Your NCD will be affected due to late reporting

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 witholding 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	23/03/2023 11:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/03/2023 21:20 (SGT)
Exact Location of Accident	Jurong West Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5751M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG PENG CHUAN (HUANG BINGQUAN)
NRIC No	SXXXX688B
Email Address	hbq.mobile@gmail.com
Mobile Phone No	(Phone) +65-96834311
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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 car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00265272202

DRIVER

Name of Driver	NG PENG CHUAN (HUANG BINGQUAN)
NRIC No	SXXXX688B
Date Of Birth	15/04/1975
Occupation	Indoor

Date Of Driving Pass	26/05/2010
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96834311
Alt. Phone Number	-
Email Address	hbq.mobile@gmail.com
Address	BLK 685C JURONG WEST CENTRAL 1 #06-162
Address complement	-
Postcode	643685
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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/20230322/7011

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	XD9963G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	TRD1272R
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG PENG CHUAN (HUANG BINGQUAN)
Gender	Male
Phone No	(Phone) +65-96834311
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLJ5751M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	CHANDRA
Phone	-
Email	-

WITNESS 2

Name	HAZIQ
Phone	-
Email	-

SKETCH PLAN

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 Authorised 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. 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.

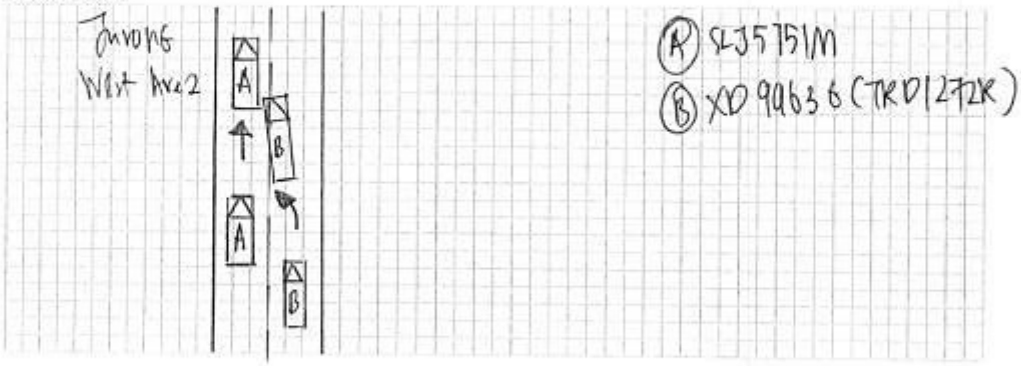
Policyholder's Signature / Date & Time

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

28/03/2023

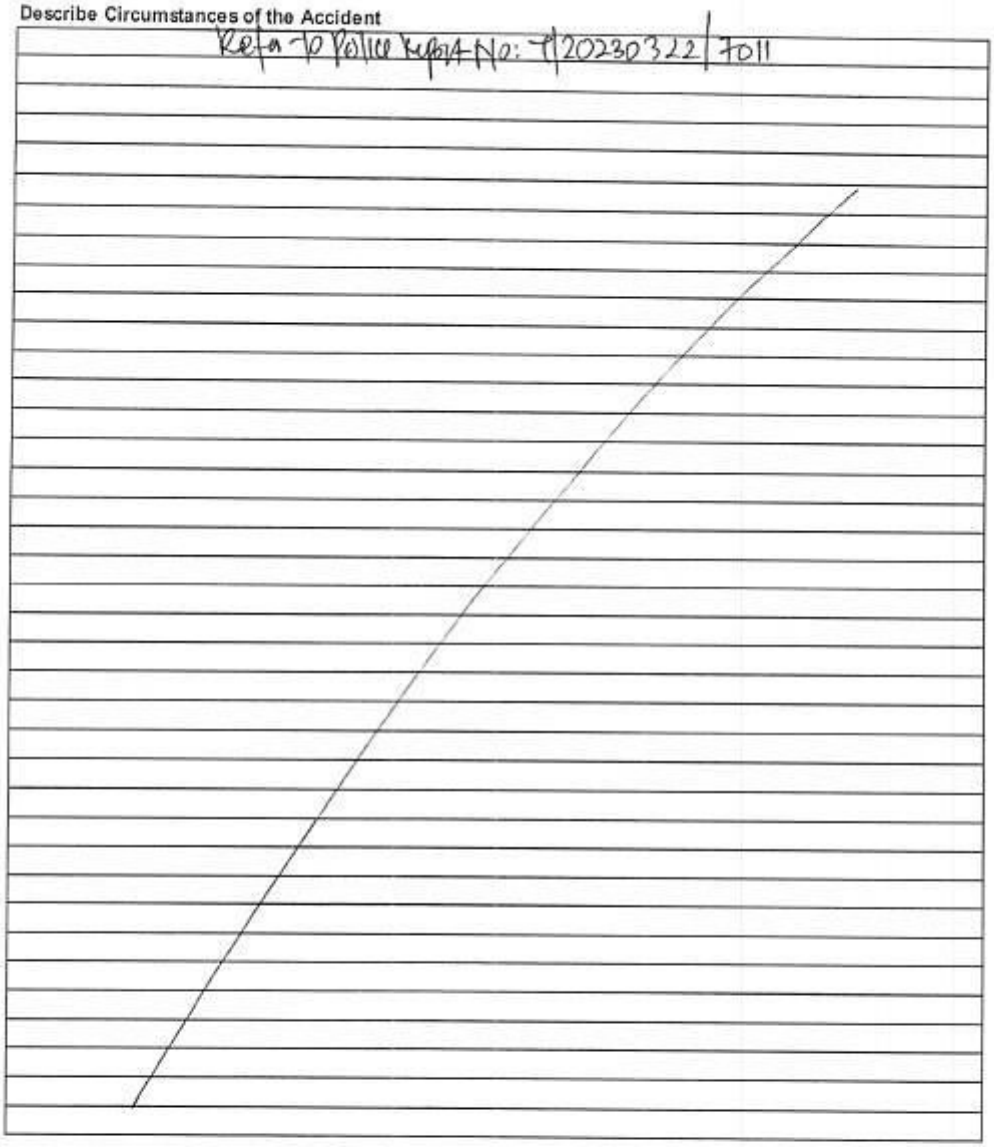
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer To Police Report No: T/20230322/7011



