH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/07/2022 14:29

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN

ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SJ0E227P0004 Vehicle Registration No: SKA1166M
Name (as shown in NRIC) : NG KHENG ANN NRIC/FIN/Passport No : S6830652C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 31 UPPER SERANGOON VIEW #09-20 Singapore (534043)
Contact (Tel) : _____ Mobile No. : 9670 5337
Email Address : jeffrey_nka@yahoo.com.sg
Date of Accident : 24/07/2022 Time of Accident : 20:07
Place of Accident : GEYLANG ROAD > SIMS WAY
Insurance Company : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REGISTER OWNER NAME SHOULD BE : NG KHENG ANN

Policyholder / Driver's Signature
Date:

 *Jordan*
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:





