

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	17/10/2024 14:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/10/2024 19:00 (SGT)
Exact Location of Accident	Havelock Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX6302U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG ENG YEE
NRIC No	S8661402B
Email Address	JEFFREY_NG86@HOTMAIL.COM
Mobile Phone No	(Phone) +65-88669370
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPV01007534

DRIVER

Name of Driver	NG ENG YEE
NRIC No	S8661402B
Date Of Birth	07/06/1986
Occupation	Indoor
Driving Pass Date	21/04/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88669370
Alt. Phone Number	-
Email Address	JEFFREY_NG86@HOTMAIL.COM
Address	115 BISHAN ST 12 #03-60
Address complement	-
Postcode	570115
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)	2
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	TEOH SU PING
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 POLICE REPORT - T/20241017/7060

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 SMF9623H
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 ENG YEE
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SJX6302U
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person TEOH SU PING
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SJX6302U
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

Refer To Police Report

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

Witnessed by Reporting Centre Personnel

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

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

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

Sketch Plan

<div style="position: relative;"> <div style="position: absolute; top: 10px; left: 10px;">A</div> <div style="position: absolute; top: 10px; left: 10px;">A</div> <div style="position: absolute; top: 10px; left: 10px;">A</div> <div style="position: absolute; top: 10px; left: 10px;">B</div> </div>	<div style="position: relative;"> <div style="position: absolute; top: 10px; left: 10px;">A - SJX6302U</div> <div style="position: absolute; top: 10px; left: 10px;">B - SMF9623H</div> </div>
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**SINGAPORE
POLICE FORCE**



T/20241017/7060

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

1 of 3
Report No. T/20241017/7060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2024 13:39		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: NG ENG YEE		Address: 115 BISHAN STREET 12 #13-60 SINGAPORE 570115		
ID Type / ID No.: NRIC NO / S8661402B		Contact No.: Home/Office: Mobile: 88669370		
Nationality: SINGAPORE CITIZEN		Email: JEFFREY_NG86@HOTMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 07/06/1986	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Sales manager		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/10/2024 19:00	Type of Location: Straight Road
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJX6302U	Motor car	TOYOTA	VIOS E AUTO	White		1
SMF9623H	Motor car	OTHERS				0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJX6302U	SOMPO INSURANCE SINGAPORE PTE. LTD.	D24MTPV01007534	29/06/2024	28/06/2025



**SINGAPORE
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T/20241017/7060

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

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Report No. T/20241017/7060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG ENG YEE	ID No.	S8661402B
Related Vehicle	SJX6302U (Motor car)	Contact No.	88669370
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	TEOH SU PING	ID No.	S8683108B
Related Vehicle	NIL	Contact No.	NIL
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 (MC)	03	Degree of Injury	Slight

Brief Details.

On 16.10.2024 at about 7.00pm along HAVELOCK ROAD.

When I'm driving on the straight lane the traffic was slow moving when all of sudden, I felt a huge impact from the rear and my vehicle being pushed to the from few meters. Afterward I signal double light and stop and saw SMF9623H hit from the rear. It is occurred just before Shell petrol station along HAVELOCK ROAD. I have video exceeding 2mb before the accident.

Myself (Ng Eng Yee, S8661402B and spouse Teh Su Ping, S8683108B) have visited clinic on 17.10.2024 and have MC for 3 days.



**SINGAPORE
POLICE FORCE**

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



T/20241017/7060

3 of 3

Report No. T/20241017/7060

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MUHAMMAD AZHAR BIN ANUAR
Contact No.: 96191462

NP168

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

Date/Time:
17/10/2024 13:39

Classification Of Case: