

# 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 .....	01/06/2023 19:10 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	31/05/2023 13:32 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	LORONG CHUAN TOWARDS SERANGOON GARDEN WAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMG1877P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEE HONG ZHANG
NRIC No .....	S8721877E
Email Address .....	ARHDEEDUST@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-97557890
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Jetta
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1400

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5117010522-02

### DRIVER

Name of Driver .....	JAIME NGAW
NRIC No .....	S9009562E
Date Of Birth .....	28/03/1990
Occupation .....	Indoor

Date Of Driving Pass .....	02/09/2022
Driving experience .....	8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-94488811
Alt. Phone Number .....	-
Email Address .....	ARHDEEDUST@YAHOO.COM.SG
Address .....	113 POTONG PASIR AVENUE 1
Address complement .....	#08-846
Postcode .....	350113
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	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 .....	P1
Gender .....	Female

#### PASSENGER 2

Name .....	P2
Gender .....	Female

#### 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

Refer as police report

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SBS6561T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	NA
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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.

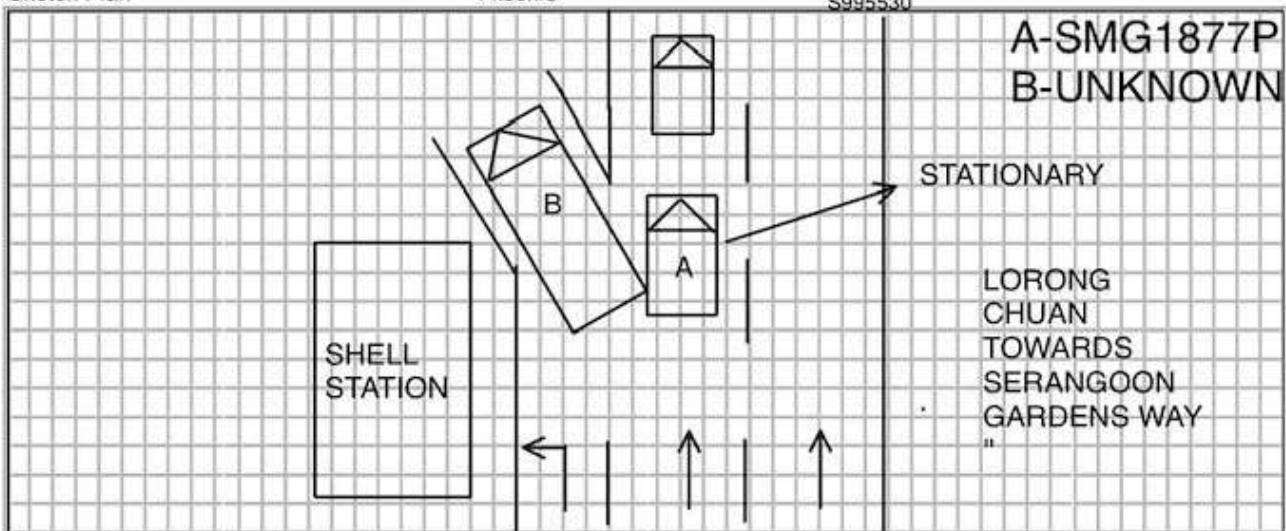
Policyholder's Signature / Date & Time

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

01/06/2023  
14:30hrs

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
Muhammad Sumardi Bin Mohd Affandi  
S995530

Sketch Plan



Describe Circumstance of the Accident

\_\_\_\_\_ REFER TO GEARS \_\_\_\_\_

**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

01/06/2023  
14:30hrs

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

Muhammad Sumardi Bin Mohd Affandi  
S995530

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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3, SINGAPORE 408665  
Tel No: 65470000



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Report No: T2023V000U

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/06/2023 17:20 Vide Report No: Station Diary No:

**Informant's Particulars**

Name of Informant: JAMIE NGAW		Address: 113 POTONG PASIR AVENUE 1 #05-848 SINGAPORE 350110	
ID Type FID No: NRIC NO / S9000562E		Contact No.: Home/Office: Mobile: 94468811	
Nationality: SINGAPORE CITIZEN		Email: JAMENGAW@GMAIL.COM	
Sex: Female	Age: 37	Date of Birth: 26/03/1986	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Housewife		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/05/2023 13:30	Type of Location: T-Junction
Location: SERANGOON GARDEN WAY			
Weather: Clear	Road Surface: Dry		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SMG1877P	Car					0

**Details of Person Involved**

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

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408668  
Tel No: 65470000



T22330017348

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Report No: T22330017348

## CONTINUATION OF REPORT

Driver			
Name	JAMIE NGAW	ID No	S90095622
Related Vehicle	SAR187TP (Car)	Consol No	94458811
Hospital/Clinic	NIL	Class of Driving License & Expiry	Class: Nil, Date of Expiry: Nil
Date	Nil	Date	Nil
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details:

My vehicle is stationary at the traffic light, in front of third patrol station at Serangoon Garden, the bus service 136, bus plate 6561T attempted to wriggle past my vehicle on the left to turn left, the front part of the bus made it through but the back of his vehicle knock into the back of mine.



SINGAPORE POLICE FORCE	
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408665 Tel No: 65470000	Report No: T02200017000
CONTRIBUTION OF REPORT	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singapore. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2023 17:20
Officer In Charge Of Case: TP / TPB / SUFFYAN BIN KHAIRI Contact No: 65476148	Classification Of Case:



**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: SN07232B000G Vehicle Registration No: SMG1877P  
 Name (as shown in NRIC): LEE HONG ZHANG NRIC/FIN/Passport No: S8721877E  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97557890  
 Email Address: arhdeedust@yahoo.com.sg  
 Date of Accident: 31/05/2023 Time of Accident: 13:30  
 Place of Accident: UPP SERANGOON ROAD TOWARDS CITY BEFORE PIE  
 Insurance Company: INCOME INSURANCE 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:

TO INPUT THIRD PARTY VEHICLE - SBS6561T

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Policyholder / Actual Driver's Signature  
Date:

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