

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	10/04/2023 11:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/04/2023 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ4B
-----------------------------------	-------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG DEI WAH
NRIC No	SXXXX769D
Email Address	hazelng@live.com.sg
Mobile Phone No	(Phone) +65-96893168
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00193652201

DRIVER

Name of Driver	NG DEI WAH
NRIC No	SXXXX769D
Date Of Birth	30/08/1984
Occupation	Indoor

Date Of Driving Pass	28/01/2014
Driving experience	9 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96893168
Alt. Phone Number	-
Email Address	hazelng@live.com.sg
Address	APT BLK 370 HOUGANG STREET 31
Address complement	# 08-17
Postcode	530370
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	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT

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 WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG4817E
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	NG DEI WAH
Gender	Female
Phone No	(Phone) +65-96893168
Address	APT BLK 370 HOUGANG STREET 31
Address Complement	# 08-17
Post Code	530370
Approximate Age Years Old	-
Injuries Sustained	PAIN ON ABDOMEN AREA, ACHE ON LEFT ARM AND BRUISED ON LEFT WRIST
Injured person in which vehicle?	SCJ4B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

SKETCH PLAN

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 rescind 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 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.

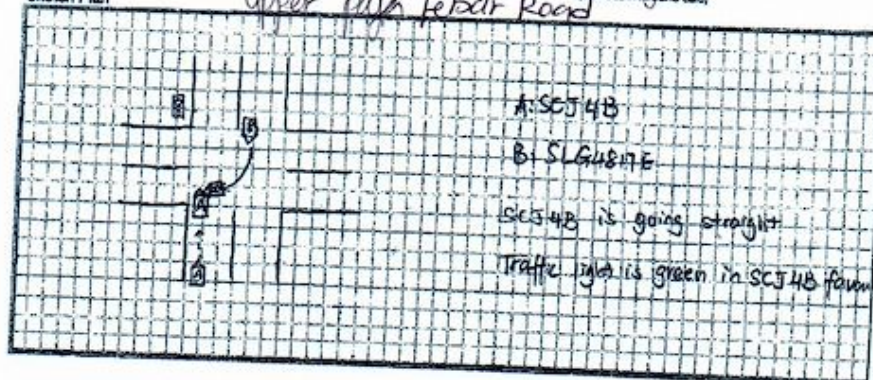
*
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in SPCNO card)

Sketch Plan

Upper Paya Lebar Road



Describe Circumstance of the Accident

VEHICLE NO: SCJ4B ACCIDENT DATE & TIME: 07/04/2023 14:10
 CONTACT NUMBER: 96893168 E-MAIL: hazelnq@me.com.sg
 LOCATION: UPPER PAYA LEBAR ROAD

Please refer to the police report.


- T/20230408/2033 -

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE: ☐ CLAIM OWN POLICY ☒ CLAIM THIRD PARTY ☐ CLAIM COTP AT OTHER WORKSHOP ☐ REPORTING ONLY


Declaration

I/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

 10/4/23

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No: 1850-7449999



T/20230408/2033

2 of 3

Report No: T/20230408/2033

CONTINUATION OF REPORT

Details of Person Involved:			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver:		Use of Pedestrian Crossing: NA	
Name	NG DEI WAH	ID No.	S8426769D
Related Vehicle	SCJ4B (Car)	Contact No.	96893168
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/04/2023	Date Discharge	07/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07 April 2023 at about 1406hrs I was driving my vehicle SCJ4B along Upper Paya Lebar Road extreme left lane towards Geylang Road direction. As I was approaching the junction before Oxley Bizhub, the traffic light was green and I continued to proceed straight. As I was proceeding a vehicle travelling from the opposite direction turned right and knocked on the right front portion of my vehicle. Due to the collision I was unable to open my car door and I felt pain on my abdomen area as I just had a surgery. I felt ache on my left arm and bruised on my left wrist. Traffic police and ambulance came to scene and I was subsequently conveyed to Tan Tock Seng Hospital by the ambulance. I was given a case card and was advised to lodge a traffic accident report for this case.


























**SINGAPORE
POLICE FORCE**


T/20230403/2033

1 of 3

Report No. T/20230408/2033

Police Station Of Origin:
MacPherson NPP
54 Ppit Road #01-82/84 SINGAPORE
370054
Tel No. 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2023 13:07	Vide Report No.: E/20230407/0102	Station Diary No.: 13
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: NG DEI WAH		Address: APT BLK 370 HOUGANG STREET 31 #08-17 SINGAPORE 530370	
ID Type / ID No.: NRIC NO / S8426769D		Contact No.: Home/Office: Mobile: 96893168	
Nationality: SINGAPORE CITIZEN		Email: hazeling@live.com.sg	
Sex: Female	Age: 38	Date of Birth: 30/08/1984	Type of Informant: Driver
Race: Chinese		Language: French	
Occupation: florist tutor		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/04/2023 14:10	Type of Location: Straight Road
Location: UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCJ48	Car	HONDA	VEZEL 1.5G CVT	White		0
SLG4817E	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCJ48	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0019365 2201	18/09/2022	15/09/2023



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No: 1850-7449999



T/20230408/2033

2 of 3





Report No: T/20230408/2033

CONTINUATION OF REPORT

Details of Person Involved:			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver:		Use of Pedestrian Crossing: NA	
Name	NG DEI WAH	ID No.	S8426769D
Related Vehicle	SCJ4B (Car)	Contact No.	96893168
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/04/2023	Date Discharge	07/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07 April 2023 at about 1406hrs I was driving my vehicle SCJ4B along Upper Paya Lebar Road extreme left lane towards Geylang Road direction. As I was approaching the junction before Oxley Bizhub, the traffic light was green and I continued to proceed straight. As I was proceeding a vehicle travelling from the opposite direction turned right and knocked on the right front portion of my vehicle. Due to the collision I was unable to open my car door and I felt pain on my abdomen area as I just had a surgery. I felt ache on my left arm and bruised on my left wrist. Traffic police and ambulance came to scene and I was subsequently conveyed to Tan Tock Seng Hospital by the ambulance. I was given a case card and was advised to lodge a traffic accident report for this case.

 SINGAPORE POLICE FORCE		 T/20230408/2033
Police Station Of Origin: MacPherson NPP 54 Piplt Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999		3 of 3 Report No: T/20230408/2033
CONTINUATION OF REPORT		
Signature of Officer Recording The Report: G./ SR STAFF SGT LOI JUN FENG 		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 08/04/2023 13:07
Officer In Charge Of Case: TP / GIT / SR STAFF SGT Ahmad Syarif Bin Harris Contact No.: 65476201		Classification Of Case:
NP168		