

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	05/09/2022 17:01 (SGT)
Reported by	Both
Date of Accident	03/09/2022 08:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP6407D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	XING DAN TRADING
Company Reg No	5XXXX625W
Email Address	PETEREZPACK@GMAIL.COM
Mobile Phone No	(Phone) +65-82223321
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1799

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA601395

DRIVER

Name of Driver	NG CHIEW LAM
NRIC No	SXXXX176Z
Date Of Birth	02/07/1965
Occupation	Outdoor

Date Of Driving Pass	02/06/1987
Driving experience	35 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82223321
Alt. Phone Number	-
Email Address	PETEREZPACK@GMAIL.COM
Address	BLK 832 JURONG WEST ST 81 #08-08
Address complement	-
Postcode	640832
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Hit and run / Vandalism / Damaged whilst parked
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)	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	KERK HONG GEOK
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20220903/2119

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	SJW8972C
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)	-

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.**
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

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

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

Sketch Plan

A-SGP6467D
B-unknown

P I E (After Thomson Rd)




vJun2022

1

Describe Circumstance of the Accident	
<p style="font-size: 1.2em;">Refer to Police Report T/20220903/2119</p>	
<p><input type="checkbox"/> Claim own policy</p> <p><input type="checkbox"/> Claim third party</p> <p><input type="checkbox"/> Claim OD / TP at other workshop</p> <p><input checked="" type="checkbox"/> For record purpose</p>	<p>Policy No. <u>GA601395/1</u></p> <p>Insurer <u>A+IA</u> Veh.No. <u>SGP640-D</u></p>
<p>I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.</p>	

Declaration

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

 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Policyholder's Signature / Date & Time</p>	 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Driver's Signature (if driver is not the policyholder) / Date & Time</p>	 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>SNG AH TEE MOTOR & PANEL SVC PTE LTD Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)</p>
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SINGAPORE POLICE FORCE



T/20220903/2119

1 of 3

Report No. T/20220903/2119

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2022 23:22	Vide Report No.:	Station Diary No.: 128
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Informant's Particulars

Name of Informant: NG CHIEW LAM			Address: APT BLK 832 JURONG WEST STREET 81 #08-08 SINGAPORE 640832	
ID Type / ID No.: NRIC NO / S2621176Z			Contact No.: Home/Office: Mobile: 82223321	
Nationality: SINGAPORE CITIZEN			Email: peterezpack@gmail.com	
Sex: Male	Age: 57	Date of Birth: 02/07/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Sales workers			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/09/2022 08:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGP6407D	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220903/2119

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20220903/2119

CONTINUATION OF REPORT

Driver			
Name	NG CHIEW LAM	ID No.	S2621176Z
Related Vehicle	SGP6407D (Car)	Contact No.	82223321
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/09/2022 at around 0850hrs in the morning, I was travelling along PIE towards Jurong after the Thompson Road exit travelling on the 4rd lane. I was travelling in my Honda Stream SGP6407D travelling at around 70 km/h at that point of time and wanted to increase my speed. Thus I turned my right signal right to indicate my action and started to change lanes. I switched again lanes from lane 3 to lane 2 and saw that there was an oncoming (unable to see plate number clearly from video but it was a red in color suzuki SUV) vehicle however I felt that it was quite a distance back. As such it was my assessment that I was able to change lanes into lane 2 safely. However when I checked my rear view mirror, I saw that the oncoming vehicle was very near to mine and did not slow down. The vehicle then swerved into the first lane and side swiped into the front of my vehicle. The vehicle was observed to be travelling at around 90km/h when he attempted to swerve to avoid collision with my vehicle.

After the incident happened, he did not stop and continued driving off. I stopped at the road shoulder and called for police assistance. The traffic police soon arrived and provided me with a document as they took my SD card for their investigation. My car suffered some minor scratches to the front right side of the vehicle. No one was injured as a result of the incident. This is the first time such an incident has happened to me. I am lodging this report for insurance claims.

Case card was also given to me with the ref: E/20220903/0079



**SINGAPORE
POLICE FORCE**



T/20220903/2119

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20220903/2119

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/
SGT 1 DANNY IRFAN BIN
ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/09/2022 23:22

Officer In Charge Of Case:

TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Classification Of Case:

NP168



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: _____ Vehicle Registration No: SGP6407D
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 03.09.2022 Time of Accident: 08:50
 Place of Accident: PIE, Singapore
 Insurance Company: A+A

(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:

- Attach video
- Add in Third party vehicle number SJW8972C
- Change to claim third party

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: