

## 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	22/11/2024 09:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/11/2024 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNP5025X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHEONG JIN
NRIC No	539C
Email Address	
Mobile Phone No	(Phone) +65-
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VOXY HYBRID 1.8S-Z CVT
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 hire
Transmission	Auto
CC	1797
Vehicle Fuel	Petrol-Electric
First Registration Date	20/12/2023
Chassis no	ZWR900116575
Effective Date/Time of Ownership	20/12/2023 04:12 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00028352300

#### DRIVER

Name of Driver .....	NG CHEONG JIN
NRIC No .....	539C
Date Of Birth .....	
Occupation .....	Outdoor
Driving Pass Date .....	26/02/1999
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	25 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-
Alt. Phone Number .....	-
Email Address .....	
Address .....	
Address complement .....	-
Postcode .....	822233
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) .....	1
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN AND POLICE REPORT

#### 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 .....	SLZ7183E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ALEX
Contact Number .....	(Phone) +65- [REDACTED]
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 CHEONG JIN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNP5025X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


**SKETCH PLAN**

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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 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.

 21/11/24 1650

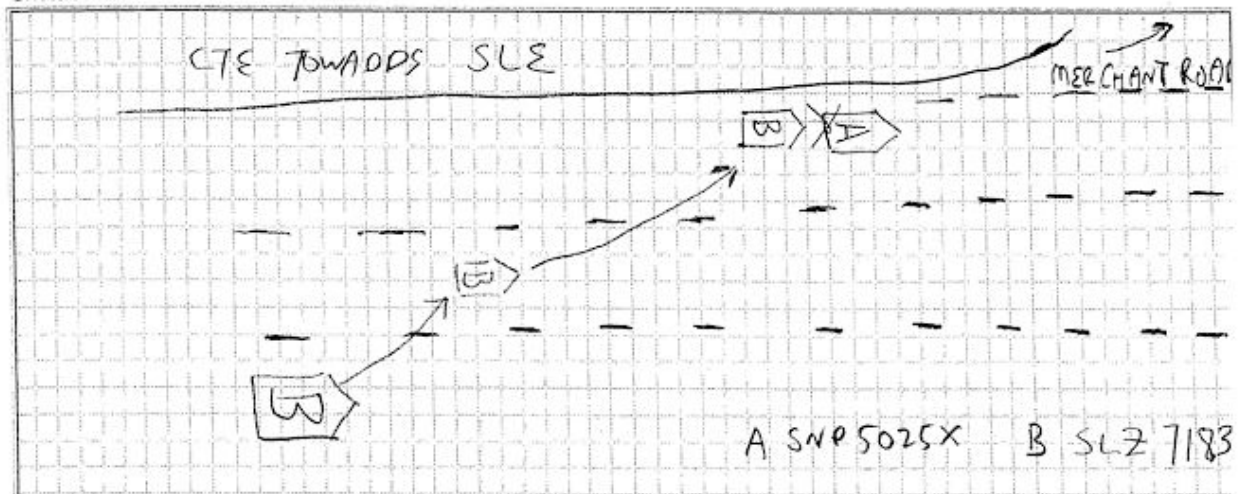
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



vJun2022

1

Describe Circumstance of the Accident

On 21/11/2024, at around 11am, while I was entering the CTE from the Outram Road entrance, a white Audi overtook me and moved into the leftmost lane, positioning itself between my vehicle and the car in front of me. To maintain safety, I released the accelerator to slow down. Shortly after, the Audi activated its double signal to indicate an emergency stop. In response, I applied my emergency brakes to avoid colliding with the Audi in front of me. However, I was suddenly struck from behind with significant force. I managed to steer my vehicle to the far left and parked it to assess the situation and speak with the driver of the car that had hit me. Upon reviewing the footage from my in-car camera, I observed that the vehicle with the license plate SLZ 7183E had dangerously swerved from the rightmost lane into the leftmost lane, positioning itself between my car and the one behind me.

