

# 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 ..... 07/10/2022 17:03 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 06/10/2022 07:40 (SGT)  
Exact Location of Accident ..... Tg Pagar Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL5866Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AXG ENTERPRISE  
Company Reg No ..... 5XXXX060E  
Email Address ..... panda\_xiong\_85@icloud.com  
Mobile Phone No ..... (Phone) +65-96996973  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2754

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SD21V15874/VCH/R00

### DRIVER

Name of Driver ..... NG YEOW TECK (HUANG YAODE)  
NRIC No ..... SXXXX453F  
Date Of Birth ..... 03/11/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	06/01/2006
Driving experience .....	16 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96996973
Alt. Phone Number .....	-
Email Address .....	panda_xiong_85@icloud.com
Address .....	BLK 217 PETIR ROAD #04-401
Address complement .....	-
Postcode .....	670217
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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) .....	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 .....	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/20221006/7031

#### 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 .....	SND7698D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	THAM MEI LING DIANA
NRIC No .....	SXXXX774B
Contact Number .....	(Phone) +65-88895424
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 YEOW TECK (HUANG YAODE)
Gender .....	Male
Phone No .....	(Phone) +65-96996973
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBL5866Z
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 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 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.

**3. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

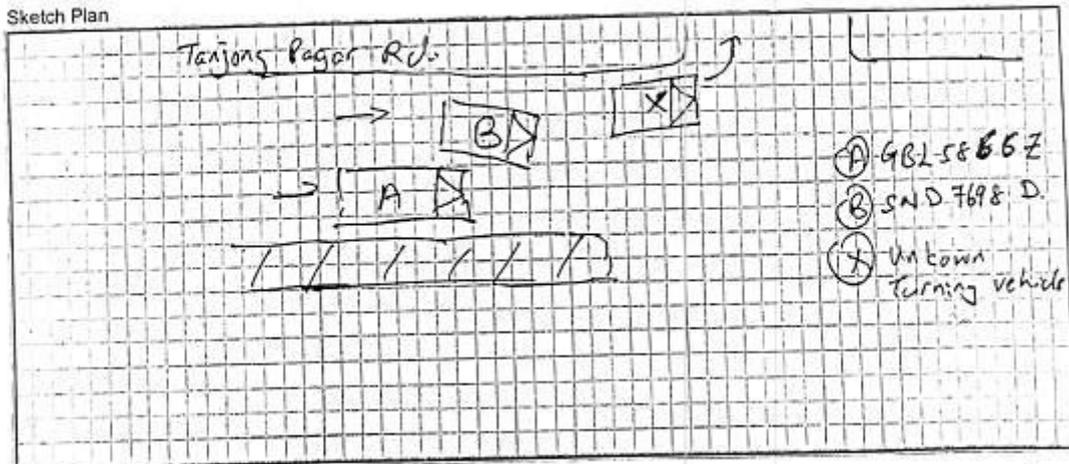
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or processed by my insurer (collectively the "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.
- (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.

*[Signature]*  
 Policyholder's Signature / Date & Time

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

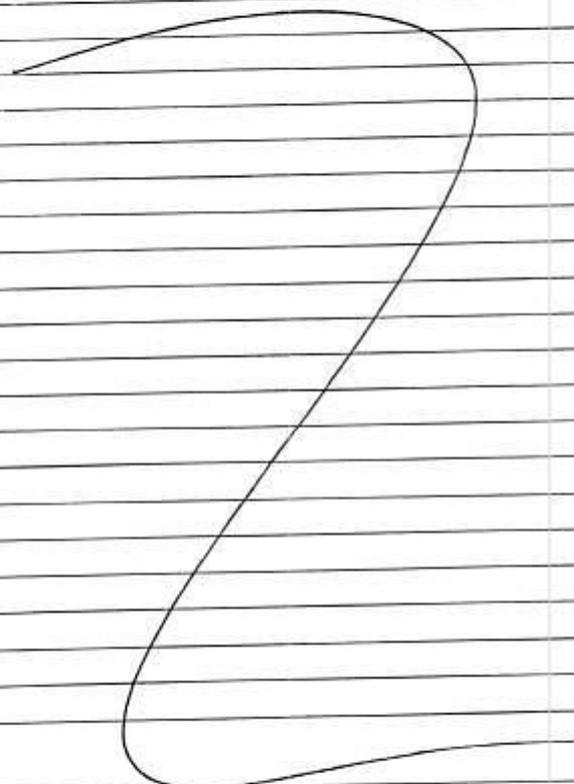
*[Signature]* 07/10/2022  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



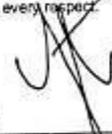
Describe Circumstance of the Accident

Refer to police report no:-  
T20221806/7031



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  
(Name as in NRICID card)

