

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	21/10/2024 14:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/10/2024 15:50 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS ANG MO KIO AFTER JLN BAHAGIA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7832A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG XIAO MIN
NRIC No	S9037034J
Email Address	yunjing1204@gmail.com
Mobile Phone No	(Phone) +65-82287513
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500
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	5105679539-05

DRIVER

Name of Driver	NG XIAO MIN
NRIC No	S9037034J
Date Of Birth	04/10/1990
Occupation	Outdoor
Driving Pass Date	30/12/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82287513
Alt. Phone Number	-
Email Address	yunjing1204@gmail.com
Address	BLK 104B CANBERRA STREET
Address complement	#02-507
Postcode	752104
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	JAYVEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED SKETCH PLANS

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 SKX7383S
Vehicle Manufacturer Nissan
Vehicle Model Qashqai
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver MERY LO
Contact Number (Phone) +65-88850189
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SML6631Y
Vehicle Manufacturer Hyundai
Vehicle Model Avante
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver LIM PENG HWEE
Contact Number (Phone) +65-92224707
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 XIAO MIN
Gender Female
Phone No (Phone) +65-82287513
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMC7832A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

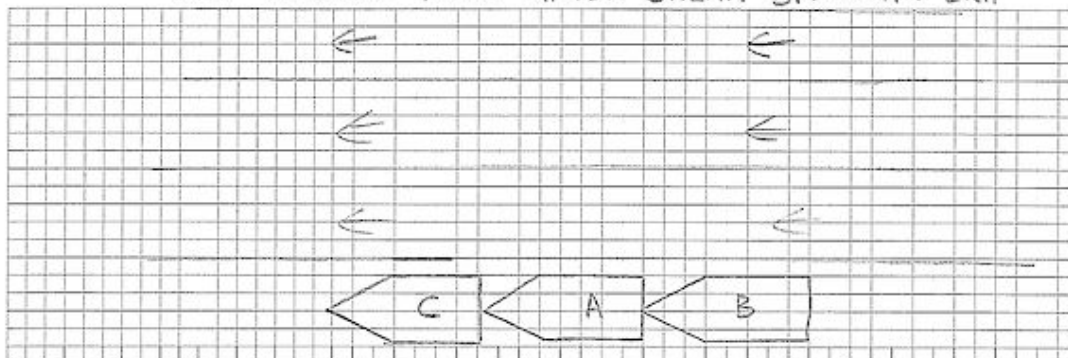

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

CTE TOWARD AMK AFTER JALAN BAHAGIA EXIT



Describe Circumstances of the Accident

Refer to police report T/20241021/2009

☐ Claim OD ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.



