

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	09/12/2024 14:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/12/2024 15:30 (SGT)
Exact Location of Accident	Flora Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1969D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG WAH LIANG
NRIC No	S1715028F
Email Address	NEHEMIAHMOBILE@GMAIL.COM
Mobile Phone No	(Phone) +65-97676996
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	FIT 1.3GF 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 car
Transmission	Auto
CC	1317
Vehicle Fuel	Petrol
First Registration Date	27/06/2018
Chassis no	GK31317240
Effective Date/Time of Ownership	01/08/2021 04:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00948121

DRIVER

Name of Driver	NG WAH LIANG
NRIC No	S1715028F
Date Of Birth	25/05/1965
Occupation	Indoor
Driving Pass Date	10/05/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97676996
Alt. Phone Number	-
Email Address	NEHEMIAHMOBILE@GMAIL.COM
Address	BLK 867 TAMPINES STREET 83 04-241 SINGAPORE 520867
Address complement	-
Postcode	-
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	6
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	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

STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

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	SMV1921R
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNL5510H
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLL6822A
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SNE2594Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SKZ5017C
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 WAH LIANG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMC1969D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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;



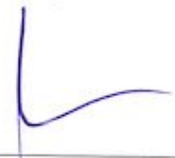
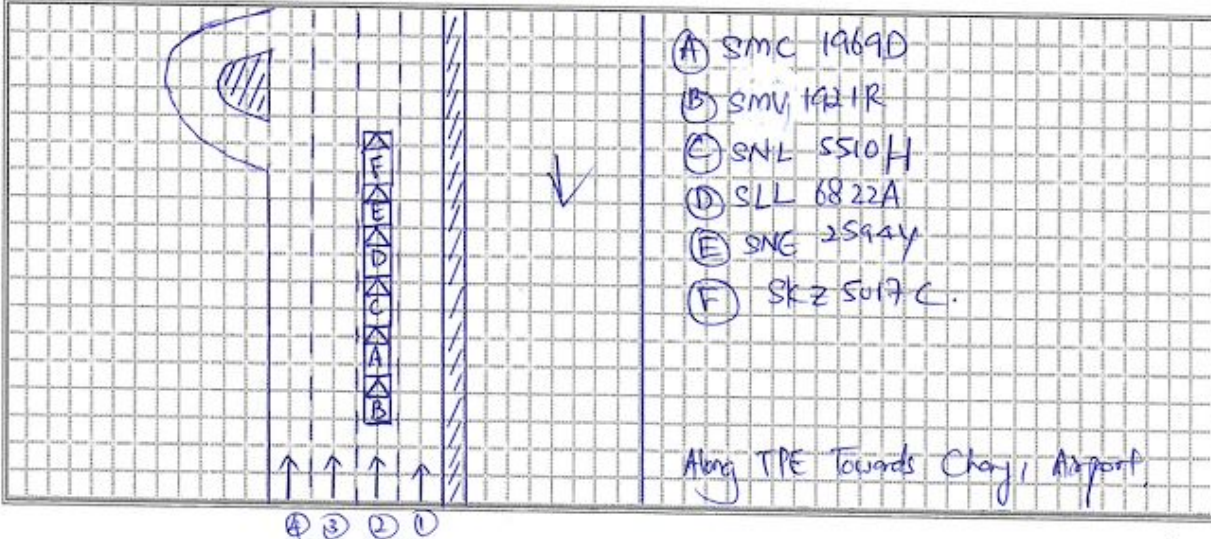
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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 09/12/14 @ 11:15am Sketch Plan	 Driver's Signature (if driver is not the policyholder) / Date & Time 09/12/14 @ 11:15am	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
 <p>① SMC 1969D ② SMV 1921R ③ SNL 5510H ④ SLL 6822A ⑤ SNG 2594Y ⑥ SKZ 5017C.</p> <p>Along TPE Towards Changi Airport</p>		

