

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	22/03/2023 10:44 (SGT)
Reported by	Actual Driver
Date of Accident	21/03/2023 12:30 (SGT)
Exact Location of Accident	Bangkit Rd, Singapore
Additional Location Information	TOWARDS BUKIT PANJANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2047H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH PENG YANG
NRIC No	SXXXX455J
Email Address	bryantoh1912@yahoo.com.sg
Mobile Phone No	(Phone) +65-93621525
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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 your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00004252300

DRIVER

Name of Driver	NG SAN NI
NRIC No	SXXXX494H
Date Of Birth	19/11/1974
Occupation	Indoor

Date Of Driving Pass	05/06/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97602722
Alt. Phone Number	-
Email Address	bryantoh1912@yahoo.com.sg
Address	BLK 504 PASIR RIS STREET 52 #03-1415
Address complement	-
Postcode	510504
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
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/20230321/7052

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 TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBT1915A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer the police report T/20230321/7052

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





































**SINGAPORE
POLICE FORCE**



T/20230321/7052

1 of 3

Report No. T/20230321/7052

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2023 16:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG SAN NI		Address: 504 PASIR RIS STREET 52 #03-141 SINGAPORE 510504			
ID Type / ID No.: NRIC NO / S7437494H		Contact No.:		Mobile: 97602722	
Nationality: SINGAPORE CITIZEN		Email: fionang31@gmail.com			
Sex: Female	Age: 48	Date of Birth: 19/11/1974	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/03/2023 12:30	Type of Location: Straight Road
Location: BANGKIT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBT1915A	Motorcycle					0
SLJ2047H	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230321/7052

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

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Report No. T/20230321/7052

CONTINUATION OF REPORT

Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	FBT1915A (Motorcycle)		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	Slight
Driver				
Name	NG SAN NI		ID No.	S7437494H
Related Vehicle	SLJ2047H (Car)		Contact No.	97602722
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

Brief Details.

ON 21.03.2023 AT ABOUT 12.30PM. I WAS DRIVING ALONG BANGKIT ROAD TOWARDS BUKIT PANJANG ROAD. WHILE I WAS TRAVELLING ALONG THE STRAIGHT ROAD IN MY LANE, I HEARD A SOUND FROM THE LEFT SIDE OF MY CAR. I STOPPED MY VEHICLE. FROM THE SIDE MIRROR, I SAW A MOTORCYCLE FELL ON THE GROUND, HE WAS ON HIS RIGHT SIDE. I PROCEED TO ATTEND TO THE RIDER.

THE LEFT SIDE OF MY CAR WAS DENTED WITH SCRATCHES AND THE MOTORCYCLE RIGHT MIRROR AND FRONT PLATE DROPPED, OIL TANK DAMAGED.

BOTH POLICE AND AMBULANCE ATTENDED TO US. THE RIDER WAS CONVEYED TO HOSPITAL DUE TO HIS ARM INJURY. MY DASH CAM SD CARD WAS HANDED OVER TO TRAFFIC POLICE AT THE SCENE.

**SINGAPORE
POLICE FORCE**

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



T/20230321/7052

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Report No. T/20230321/7052

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 / TPB /
CHONG GUAN FATT
Contact No.: 65472077

NP168

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

Date/Time:
21/03/2023 16:16

Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08233M0001 Vehicle Registration No: SLJ 2047 H
Name (as shown in NRIC) : Toh Peng Yang NRIC/FIN/Passport No : S 6945 455 J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 504 Pasir Ris Street 52 #03-141 Singapore (X10504)
Contact (Tel) : 9760 2722 Mobile No. : _____
Email Address : Bryantoh 1912 @ yahoo . com . sg
Date of Accident : 21 . 03 . 2023 Time of Accident : 12 : 30 pm
Place of Accident : Bangkit Road towards Bukit Panjang Road.
Insurance Company: China Taiping Insurance (Singapore) Pte Ltd

(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:

Email address : Bryantoh 1912 @ yahoo . com
↳ change to : Bryantoh 1912 @ yahoo . com . sg

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARNIC addendum form - V3



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: 1/20230321/0056

I, SBS Graham
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one 2D camera
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____



CASE CARD

Report Number: J/20230321/0056

Traffic Accident along Bunkit Road

Involving vehicles: SLJ2047H and FBT

On 21/03 at about 8:30 am / pm. FBT 14/5A

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

MP1186(2016)

You are required to be present at Traffic Police on
at 8:30 am / pm to meet the investigation Officer to assist in the investigation.

Please bring along your:

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Medical Certificate
- d) Any other relevant documents (e.g. Video footage)

If you are unable to keep to the appointment, please contact:

IC: N. Pradip
Investigation Branch: 6547 6331TEL: 6547 6331
Email: SPP_TP_Invst_Branch@pol.gov.sg

MP1186(2016)