*[Signature]*

TP Claim at RC Auto

*[Signature]*

Declaration

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

*[Signature]* 21/11/24 1650

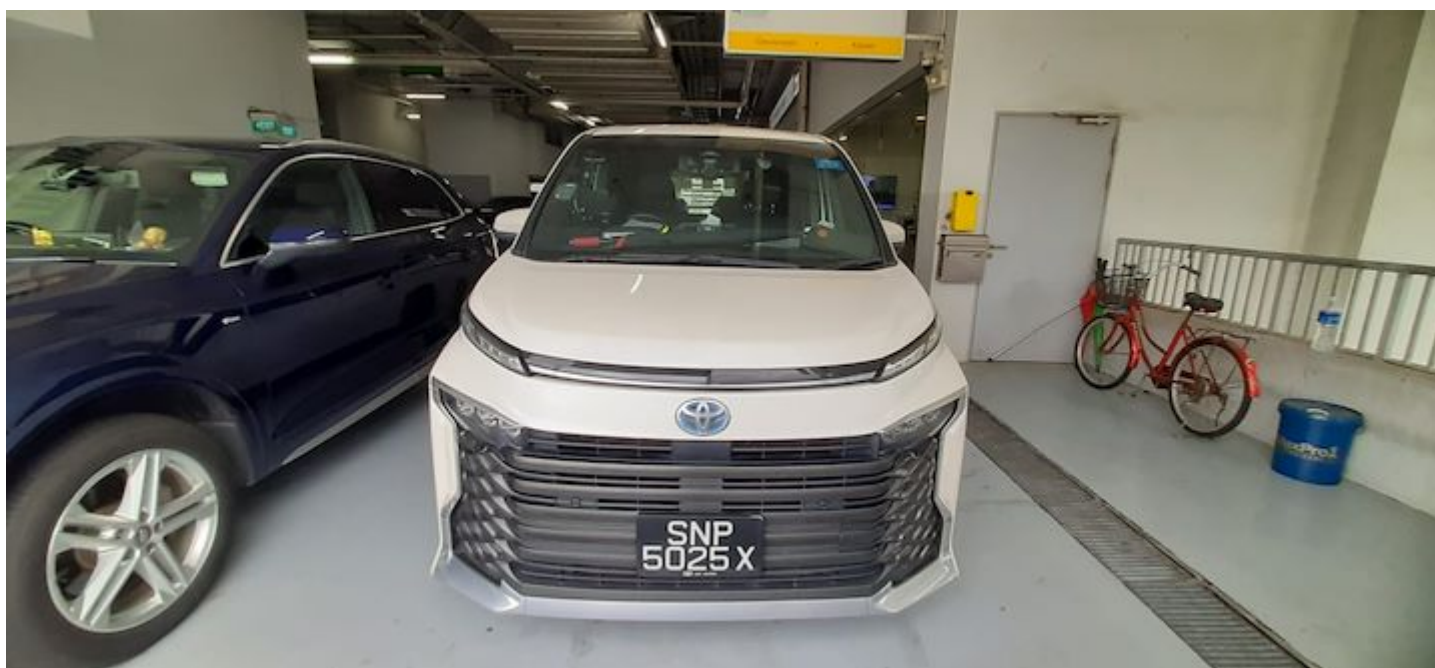
Policyholder's Signature / Date & Time

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



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



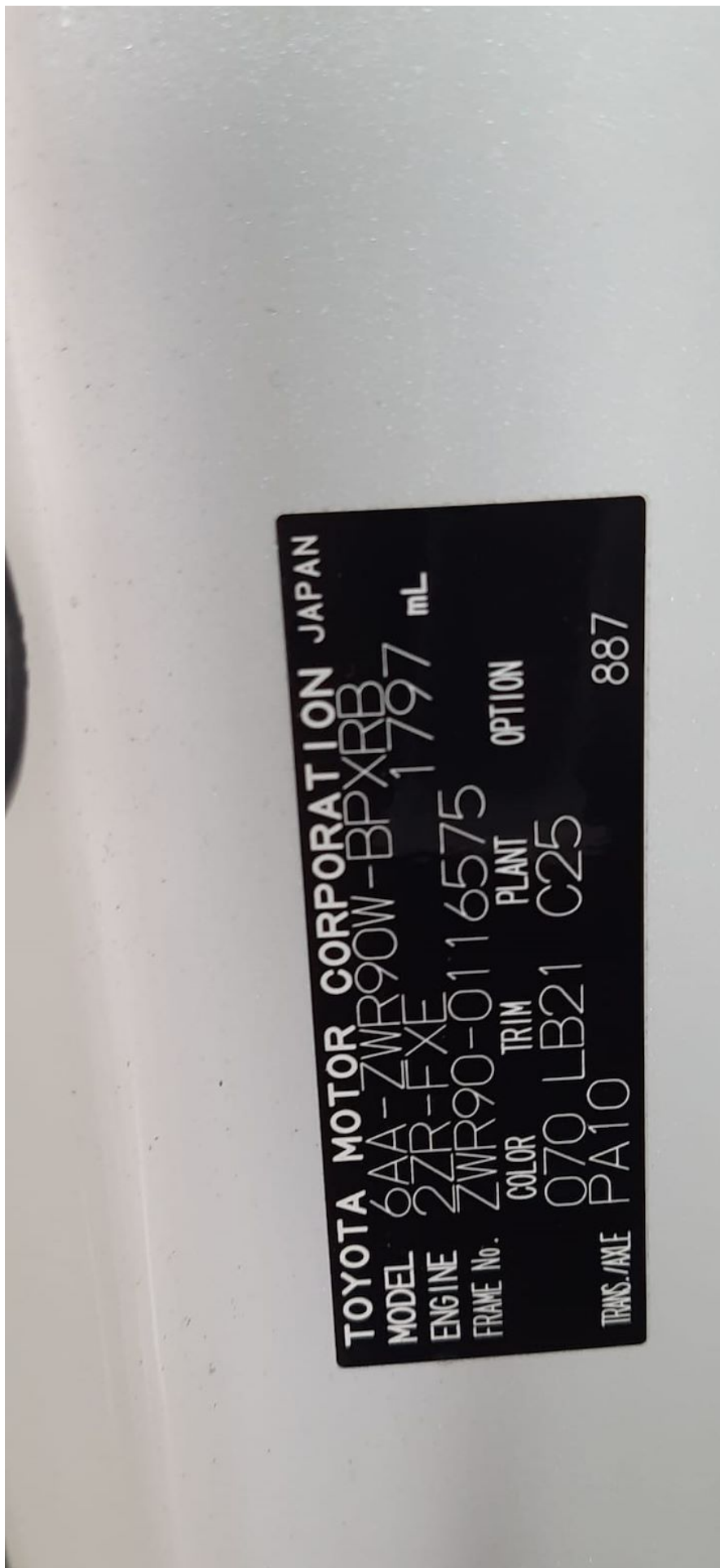


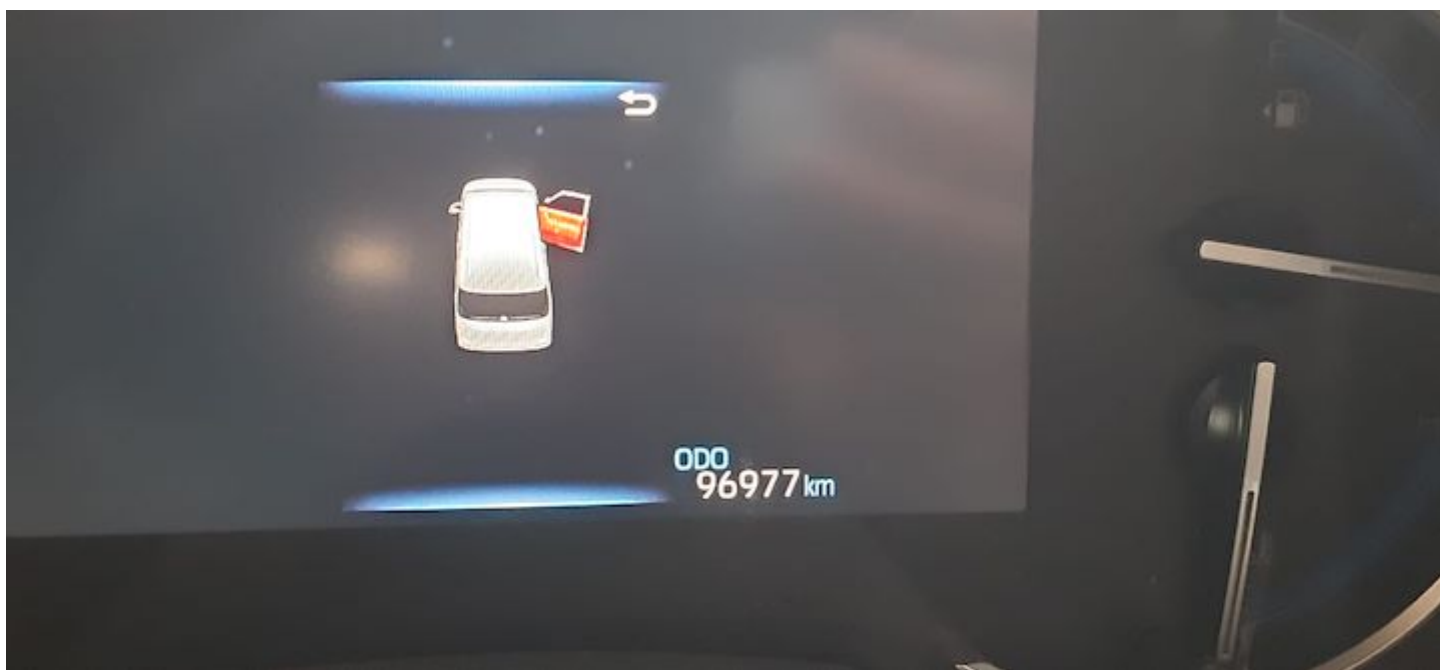

















**SINGAPORE  
POLICE FORCE**


T/20241121/2082

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20241121/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/11/2024 17:38	Vide Report No.:	Station Diary No.: 85
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**Informant's Particulars**

Name of Informant: NG CHEONG JIN		Address: [REDACTED]	
ID Type / ID No.: NRIC NO. [REDACTED] 539C		Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: [REDACTED]	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: PRIVATE HIRE 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: 21/11/2024 11:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SLZ7183E	Motor car				Seriously Damaged	0