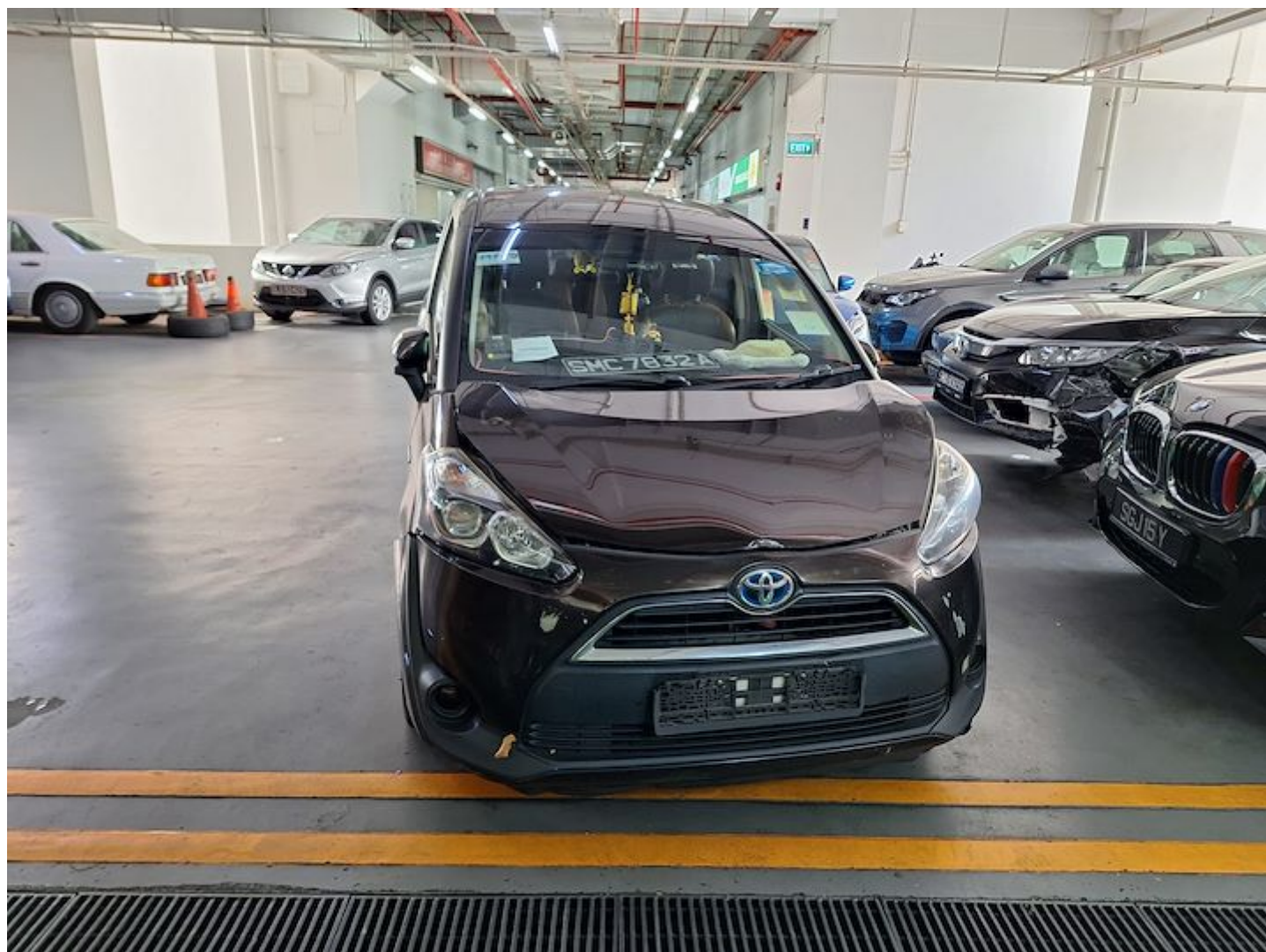
Policyholder's Signature / Date & Time



