

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	11/11/2024 15:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/11/2024 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Punggol Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFW172U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Seow Wah
NRIC No	SXXXX272E
Email Address	MALAGUENA74@GMAIL.COM
Mobile Phone No	(Phone) +65-97685200
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Kicks
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	1198
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2032110883-01

DRIVER

Name of Driver	Ng Seow Wah
NRIC No	SXXXX272E
Date Of Birth	07/12/1974
Occupation	Indoor
Driving Pass Date	20/02/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97685200
Alt. Phone Number	-
Email Address	MALAGUENA74@GMAIL.COM
Address	15 Sengkang East Avenue #15-15
Address complement	-
Postcode	544806
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	Raining
Road Surface	Wet

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?	Yes
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	Teh Yen Ling
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

Please refer to sketch plan.

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 FBS2246X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ4318B
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 Amir Nurullah Bin Dollah
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBS2246X
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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

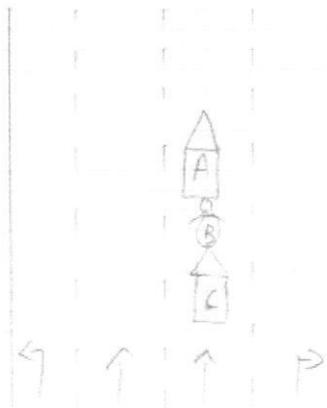
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20241110/7063

1 of 4

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

Report No: T/20241110/7063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2024 19:43		Vide Report No.: F/20241110/0196		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG SEOW WAH			Address: 15 SENGKANG EAST AVENUE #15-15 SINGAPORE 544806		
ID Type / ID No.: NRIC NO / S7438272E			Contact No.: Home/Office: Mobile: 97685200		
Nationality: SINGAPORE CITIZEN			Email: MALAGUENA74@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 07/12/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Primary school teacher			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/11/2024 16:25	Type of Location: Straight Road
Location: RIVERVALE DRIVE				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS2246X	Motorcycle	HONDA	Adv 150	White		0
SFW172U	Motor car	NISSAN	KICKS PREMIUM 1.2L E-	Grey		0
SLQ4318B	Motor car	MAZDA	Mazda 3	Blue		5

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



**SINGAPORE
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T/20241110/7063

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

Report No. T/20241110/7063

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SFW172U	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2032110883	17/09/2024	16/09/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AMIR NURULLAH BIN DOLLAH		ID No.	S7503330C
Related Vehicle	FBS2246X (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	Slight
Driver				
Name	NG SEOW WAH		ID No.	S7439272E
Related Vehicle	SFW172U (Motor car)		Contact No.	97685200
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)	NIL		Degree of Injury	NIL
Driver				
Name	CORNELIUS SNG JIA CHONG		ID No.	S9137417Z
Related Vehicle	SLQ4318B (Motor car)		Contact No.	93211606
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20241110/7063

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Report No. T/20241110/7063

CONTINUATION OF REPORT

Brief Details.

I have video footage more than 2MB. I was driving along Punggol Road towards Seng Kang. As traffic light turned red, i slowed down and came to stationary. A motorcycle FBS2246X hit me from behind, as he was hit by a car SLQ4318B behind him. My wife called 999 at 4.37pm. I got off the car, saw the rider sitting on the floor, driver of behind car who hit the rider tried to ask rider to stand up but he couldn't. After some time, the driver of behind car who hit the rider hold him to road side. Then Ambulance came and attended to the rider. Traffic Police came after that, asked me what happened and i was asked to send the video footage to the investigation officer Rahim. Traffic Police instructed me to shift my car to the side, and he handed me a damage report showing which part of my car was damaged, and got me counter sign on the report with my NRIC number. Traffic Police reminded me to go Police station report this accident and told me i can go off.



**SINGAPORE
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Report No. T/20241110/7063

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / ABDUL RAHIM BIN SALIM Contact No.: 65476904

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 10/11/2024 19:43
Classification Of Case:

NP168