# 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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 03/10/2022 15:18 (SGT) Reported by Date of Accident 01/10/2022 15:15 (SGT) Exact Location of Accident 284 Bukit Batok East Ave 3, Block 284, Singapore 650284 Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKZ8324X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG REN SHIN NRIC No S7613700E Email Address RSNG888@GMAIL.COM Mobile Phone No (Phone) +65-94504830 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Peugeot Model 508 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

No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 1600

**INSURANCE COMPANY** 

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01011938

DRIVER

Name of Driver NG ENG LAM NRIC No S0096279A Date Of Birth 24/11/1948 Occupation Indoor

Date Of Driving Pass 05/12/1973 Driving experience 48 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-81888418 Alt. Phone Number Email Address RSNG888@GMAIL.COM Address 56 BUKIT BATOK STREET 31 #28-13 Address complement Postcode 659445 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Jurong Division Headquarters Police Station Phone No (Phone) +65-18007910000 Alt. Police Station Phone No (Fax) +65-68965647 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: J/20221002/7034 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNB5203Y Vehicle Manufacturer

Vehicle Model
Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 TAY CHIN LAI

 Contact Number
 (Phone) +65-81130603

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident
 VEHICLE B

 No. Of Passenger (Including Driver)

## **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person Gender	NG ENG LAM Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKZ8324X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

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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.
- This report will be forwarded by the insurers to the GIA Records Management Contro 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 perties.
- 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:

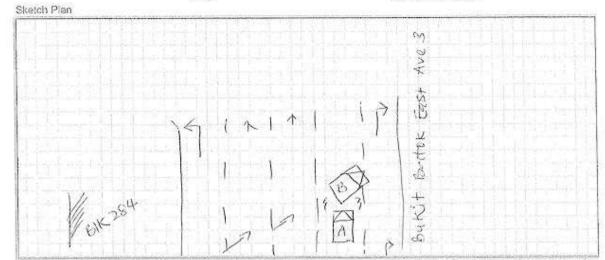
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal date/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyershaw 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 (Wariver is not the policyholder) / Doto

8.Time

Witnessed by Reporting Centre Personnal (Name as in NRIGHD card)



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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Singaples / Date & Time

Driver's Signatuye (if driver is not the policyheider) / Date

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

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Report No. J/20221002/7034

# POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Date/Time Report Made	Vide Report No.			Station Diary No	
02/10/2022 16:19					
Name Of Informant NG ENG LAM	Address 56 BUKIT BATOK STREET 31 #28-13 SINGAPORE 659445		3 SINGAPORE		
ID Type / ID No. NRIC NO / S0096279A	Contact Home/O		Mobile: 81888418		
Nationality SINGAPORE CITIZEN	Email Address ENGLAM2003@HOTMAIL.COM				
Occupation	Sex Male	Age 73	Date of Birth 24/11/1948	Race Chinese	
Consultant Institution/School Name	Language English				
Date/Time Of Incident 01/10/2022 15:15 - 01/10/2022 15:20	Location Of Incident 56 BUKIT BATOK STREET 31 #28-13 SINGAPORE 659445				

## Brief details.

I was driving my car SKZ8324X along Bukit Batok East Ave 3 in the right most lane. I had just passed by blk 284 Bukit Batok East Ave 3 on my left and was approaching traffic junction intersection with Bukit Batok East Ave 6. Suddenly a black Kia cerato SNB 5203 Y swerved into my lane without signalling. I immediately slammed on my brakes fully but was unable to avoid hitting the said car. Both my car air bags were deployed and my car windscreen was cracked. The said car suffered minor damage on its rear bumper while my car was quite badly damaged and The accident was captured on my in-car

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: 02/10/2022 16:19
Officer In-Charge Of Case:	Classification Of Case:



J/20221002/7034

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221002/7034

camera. The other driver and I exchanged particular and he drove off in his car. The other driver gave his name as TAY CHIN LAI S7012085J. My car couldn't be started and I had to get it towed to a car workshop. I was in a state of shock after the accident. I could not sleep properly last night and woke up having shortness of breath and felt pain in my chest, neck and back. I was seen by a doctor at Ng Teng Fong Hospital A&E department and given 5 days medical leave. I would like the police to investigate this matter as I felt that the said driver had endangered my life by driving in such an irresponsible manner and hope that action can be taken against him if he is found to have committed any traffic offence.

Victim			
Person Name	NG ENG LAM		NAME OF THE PARTY
ID Type	NRIC NO	ID No	S0096279A
Gender	Male	Age	73
Race	Chinese	Language	English
Occupation	Consultant	Address	56 BUKIT BATOK STREET 31 #28-13 SINGAPORE 659445
Mobile No	81888418	Is Informant A Victim?	Yes
		TVIONITE	
Person Name	NG ENG LAM (Informant)		

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: 02/10/2022 16:19
Officer In-Charge Of Case:	Classification Of Case:

Dear NG ENG LAM

POLICE REPORT REF: J/20221002/7034

Your police report lodged on 02/10/2022 has been assigned to Investigation Officer TAY CHUN KEEN of Traffic Police Department Investigation Branch.

Police will review your report and assess if investigations will be initiated. The Investigation Officer may contact you if more information or clarifications are required.

If investigations are initiated, a preliminary update will be provided to you within 7 working days.

An official copy of your report is attached. Please quote report no. J/20221002/7034 for future reference.

Should you need to contact the Investigation Officer to provide further information on the case, you may call 65476436 during office hours between 8.30 am and 6.00 pm from Monday to Thursday, and between 8.30 am and 5.30 pm on Friday, or write in via email to Francis\_TAY@spf.gov.sg. If you require immediate Police assistance, please call the Police Emergency number, '999' or the Police Hotline at +65 6255 0000 (for overseas caller).

Yours faithfully

TAN JUN YAN

Electronic Police Centre

Singapore Police Force

(This is an auto-generated email. Please do not reply to this email.)