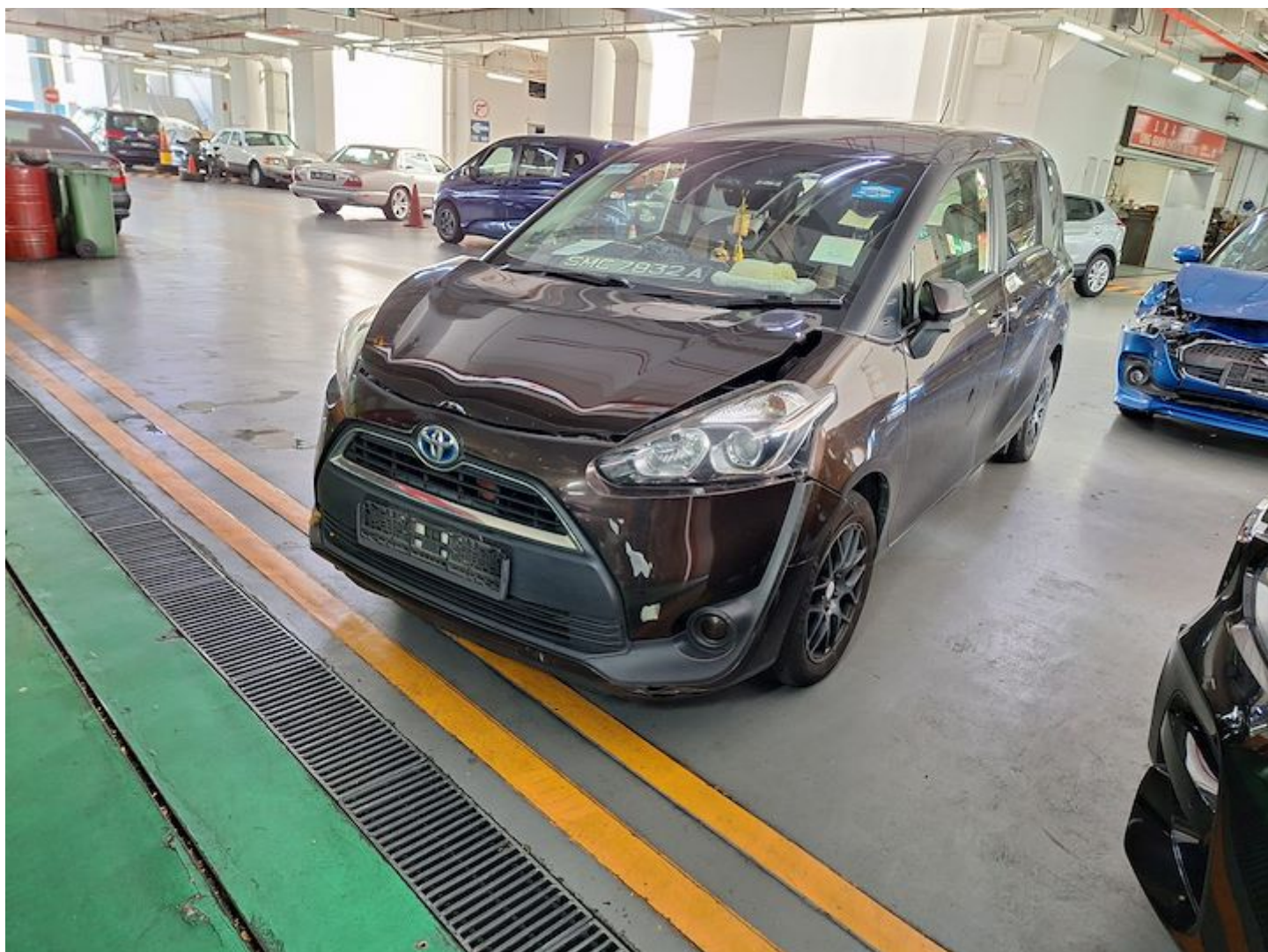
Driver's Signature (If driver is not the policyholder) / Date & Time

