

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 First Submission	05/10/2024 11:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/10/2024 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE6780K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG TECK HIOH
NRIC No	SXXXX541I
Email Address	KEVINWANTANMEE@GMAIL.COM
Mobile Phone No	(Phone) +65-81130806
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 hire
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127892321-01

DRIVER

Name of Driver	NG TECK HIOH
NRIC No	SXXXX541I
Date Of Birth	20/05/1953
Occupation	Outdoor
Driving Pass Date	30/03/1973
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	51 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81130806
Alt. Phone Number	-
Email Address	KEVINWANTANMEE@GMAIL.COM
Address	612 BEDOK RESERVOIR RD
Address complement	#04-1150
Postcode	470612
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)	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	TAN AI GEK
Gender	Female

PASSENGER 2

Name	MARGERET
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 TO ATTACH

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 SHD2604D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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 TECK HIOH
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 3 DAYS MC
 Injured person in which vehicle? SKE6780K
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person TAN AI GEK
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 5 DAYS MC
 Injured person in which vehicle? SKE6780K
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person MARGERET
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 3 DAYS MC
 Injured person in which vehicle? SKE6780K

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

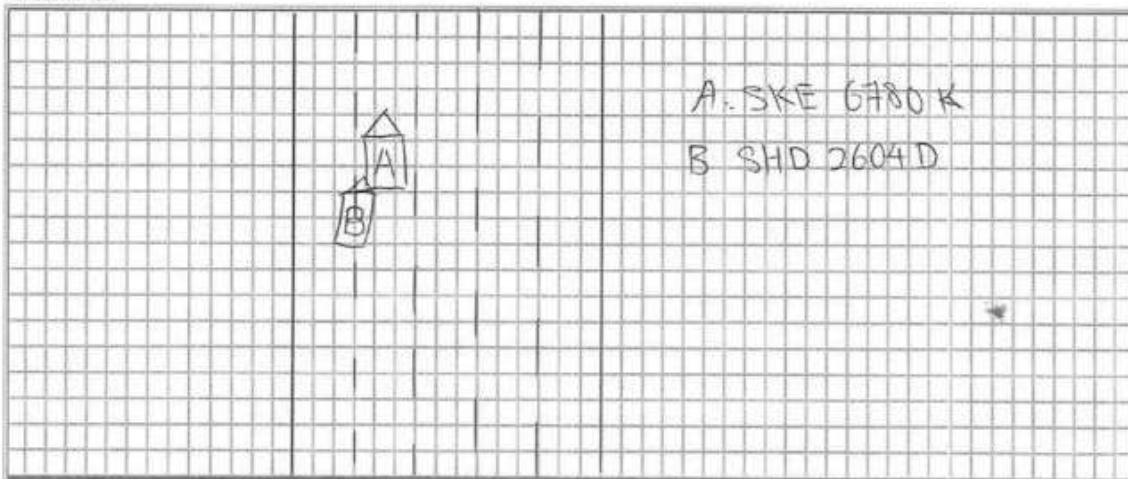
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 NRIC/ID card)

Sketch Plan



A. SKE 6780 K
B. SHD 2604 D

Describe Circumstance of the Accident

Refer to Police Report -

T/20241003/7112

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



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



**SINGAPORE
POLICE FORCE**



T/20241003/7112

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

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Report No. T/20241003/7112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2024 20:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG TECK HIOH			Address: 612 BEDOK RESERVOIR ROAD #04-1150 SINGAPORE 470612		
ID Type / ID No.: NRIC NO / S00535411			Contact No.: Home/Office: Mobile: 81130806		
Nationality: SINGAPORE CITIZEN			Email: JEFFREY.NG.TECKHIOH@GMAIL.COM		
Sex: Male	Age: 71	Date of Birth: 20/05/1953	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2024 16:50	Type of Location: Straight Road
Location: AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHD2604D	Motor car					0
SKE6780K	Motor car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKE6780K	NTUC Income Insurance Co-Operative Limited	5127892321-01	18/09/2023	17/03/2025



**SINGAPORE
POLICE FORCE**



T/20241003/7112

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

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Report No. T/20241003/7112

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG TECK HIOH	ID No.	S00535411
Related Vehicle	SKE6780K (Motor car)	Contact No.	81130806
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	NG AH CHEW	ID No.	S0067178I
Related Vehicle	SKE6780K (Motor car)	Contact No.	97725548
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	TAN AI GEK	ID No.	S1303051J
Related Vehicle	SKE6780K (Motor car)	Contact No.	90223493
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

On 03/10/2024, at about 4.50pm, I was driving my vehicle SKE6780K along airport Boulevard with my wife, Tan ai gek, and my sister, Ng ah chew.

I was driving straight and in my lane along lane 4 when suddenly I felt a hard and loud impact. Vehicle SHD2604D, which was travelling along lane 5 on my left, had collided into my vehicle rear left portion with his vehicle front right portion as he tried to change lane onto my lane.

We later went to intermedical clinic at tampines, where I seeked treatment for my neck injuries, received medication, and 3 days mc



**SINGAPORE
POLICE FORCE**



T/20241003/7112

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

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Report No. T/20241003/7112

CONTINUATION OF REPORT

My wife, Tan ai Gek, who was seated in the front left passenger seat, seeked treatment for her neck, shoulder, and lower back injuries, received medication, and 5 days mc

My sister, Ng ah chew, who was seated in the rear left passenger seat, seeked treatment for her neck, lower back, and shoulder injuries, received medication, and 3 days mc.



**SINGAPORE
POLICE FORCE**

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



T/20241003/7112

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Report No. T/20241003/7112

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
03/10/2024 20:32

Classification Of Case: