

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	02/09/2022 14:56 (SGT)
Reported by	Both
Date of Accident	02/09/2022 06:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE JALAN BAHAR/KRANJI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1482J
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JASON NG CONG RONG
NRIC No	SXXXX967C
Email Address	jasonng.spazio@gmail.com
Mobile Phone No	(Phone) +65-91867974
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Allion
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNCV2020-00000437-01

DRIVER

Name of Driver	JASON NG CONG RONG
NRIC No	SXXXX967C
Date Of Birth	22/12/1983
Occupation	Outdoor

Date Of Driving Pass	30/04/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91867974
Alt. Phone Number	-
Email Address	jasonng.spazio@gmail.com
Address	BLK 212 PETIR ROAD #04-465
Address complement	-
Postcode	670212
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	Raining
Road Surface	Wet

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)	2
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	GOJEK PASSENGER
Gender	Male

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/20220902/7016 AND NEW POLICE REPORT T/20220914/2025

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	SMD4234R
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	JASON NG CONG RONG
Gender	Male
Phone No	(Phone) +65-91867974
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLP1482J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 willful 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. The 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.
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

PIE TOWARDS LANE BEFORE JAWA ROAD / KEMAS EXIT



A: SLP1482J
B: SMD4234R

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20220902/2016

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

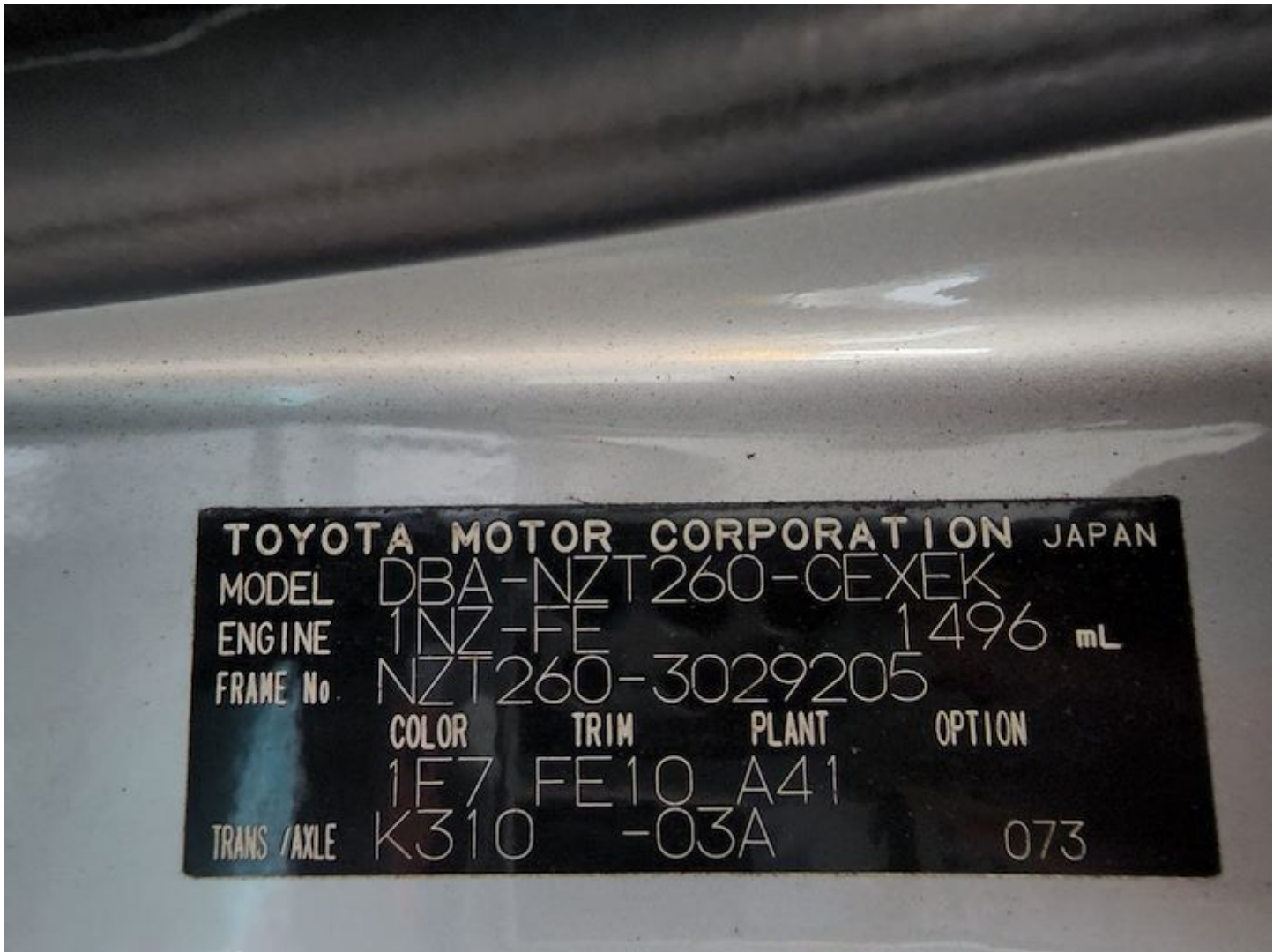

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



















SINGAPORE POLICE FORCE

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



T/20220902/7016

1 of 3

Report No. T/20220902/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2022 11:44	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: JASON NG CONG RONG			Address: 212 PETIR ROAD #04-465 SINGAPORE 670212		
ID Type / ID No.: NRIC NO / S8340967C			Contact No.: Home/Office:		Mobile: 91867974
Nationality: SINGAPORE CITIZEN			Email: jasonng.spazio@gmail.com		
Sex: Male	Age: 38	Date of Birth: 22/12/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/09/2022 06:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining	Road Surface: Wet			Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled			Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLP1482J	Car	TOYOTA	ALLION 1.5 A	Silver		2
SMD4234R	Car					2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------


**SINGAPORE
POLICE FORCE**

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



T/20220902/7016

2 of 3

Report No. T/20220902/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP1482J	FWD Singapore Pte. Ltd	PNCV2020-00000437-01	16/09/2021	15/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JASON NG CONG RONG	ID No.	S8340967C
Related Vehicle	SLP1482J (Car)	Contact No.	91867974
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	02/09/2022	Date	02/09/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the above mentioned date, time and location, I was travelling in my vehicle (a) with my passenger on board. While I was travelling straight in the last lane, vehicle (b) from my right cut in without checking at his blindspot and hence collided onto the right portion of my vehicle (a) causing damages to my vehicle (a).

I felt pain after the accident so I went to our family physician clinic to seek consultation and was given 5 days mc.

