

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	30/12/2022 15:18 (SGT)
Reported by	Both
Date of Accident	30/12/2022 09:14 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BEACH ROAD TOWARDS ROCHOR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU9308P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KOK LEONG THOMAS
NRIC No	SXXXX486B
Email Address	thomasngkl@gmail.com
Mobile Phone No	(Phone) +65-98150800
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00014252202

DRIVER

Name of Driver	NG KOK LEONG THOMAS
NRIC No	SXXXX486B
Date Of Birth	14/01/1963
Occupation	Outdoor

Date Of Driving Pass	05/01/1983
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98150800
Alt. Phone Number	-
Email Address	thomasngkl@gmail.com
Address	APT BLK 627 BUKIT BATOK CENTRAL
Address complement	# 07-638
Postcode	650627
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	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 THE ATTACHED POLICE REPORT- T/20221230/7023

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR4743B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN ENG SIEW WILLIE
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 KOK LEONG THOMAS
Gender	Male
Phone No	(Phone) +65-98150800
Address	APT BLK 627 BUKIT BATOK CENTRAL
Address Complement	# 07-638
Post Code	650627
Approximate Age Years Old	-
Injuries Sustained	FELT PAIN ON NECK AND BACK
Injured person in which vehicle?	SMU9308P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

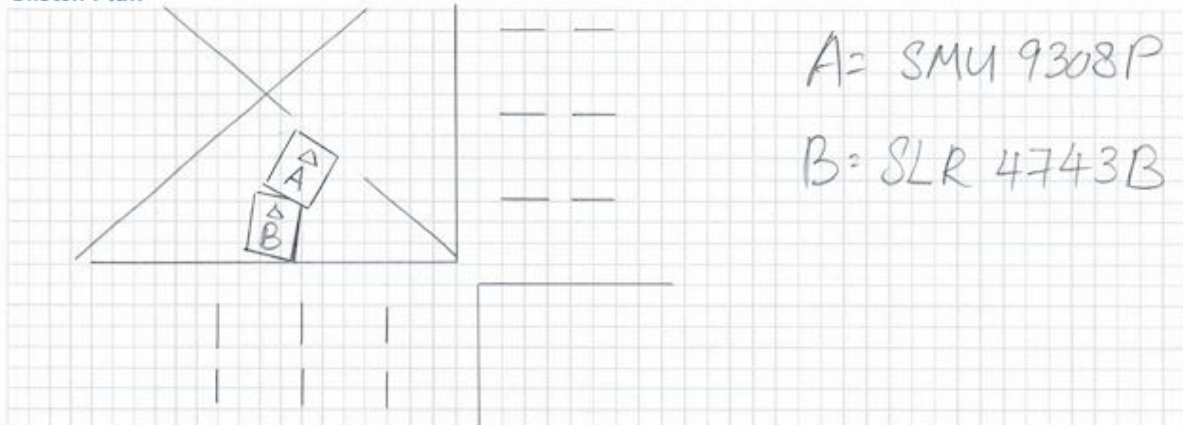
SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

 30/12/2022 1.22p.m.
Driver's Signature (if driver is not the policyholder) / Date & Time

 30/12/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Please Refer Police Report No.: T/20221230 / 7023.

Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date & Time



30/12/2022 1.22pm

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



30/12/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221230/7023

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

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Report No. T/20221230/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU9308P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0001425 2202	04/09/2022	03/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN ENG SIEW WILLIE	ID No.	NIL
Related Vehicle	SLR4743B (Car)	Contact No.	NIL
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	NIL
Driver			
Name	NG KOK LEONG THOMAS	ID No.	S1609486B
Related Vehicle	SMU9308P (Car)	Contact No.	98150800
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	30/12/2022	Date	30/12/2022
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 30.12.2022 AT ABOUT 0914 HRS. I WAS TRAVELLING ALONG JUNCTION OF BEACH ROAD TURNING TOWARD ROCHOR ROAD. AS THE TRAFFIC LIGHT SHOW GREEN, HOWEVER I HAVE TO STOP MY VEHICLE (SMU 9308P) FROM TURNING RIGHT TOWARD ROCHOR ROAD, DUE TO ON-COMING CAR FROM OPPOSITE DIRECTION. SUDDENLY, THE VEHICLE B (SLR 4743B) COLLISION ONTO REAR PORTION OF MY VEHICLE (SMU 9308P).

I FELT PAIN ON MY NECK AND MY BACK AFTER THE ACCIDENT. I SEEK MEDICAL ATTENTION FROM BFIT MEDICAL & SPORTS CLINIC AND RECEIVED 5 DAYS MC FROM THE CLINIC.

I HAD VIDEO FROM MY IN-CAR CAMERA.





























**SINGAPORE
POLICE FORCE**



T/20221230/7023

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

1 of 4
Report No. T/20221230/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2022 13:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG KOK LEONG THOMAS			Address: 627 BUKIT BATOK CENTRAL #07-638 SINGAPORE 650627		
ID Type / ID No.: NRIC NO / S1609486B			Contact No.: Home/Office: Mobile: 98150800		
Nationality: SINGAPORE CITIZEN			Email: THOMASNGKL@GMAIL.COM		
Sex: Male	Age: 59	Date of Birth: 14/01/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE VEHICLE DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2022 09:15	Type of Location: X-Junction
Location: TAN QUEE LAN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLR4743B	Car			White		0
SMU9308P	Car	HONDA	SHUTTLE+1 .5G+CVT+S ENSING	Grey	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20221230/7023

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

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Report No. T/20221230/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU9308P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0001425 2202	04/09/2022	03/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN ENG SIEW WILLIE	ID No.	NIL
Related Vehicle	SLR4743B (Car)	Contact No.	NIL
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	NIL
Driver			
Name	NG KOK LEONG THOMAS	ID No.	S1609486B
Related Vehicle	SMU9308P (Car)	Contact No.	98150800
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
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T/20221230/7023

Police Station Of Origin:
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3 of 4

Report No. T/20221230/7023

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20221230/7023

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

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Report No. T/20221230/7023

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 /
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:
30/12/2022 13:20

Classification Of Case:

