

# 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 Actual 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 ..... 15/08/2022 11:50 (SGT)  
Reported by ..... Both  
Date of Accident ..... 12/08/2022 19:35 (SGT)  
Exact Location of Accident ..... 3 Gateway Dr, #B1-38/39 Westgate, Singapore 608532  
Additional Location Information ..... WEST GATE BASEMENT CAR PARK B3 SINGAPORE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKH7491Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG WEN SONG  
NRIC No ..... S8800281D  
Email Address ..... NG.WEN.SONG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98533221  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180k  
Variant ..... MERCEDES BENZ / C180K  
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 ..... 1796

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Policy Number / Cover Note Number ..... MT/00617490/03

### DRIVER

Name of Driver ..... NG WEN SONG  
NRIC No ..... S8800281D  
Date Of Birth ..... 03/01/1988  
Occupation ..... Indoor

Date Of Driving Pass .....	14/09/2006
Driving experience .....	15 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98533221
Alt. Phone Number .....	-
Email Address .....	NG.WEN.SONG@GMAIL.COM
Address .....	APT BLK 811B CHOA CHU KANG AVENUE 7 #12-613
Address complement .....	-
Postcode .....	682811
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 - 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) .....	5
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 .....	-

#### PASSENGER 1

Name .....	JOYCE LIM YING YING
Gender .....	Female

#### PASSENGER 2

Name .....	LIM KHENG SUAN
Gender .....	Female

#### PASSENGER 3

Name .....	KANNON NG KE JIN
Gender .....	Male

#### PASSENGER 4

Name .....	KANDALL NG XIN JIN
Gender .....	Female

#### 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? .....	-

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

## 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 ..... SKM3971D  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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 ..... NG WEN SONG  
Gender ..... Male  
Phone No ..... (Phone) +65-98533221  
Address ..... APT BLK 811B CHOA CHU KANG AVENUE 7 #12-613  
Address Complement ..... -  
Post Code ..... 682811  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SKH7491Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

## INJURED 2

Name of injured person ..... JOYCE LIM YING YING  
Gender ..... Female  
Phone No ..... (Phone) +65-96618073  
Address ..... APT BLK 811B CHOA CHU KANG AVENUE 7 #12-613  
Address Complement ..... -  
Post Code ..... 682811  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SKH7491Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

## INJURED 3

Name of injured person ..... KANNON NG KE JIN  
Gender ..... Male  
Phone No ..... (Phone) +65-98533221  
Address ..... APT BLK 811B CHOA CHU KANG AVENUE 7 #12-613  
Address Complement ..... -

Post Code ..... 682811  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SKH7491Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 4

Name of injured person ..... KANDALL NG XIN JIN  
Gender ..... Female  
Phone No ..... (Phone) +65-98533221  
Address ..... APT BLK 811B CHOA CHU KANG AVENUE 7 #12-613  
Address Complement ..... -  
Post Code ..... 682811  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SKH7491Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 5

Name of injured person ..... LIM KHENG SUAN  
Gender ..... Female  
Phone No ..... (Phone) +65-93863688  
Address ..... APT BLK 811B CHOA CHU KANG AVENUE 7 #12-613  
Address Complement ..... -  
Post Code ..... 682811  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SKH7491Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

**SKETCH PLAN**

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**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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

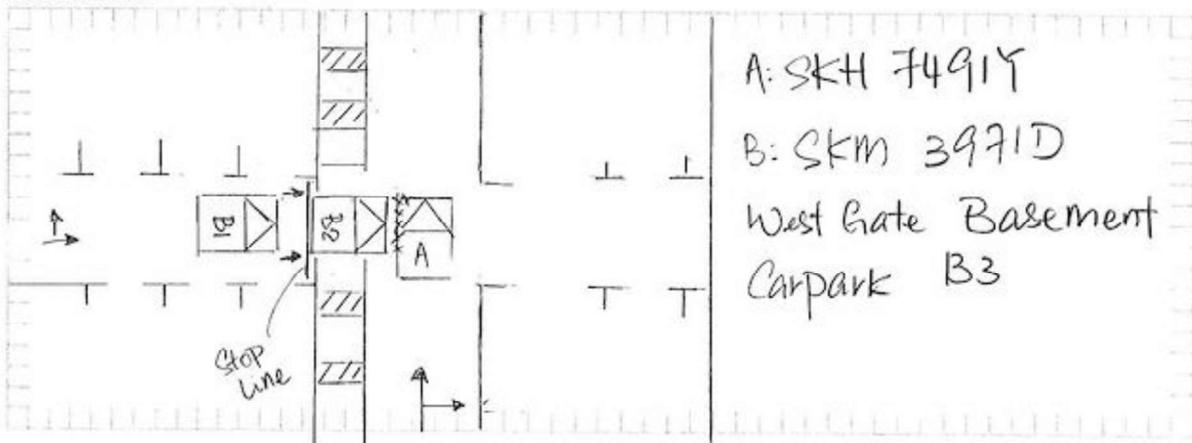
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

























**SINGAPORE  
POLICE FORCE**



T/20220813/7009

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

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Report No. T/20220813/7009

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKH7491Y	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00617490/03	28/05/2019	27/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG WEN SONG		ID No.	S8800281D
Related Vehicle	SKH7491Y (Car)		Contact No.	98533221
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/08/2022		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Slight
Passenger				
Name	JOYCE LIM YING YING		ID No.	S9316591H
Related Vehicle	SKH7491Y (Car)		Contact No.	96618073
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/08/2022		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Slight
Passenger				
Name	KANNON NG KE JIN		ID No.	T1520290J
Related Vehicle	SKH7491Y (Car)		Contact No.	98533221
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight



**SINGAPORE  
POLICE FORCE**



T/20220813/7009

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

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Report No. T/20220813/7009

## CONTINUATION OF REPORT

Passenger			
Name	KANDALL NG XIN JIN		ID No. T1805053B
Related Vehicle	SKH7491Y (Car)		Contact No. 98533221
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	LIM KHENG SUAN		ID No. S1736353J
Related Vehicle	SKH7491Y (Car)		Contact No. 93863688
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	12/08/2022		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

## Brief Details.

I (SKH7491Y) was driving straight along the Basement Carpark B3, Westgate Mall.

Suddenly I felt a huge impact.

Vehicle B (SKM3971D) dash out from left side ignored the stop line and zebra crossing with high speed without checking ongoing traffic and collided onto the left front portion of my vehicle and caused damages.

After the collided, vehicle B (SKM3971D) immediately reverse his vehicle back behind the stop line.

Due to the strong impact, my passengers and I felt discomfort and went to Mount Alvernia Hospital to seek medical treatment and was given 05 days MC by a doctor.



**SINGAPORE  
POLICE FORCE**

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



T/20220813/7009

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Report No. T/20220813/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

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: 13/08/2022 12:02
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168