

# 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	21/03/2023 16:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/03/2023 18:45 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5595D
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KIAN WEI
NRIC No	S7572457H
Email Address	williamng6207@gmail.com
Mobile Phone No	(Phone) +65-90276207
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
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	1496

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002008206-01

### DRIVER

Name of Driver	NG KIAN WEI
NRIC No	S7572457H
Date Of Birth	14/11/1975
Occupation	Indoor

Date Of Driving Pass .....	04/09/2004
Driving experience .....	18 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90276207
Alt. Phone Number .....	-
Email Address .....	williamng6207@gmail.com
Address .....	9A LORONG LEW LIAN #01-09
Address complement .....	-
Postcode .....	536495
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 .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP THIAM HENG HUAT

#### 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 .....	SLA9584A
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	PHANG CHING ING
- .....	S7303036F
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 KIAN WEI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLD5595D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

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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' 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

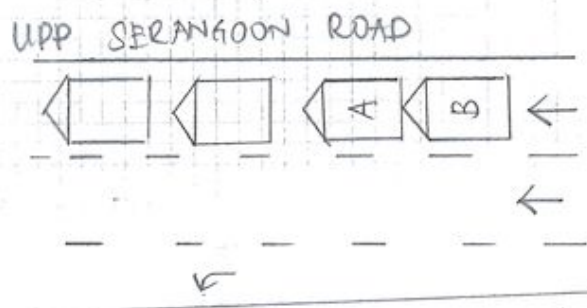
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date &  
Time 21-03-23

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 to police report attached.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 21-03-23

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

   
Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20230321/2040

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20230321/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2023 12:43	Vide Report No.:	Station Diary No.: 72
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**Informant's Particulars**

Name of Informant: NG KIAN WEI			Address: 9A LORONG LEW LIAN #01-09 SINGAPORE 536495		
ID Type / ID No.: NRIC NO / S7572457H			Contact No.: Home/Office: Mobile: 90276207		
Nationality: SINGAPORE CITIZEN			Email: williamng6207@gmail.com		
Sex: Male	Age: 47	Date of Birth: 14/11/1975	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Other services managers			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2023 18:45	Type of Location: Straight Road
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA9584A	Car					0
SLD5595D	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Blue		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230321/2040

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Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20230321/2040

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD5595D	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2002008206	22/06/2022	21/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG KIAN WEI		ID No.	S7572457H
Related Vehicle	SLD5595D (Car)		Contact No.	90276207
Hospital/Clinic	PANCARE MEDICAL (SERANGOON) CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/03/2023		Date Discharge	21/03/2023
No. of Days granted Medical Leave	03		Degree of Injury	NIL
Driver				
Name	PHANG CHING ING		ID No.	S7303036F
Related Vehicle	NIL		Contact No.	83992569
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 20/03/2023 at about 1845hrs, I was traveling in my vehicle (SLD5595D) along Upper Serangoon Road towards Kovan. As the traffic was heavy, it was moving slowly. After passing Lim Tua Tow Road, I felt an impact from the rear. I came out of the vehicle to make a check and saw one vehicle (SLA9584A) collided into the rear of my vehicle. As a result, my rear door was dent below the car plate. After confirming that none of us required immediate medical attention, we both took photo of the accident, exchanged particulars and left.

On 21/03/2023, I woke up with a stiff neck and went to see the doctor. I was given 3 days MC for my injury. I was advised by my insurance company to lodge a traffic accident report.



**SINGAPORE  
POLICE FORCE**



T/20230321/2040

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20230321/2040

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
E /  
SGT 3 Chong Wei Ling Serene

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:

Date/Time:  
21/03/2023 12:43

Classification Of Case:

NP168