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

23/03/2023

Witnessed by Reporting Centre Personnel

IMAGES

기아자동차(주)
KIA MOTORS CORPORATION
TRANSM
AXLE
PAINT
TRIM
F
K3R
WK
APPD
MODEL
NO
-KNAFX411MH5676426-
MODEL APPD DATE
1-
2-

IMAGES #2

IMAGES #3

103597km
km/h
120
100
140
80
160
60
180
40
200
20
220
0
240
1/2
130
90

IMAGES #4

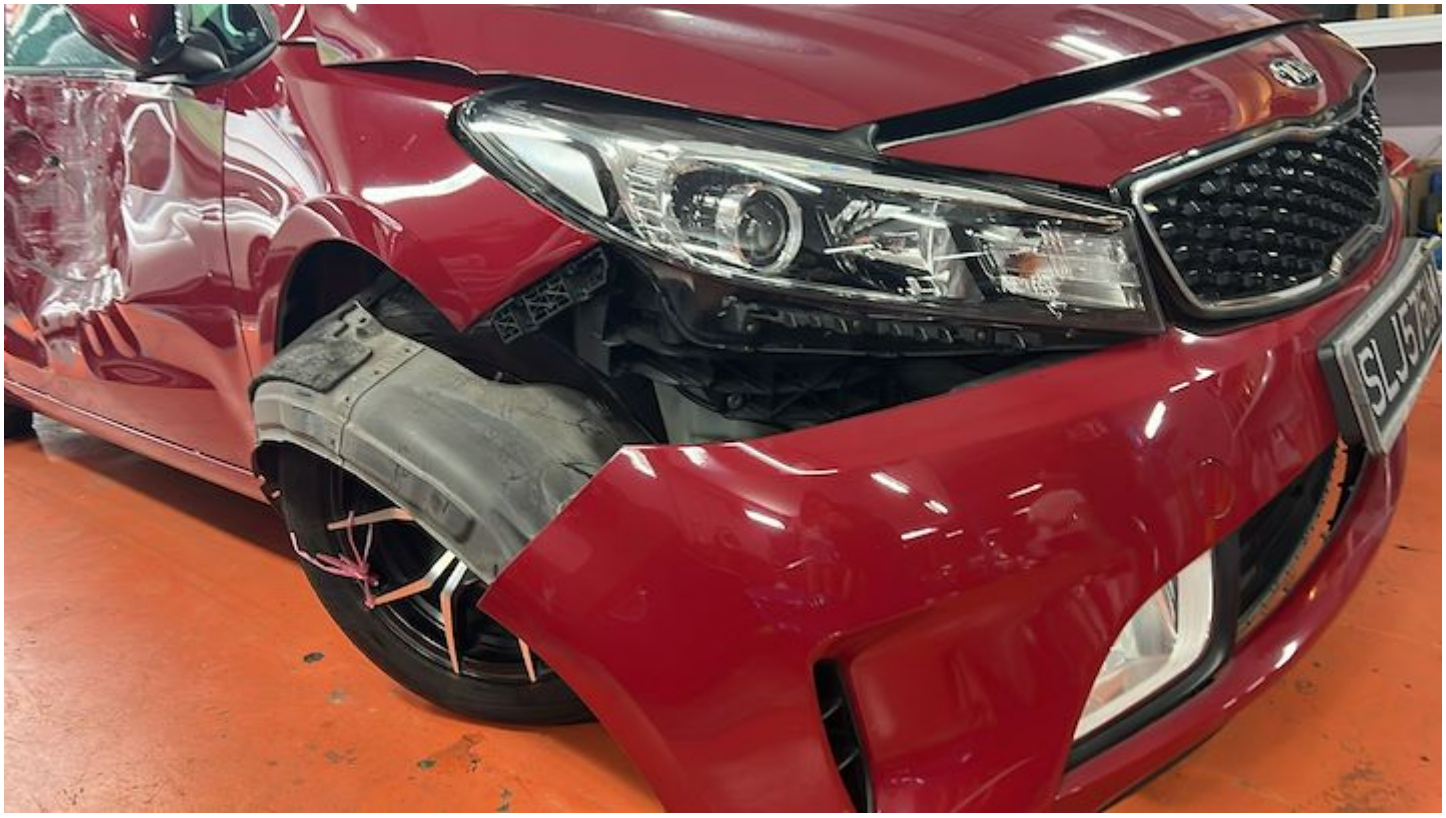
IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9