Vehicle (a) - SLP1482J
Vehicle (b) - SMD4234R

**SINGAPORE
POLICE FORCE**

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



T/20220902/7016

3 of 3

Report No. T/20220902/7016

CONTINUATION OF REPORTSketch 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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
02/09/2022 11:44

Classification Of Case:


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20220914/2025

1 of 3

Report No. T/20220914/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2022 12:29		Vide Report No.: T/20220902/7016		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: JASON NG CONG RONG			Address: APT BLK 212 PETIR ROAD #04-465 SINGAPORE 670212		
ID Type / ID No.: NRIC NO / S8340967C			Contact No.: Home/Office: Mobile: 91867974		
Nationality: SINGAPORE CITIZEN			Email: jasonng.spazio@gmail.com		
Sex: Male	Age: 38	Date of Birth: 22/12/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/09/2022 06:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP1482J	Car	TOYOTA	ALLION 1.5 A	Silver	Slightly Damaged	1
SMD4234R	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP1482J	FWD Singapore Pte. Ltd	PNCV2020-00000437-01	16/09/2021	15/09/2022



**SINGAPORE
POLICE FORCE**



T/20220914/2025

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20220914/2025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	JASON NG CONG RONG	ID No.	S8340967C
Related Vehicle	SLP1482J (Car)	Contact No.	91867974
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/09/2022	Date Discharge	02/09/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 02 September 2022 at about 0650hrs, I was driving my vehicle bearing SLP1482J along PIE towards Tuas with a passenger on board. While driving straight long the last lane (before Jalan Bahar exit), a vehicle bearing SMD4234R which was on my right suddenly cut onto my lane without checking on his blind spot. Hence, the said vehicle had collided onto the right portion, causing my vehicle to swerve to the left, grazing on the road barriers, before I managed to stop my vehicle. Due to the collision, there were damages on the right front bumper, headlight and rim. There were also scratches on the right portion of my vehicle. The left rear bumper, left rear tail lamp and the left front side of my vehicle was also damaged.

Both the vehicles stopped our vehicle and managed to exchanged particulars. After the incident, I felt pain and thus went to seek medical treatment at Our Family Physician Clinic and was given 5 days of medical leave. I would like to state that I had lodged a Police report vide T/20220902/7016 under Mohamad Zulfazlil Bin Abdullah Tel: 65476204. However, I am lodging this report to add some facts to the incidents.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20220914/2025

3 of 3

Report No. T/20220914/2025

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:

J /
SI MUHAMMAD FAISAL BIN
HUSSIN

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
14/09/2022 12:29Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168



GENERAL
INSURANCE
ASSISTANCE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922920004 Vehicle Registration No: SLP 1482 J
 Name (as shown in NRIC): JASON NG CONG RONG NRIC/FIN/Passport No: S8340967C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT BLK 212 PETIR ROAD # 04-465 Singapore (690712)
 Contact (Tel): _____ Mobile No.: 9186 7974
 Email Address: jasonng-spazio@gmail.com
 Date of Accident: 2/9/2022 Time of Accident: 6:50 A.M
 Place of Accident: PIE TOWARDS TUNGS BEFORE JALAN BAHAR | KRANJI EXIT
 Insurance Company: FWD

(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:

AMENDMENT DONE TO POLICE REPORT 1/2022 09/14/2025

Policyholder / Driver's Signature
Date:

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