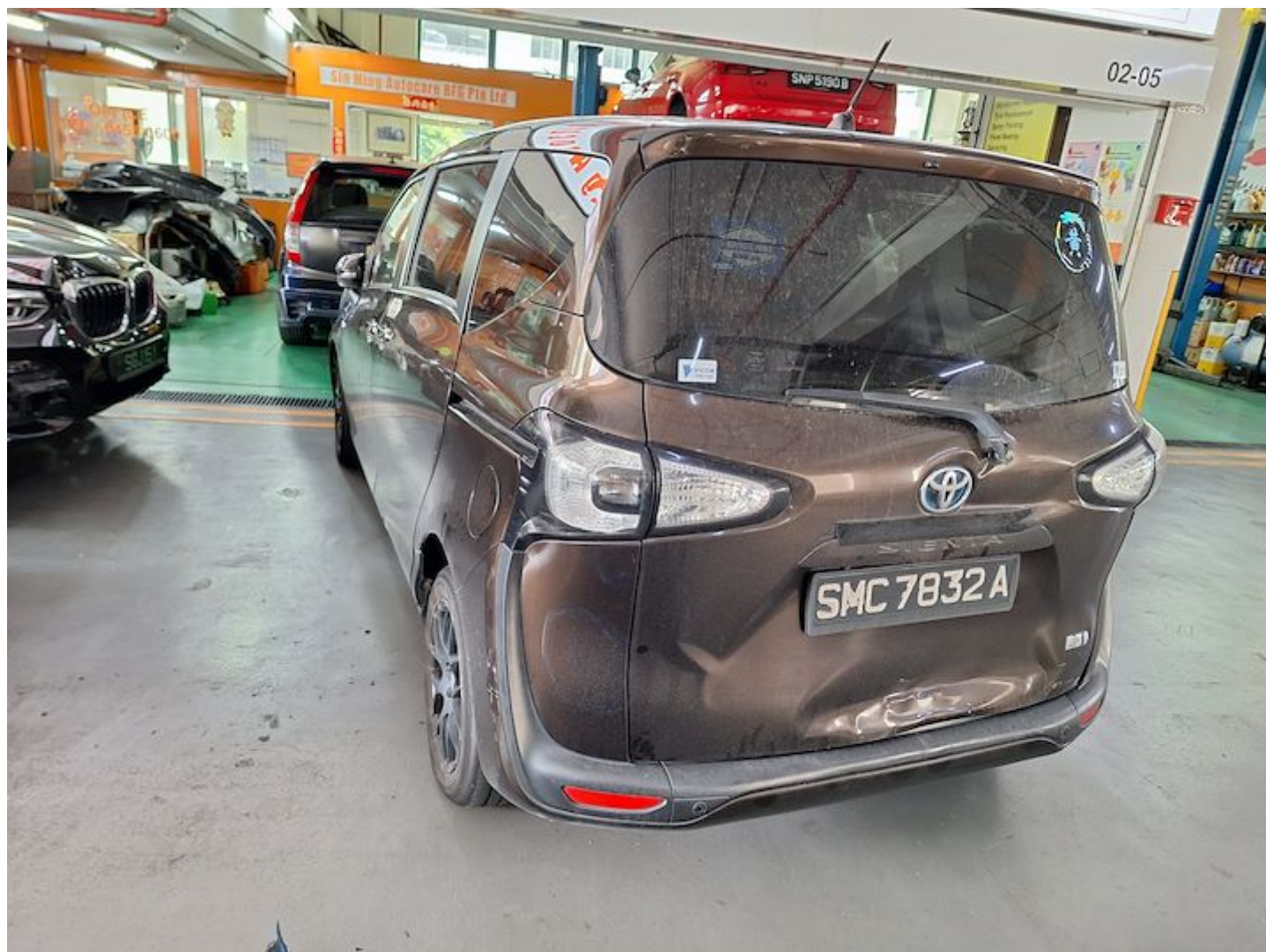


Witnessed by Reporting Centre Personnel
































**SINGAPORE
POLICE FORCE**


T/20241021/2009

1 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20241021/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2024 09:09		Vide Report No.:		Station Diary No.: 26
Informant's Particulars				
Name of Informant: NG XIAO MIN		Address: 104B CANBERRA STREET #02-507 SINGAPORE 752104		
ID Type / ID No.: NRIC NO / S9037034J		Contact No.: Home/Office: Mobile: 82287513		
Nationality: SINGAPORE CITIZEN		Email: yunjing1204@gmail.com		
Sex: Female	Age: 34	Date of Birth: 04/10/1990	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2024 15:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
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	Conditio	No of Passenger
SKX7383S	Motor car	NISSAN	Qashqai	White		1
SMC7832A	Motor car	TOYOTA	Sienta	Brown	Seriously Damaged	1
SML6631Y	Motor car	HYUNDAI	Avante	Grey		0



**SINGAPORE
POLICE FORCE**



T/20241021/2009

Police Station Of Origin:
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81 Ang Mo Kio Avenue 3 SINGAPORE
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Tel No: 1800-4519999

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Report No. T/20241021/2009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Mery Lo	ID No.	NIL
Related Vehicle	SKX7383S (Motor car)	Contact No.	88850189
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	NG XIAO MIN	ID No.	S9037034J
Related Vehicle	SMC7832A (Motor car)	Contact No.	82287513
Hospital/Clinic	BEACON CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	20/10/2024	Date Discharge	20/10/2024
No. of Days granted Medical Leave	08	Degree of	Slight
Name	Lim Peng Hwee	ID No.	NIL
Related Vehicle	SML6631Y (Motor car)	Contact No.	92224707
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 20/10/2024 at 1550hrs, I was driving my Grab Car SMC7832A along CTE Towards SLE (After Jalan Bahagia Exit) on the most left lane and the traffic was moderately slow. Vehicle in front of my car SKX7383S brake as such I also stepped on my brake. Suddenly, I felt impact from the rear causing my car to move forward and hit the rear of SKX7383S. Upon checking, vehicle SML6631Y had collided with the rear of my car.

Due to the accident, the front and rear of my car was damaged. I felt pain and seek medical attention and was given 8 days medical leave. My rear male passenger Jayven Hp:98389602



SINGAPORE
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T/20241021/2009

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Report No. T/20241021/2009

CONTINUATION OF REPORT

also complained of pain.

My car does not have any camera install.

**SINGAPORE
POLICE FORCE**

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20241021/2009

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Report No. T/20241021/2009

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SR STAFF SGT NURULHUDA
BINTE OMAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:

Date/Time:
21/10/2024 09:09

Classification Of Case:

NP168