IMAGES #10

IMAGES #11

SINGAPORE POLICE FORCE

T/20230322/7011

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

Report No. T/20230322/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
22/03/2023 10:48		

Informant's Particulars

Name of Informant: NG PENG CHUAN			Address: 685C JURONG WEST CENTRAL 1 #06-162 SINGAPORE 643685	
ID Type / ID No.: NRIC NO / S7510688B			Contact No.: Home/Office: Mobile: 96834311	
Nationality: SINGAPORE CITIZEN			Email: HBQ.MOBILE@GMAIL.COM	
Sex: Male	Age: 47	Date of Birth: 15/04/1975	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/03/2023 21:20	Type of Location: Straight Road
Location: JURONG WEST AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLJ5751M	Car	KIA	Kia Cerato	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ5751M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0023159 2101	16/12/2022	15/12/2023

SINGAPORE POLICE FORCE

T/20230322/7011

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

Report No. T/20230322/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	NG PENG CHUAN	ID No.	S7510688B
Related Vehicle	SLJ5751M (Car)	Contact No.	96834311
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	22/03/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.
I was travelling along in the left lane after the car exit from PIE (towards jurong) into Jurong West Avenue 2. I notice a truck on my right and saw him signal he want to filter into my lane. I worry I am in his blind spot and instinctively hurry to move ahead on my lane when I felt something heavy hit me. The car starts to swerve right and hit the concrete divider on the right lane before the car swerve left again and ended up hitting the concrete divider on the left side lane. The vehicle come to a stop. i put the gear to "P" and pull the hand brake. someone knock on my left door and ask me if I am ok. I try to get out of the car and realise the right driver door is jammed and cannot be opened and the door window smashed but intact. I got off on the left passenger door and found out the person checking in on me is an eyewitness. His name is Haziq. I notice the truck is a cement truck and the driver is an Indian man. I asked if he is ok and if he is a Singaporean. The cement truck driver says he is ok and he is from India. I found out that he is going to Jurong Port and company is at Jurong Port. I call 999 for assistance after checking I am not bleeding. Another person also came up to me to say he witness the accident. He is driving a sedan car behind Haziq (who is riding a motor). He is Chandra. Chandra gave me his number before going off after I thank him, while Haziq waited with me until the ambulance arrive. I got Haziq number before he left and thank him for the assist. I was send to Ng Teng Fong hospital with my personal belongings in the car (a laptop bag, a sling bag and the car key). I have video camera in my car installed in front and back of car.

SINGAPORE POLICE FORCE

T/20230322/7011

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

Report No. T/20230322/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/03/2023 10:48
Officer In Charge Of Case: TP / TPIB / MUHAMMAD GHAZALI BIN ABDUL RAZAK Contact No.: 96192037	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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: SN08233N0002 Vehicle Registration No: SLJ575M

Name (as shown in NRIC): Mr Paul Chuan (Chuang Quan) NRIC/FIN/Passport No: SXXXX688B

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 9683 4341

Email Address: _____

Date of Accident: 21/03/2023 Time of Accident: 21:20

Place of Accident: Jurong West Ave 2

Insurance Company: China Taiping

(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:

Policy number is MPCSMA2652722202

Policyholder / Actual Driver's Signature
Date:

24/03/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

v1Jun2022