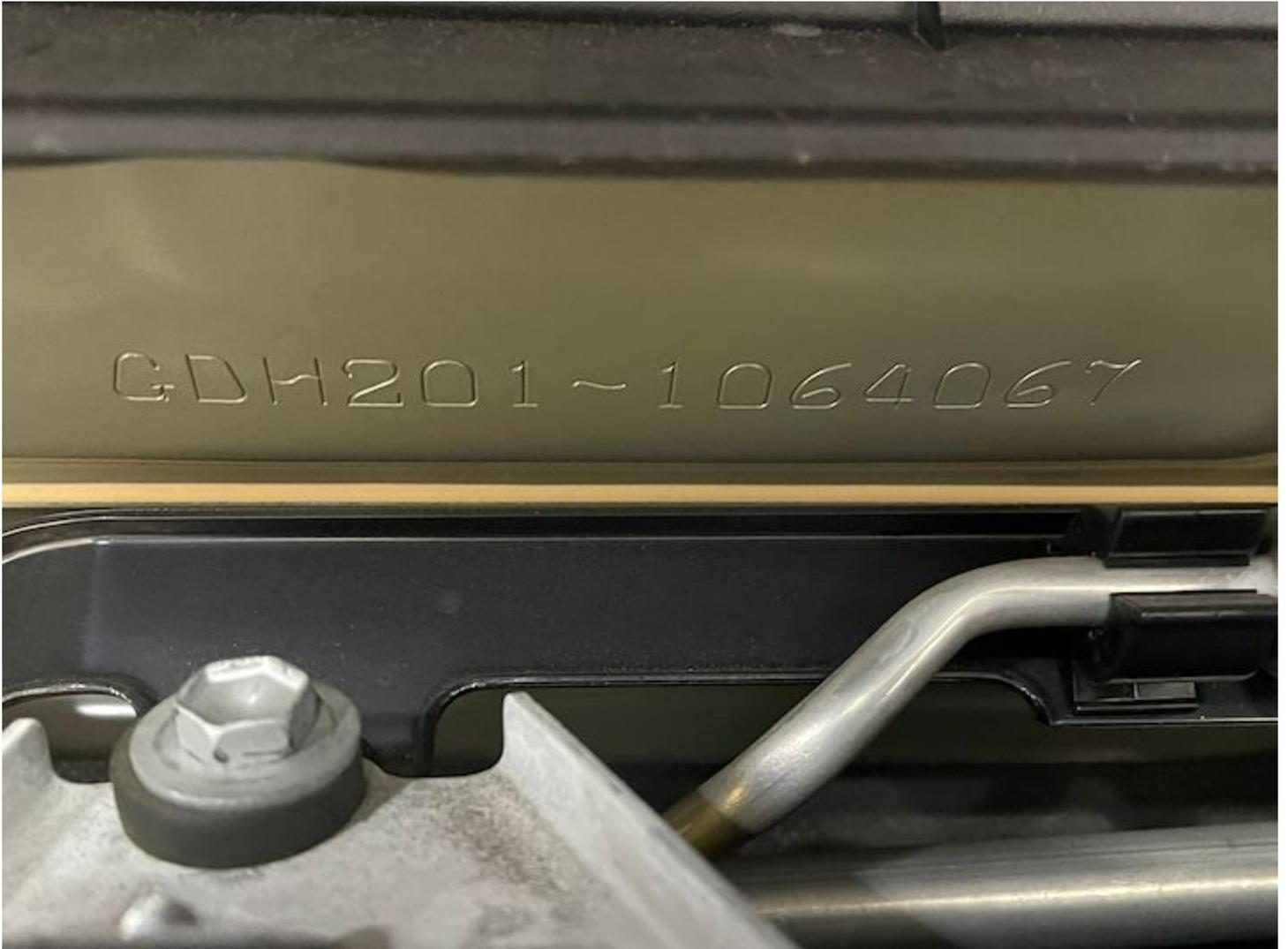

























**SINGAPORE  
POLICE FORCE**

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



T/20221006/7031

1 of 3

Report No. T/20221006/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/10/2022 13:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG YEOW TECK			Address: 217 PETIR ROAD #04-401 SINGAPORE 670217		
ID Type / ID No.: NRIC NO / S8534453F			Contact No.:		Mobile: 96996973
Nationality: SINGAPORE CITIZEN			Email: PANDA_XIONG_85@ICLOUD.COM		
Sex: Male	Age: 36	Date of Birth: 03/11/1985	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: self employed		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2022 07:40	Type of Location: Bend
Location:  TANJONG PAGAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL5866Z	Van					0
SND7698D	Car					0

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



**SINGAPORE  
POLICE FORCE**

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



T/20221006/7031

2 of 3

Report No. T/20221006/7031

**CONTINUATION OF REPORT**

Driver			
Name	NG YEOW TECK		ID No. S8534453F
Related Vehicle	GBL5866Z (Van)		Contact No. 96996973
Hospital/Clinic	FAMILY CARE CLINIC & SURGERY		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	06/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the 06/10/2022 at about 7.40 am, I was driving my van no. GBL 5866 Z along the right side of a two lane road of Tanjong Pagar Road towards Maxwell Road. As I was travelling along this road at normal speed, all of the sudden, there was a white motorcar no. SND 7698 D which was on the left lane of the same Tanjong Pagar Road suddenly without any warning or signal, tried to cut into my lane when I have the right of way and caused a collision with my van. When the driver of motorcar cut into my lane, I had to apply an emergency brake but the motorcar still hit onto my van.

I wish to state that I was doing delivery for Redmart groceries and all of the items and packages in my van were flung forward and maybe damaged. I still have not assess or receive the bill for the damages to these groceries.

Furthermore, I suffered personal injuries as the result of this accident and was given 3 days MC by M/s Family Care Clinic after seeking medical treatment from this clinic.

I wish to claim against the insurance company of the motorcar no. SND 7698 D for my injuries, damages to my van and also any damages or losses to the Redmart groceries, if any.

I enclosed herewith my MC and photographs of the accident including the Redmart groceries that maybe damaged as the result of the accident.



**SINGAPORE  
POLICE FORCE**

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



T/20221006/7031

3 of 3

Report No. T/20221006/7031

**CONTINUATION OF REPORT**

Sketch 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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
06/10/2022 13:29

Classification Of Case: