

# 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 .....	20/02/2023 16:52 (SGT)
Reported by .....	Driver
Date of Accident .....	18/02/2023 12:15 (SGT)
Exact Location of Accident .....	Near 39 Merryn Rd, Singapore 298488
Additional Location Information .....	PIE Towards Changi Before Steven Road Exit
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ8468X
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Jet-Vacs Service Pte Ltd
Company Reg No .....	2XXXXX569N
Email Address .....	jet.vacs.leo@gmail.com
Mobile Phone No .....	(Phone) +65-98218151
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	FVR90SUQDC AMT
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 .....	Tanker
Transmission .....	Manual
CC .....	5193

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2003036127

### DRIVER

Name of Driver .....	Ng Chong Peng
NRIC No .....	SXXXX400Z
Date Of Birth .....	26/01/1967
Occupation .....	Outdoor

Date Of Driving Pass .....	08/06/1990
Driving experience .....	32 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81823138
Alt. Phone Number .....	-
Email Address .....	jet.vacs.leo@gmail.com
Address .....	Blk 309 Hougang Avenue 5
Address complement .....	#02-287
Postcode .....	530309
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 .....	Collision - Head on collision
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	Sim Choon Teck
Gender .....	Male

#### PASSENGER 2

Name .....	Teng Sing Kien
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Post
Police Station Address .....	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to the sketch plan.

#### 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 .....	SMA2642A
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMA2642A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



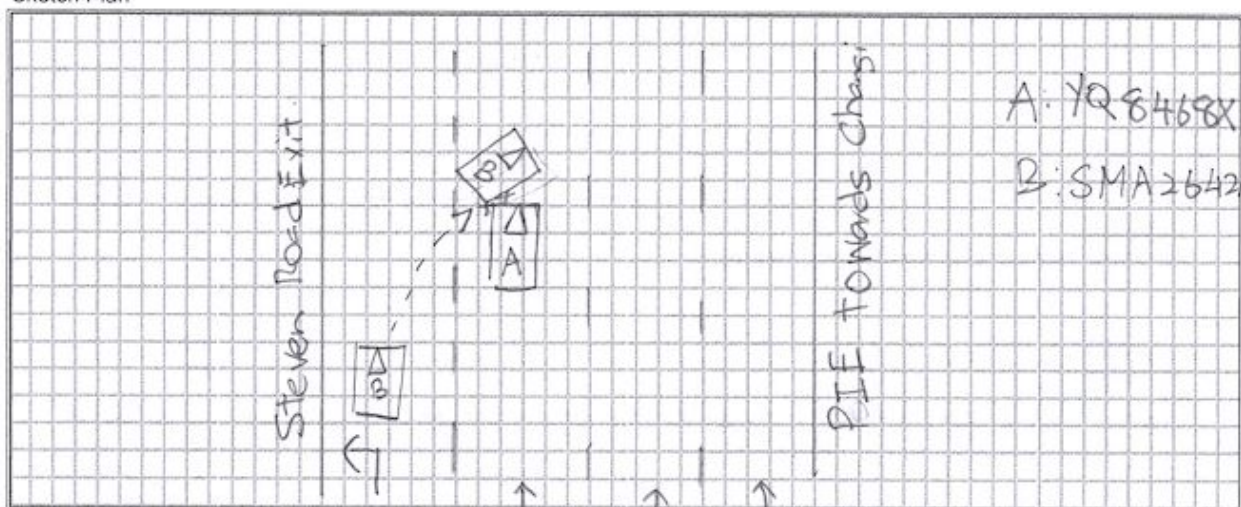
Policyholder's Signature / Date &amp; Time

15:40  
20/02/2023

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



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

**Sketch Plan**

vJun2022

1

Describe Circumstance of the Accident

\* Refer to Police Report \*

**Declaration**

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

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)

























**SINGAPORE  
POLICE FORCE**



T/20230218/2061

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

1 of 3

Report No. T/20230218/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/02/2023 16:11	Vide Report No.: G/20230218/0108	Station Diary No.: 16
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**Informant's Particulars**

Name of Informant: NG CHONG PENG			Address: APT BLK 309 HOUGANG AVENUE 5 #02-287 SINGAPORE 530309		
ID Type / ID No.: NRIC NO / S1825400Z			Contact No.: Home/Office: Mobile: 81823138		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 26/01/1967	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/02/2023 12:15	Type of Location:
Location:  PAN-ISLAND EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA2642A	Car				Seriously Damaged	4
YQ8468X	Lorry				Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20230218/2061

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20230218/2061

**CONTINUATION OF REPORT**

**Brief Details.**

On 18/02/2023 at about 1215hrs, I was driving my lorry YQ8468X along PIE towards Changi. I was on the 3rd lane when one red car SMA2642A hit my lorry on the right side of the lorry. I had two passengers onboard my lorry and there were 4 passengers. The car came to a stop on the first lane due to the impact.

The passengers from the car were injured thus two ambulances arrived at scene. The driver and passengers from the car were conveyed to hospital. Traffic police arrived at scene and processed the incident.

There is dash cam installed inside the lorry however only my employer will be able to retrieve the footages. This is the first time such an incident have taken place. I am lodging this report as instructed by the traffic police officers.





**SINGAPORE  
POLICE FORCE**



T/20230218/2061

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

3 of 3

Report No. T/20230218/2061

**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:

F /  
SR STAFF SGT MOHAMED  
FAIZAL AKBAR ALI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/02/2023 16:11

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

Classification Of Case:

NP168



Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No. : TP/20230218/2061 Name : Ng Chong Peng  
Accident Date/Time : 18/02/2023 Address : Blk 309 Hougang Ave 5  
1215hrs #02-287  
Vehicle(s) Involved : YQ8468X NRIC No : S1825400Z  
SMA2642A Tel No : 81823138  
Date : 18/2/2023

Dear Sir / Madam

Accident involving YQ8468X and SMA2642A  
along PIE towards Changi on 18/02/2023 at 1215 hours

With reference to the above, I have on 18/02/2023 (date) 1650 hours (time) make a  
police report at Hougang NPP (Police Station/NPP/NPC)  
In NP 168 - T/20230218/2061

On 1/2/2023 (date), 2316 hours (time) at Punggol NPC  
(Police Station/NPP/NPC), I make the following amendments to the above report;  
With reference to the report, I would like to amend second line. The red car hit my lorry on the  
left side.

Yours Faithfully,

(Signature)

#### FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No : SSSGT Faizal  
Date and Time : 18/02/2023 1652hrs  
Station Dairy No : 17  
Signature : SSSGT Faizal

HOUGANG NPP  
18/02/2023 1652hrs  
NP 168 - T/20230218/2061  
18/02/2023



**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: ST0T232K0001 Vehicle Registration No: YQ 8468X  
 Name (as shown in NRIC): Ng Chong Peng NRIC/FIN/Passport No: S1825400X  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 18/2/23 Time of Accident: 12.15 hrs  
 Place of Accident: PIE towards Changi before Steven Road Exit  
 Insurance Company: Allianz Insurance

**(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:

\*Typo Error\*

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Policyholder / Actual Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card): Justin  
Date: 20/2/23