SNP5025X	Motor car				Seriously Damaged	0

**Details of Person Involved**

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


**SINGAPORE  
POLICE FORCE**


T/20241121/2082

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20241121/2082

**CONTINUATION OF REPORT**

Driver			
Name	NG CHEONG JIN		ID No. [REDACTED]
Related Vehicle	SNP5025X (Motor car)		Contact No. [REDACTED]
Hospital/Clinic	Dr Panda Medical Centre Sin Ming		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date Treatment	21/11/2024		Date Discharge 21/11/2024
No. of Days granted Medical Leave	07		Degree of Serious

**Brief Details.**

On 21/11/2024 at about 1100hrs, I was travelling in my vehicle (SNP5025X). While I was entering the CTE from the Outram Road entrance, a white Audi overtook me and moved into the leftmost lane, positioning itself between my vehicle and the car in front of me. To maintain safety, I released the accelerator to slow down. Shortly after, the Audi activated its double signal to indicate an emergency stop. In response, I applied my emergency brakes to avoid colliding with the Audi in front of me.

However, I was suddenly struck from behind with significant force. I managed to steer my vehicle to the far left and parked it to assess the situation and speak with the driver of the car that had hit me. Upon reviewing the footage from my in-car camera, I observed that the vehicle with the license plate (SLZ7183E) had dangerously swerved from the rightmost lane into the leftmost lane, positioning itself between my car and the one behind me. After which, we exchanged particulars, only managed to get his name as Alex [REDACTED]. I would like to add that I have a CCTV installed in my vehicle and I have the footage. Hence, I went to Dr Panda Medical Centre to consult a doctor, and was given 7 days MC. I am lodging this report for record and insurance claim purposes.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20241121/2082

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Report No. T/20241121/2082

## CONTINUATION OF REPORT

Signature of Officer Recording The  
E/  
SGT 2 ZULFADHLI BIN MOHD

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SUPT (1A) CHUA SOON KEONG  
Contact No.: 65476030

Signature Of Informant:

Date/Time:  
21/11/2024 17:38

Classification Of Case:

NP168