Describe Circumstance of the Accident

Statement Pls Refer To
Police Report No: T/2024/209/7024


Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time

09/12/24 @ 11:15am


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

09/12/24 @ 11:15am


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



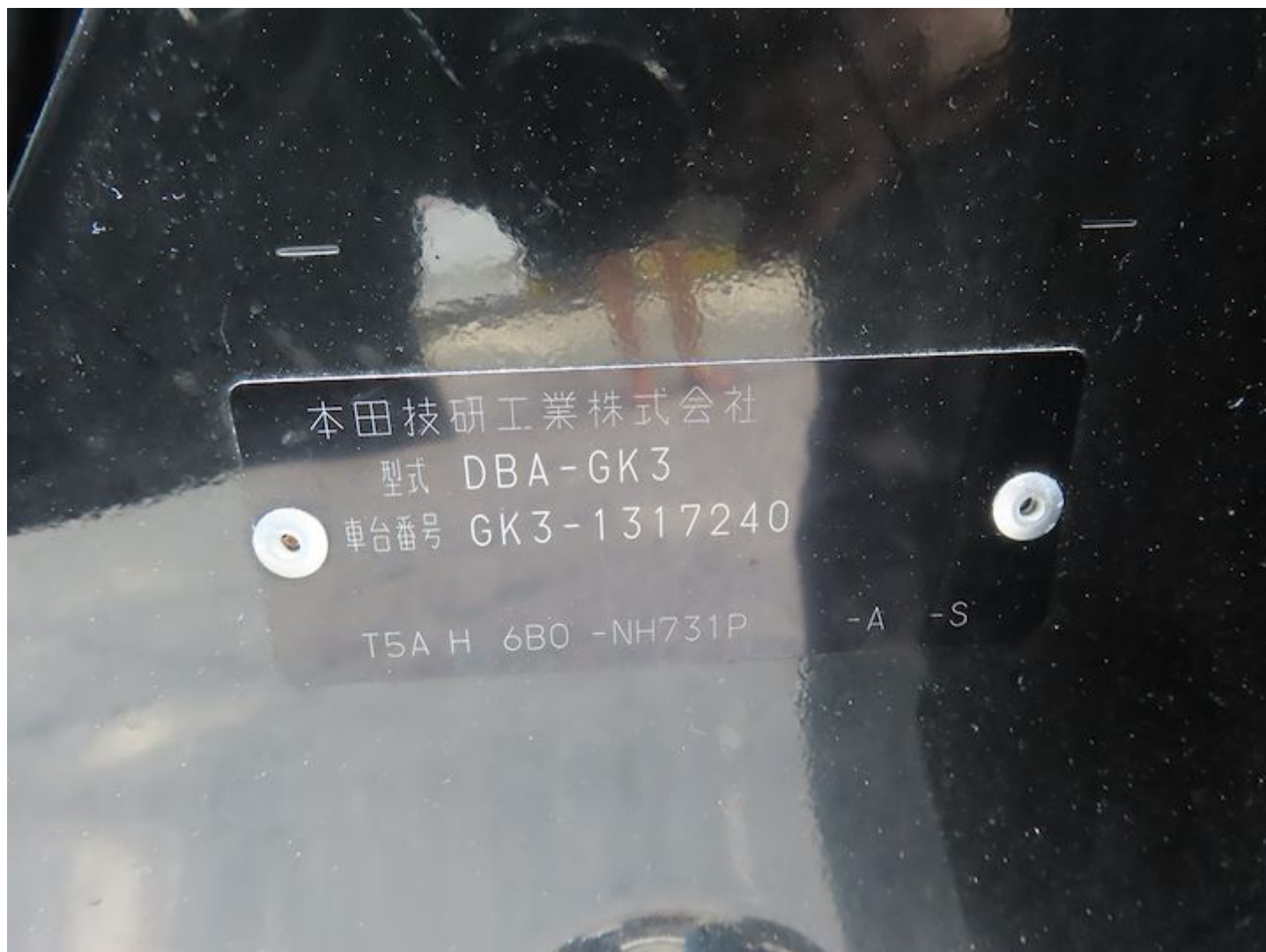
































**SINGAPORE
POLICE FORCE**



T/20241209/7024

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

1 of 3

Report No, T/20241209/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2024 11:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG WAH LIANG			Address: 867 TAMPINES ST 83 #04-241 SINGAPORE 520867		
ID Type / ID No.: NRIC NO / S1715028F			Contact No.: Home/Office: Mobile: 97676996		
Nationality: SINGAPORE CITIZEN			Email: NEHEMIAHMOBILE1965@GMAIL.COM		
Sex: Male	Age: 59	Date of Birth: 25/05/1965	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: CHURCH WORKING			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:	08/12/2024 15:30	Type of Location:	Straight Road
Location: FLORA DRIVE							
Weather: Clear		Road Surface: Dry					
Traffic Flow:		Traffic Control:			Traffic Volume:		
Type of Collision: 6 CARS CHAIN COLLISION						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ5017C	Motor car	TOYOTA		White		0
SLL6822A	Motor car	HONDA				0
SMC1969D	Motor car	HONDA	FIT 1.3GF CVT	Black		0
SMV1921R	Motor car	MAZDA		Blue		0
SNE2594Y	Motor car					0



**SINGAPORE
POLICE FORCE**



T/20241209/7024

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

2 of 3

Report No. T/20241209/7024

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNL5510H	Motor car	KIA		Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMC1969D	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00948121/03	28/07/2021	27/07/2025

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG WAH LIANG		ID No. S1715028F
Related Vehicle	SMC1969D (Motor car)		Contact No. 97676996
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	08/12/2024		Date Discharge NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

On 08/12/2024 at about 1530hrs, i was driving my car (SMC 1969D) along TPE towards Changi Airport in the 2nd lane from right hand side. The vehicle in front of me applied emergency brake as such i also step on my brake to stop immediately.

Out of sudden, i felt and impact from behind and due to the huge impact my car being surge forward and hit onto the rear portion of front car (SNL 5510L) and my car air bags burst.

When i alighted from my car, i realized that i was involving 6 cars chain collision accident as following sorts :

- 1.) SKZ 5017C (F)
- 2.) SNE 2594Y (E)
- 3.) SLL 6822A (D)
- 4.) SNL 5510L (C)
- 5.) SMC 1969D (A)
- 6.) SMV 1921R (B)

My body and my arm was injured in the accident, so i went to seek for medical assist at CGH and was given 5 days of MC. Hence, i hereto lodge this report to claim against vehicle B (SMV 1921R)'s insurance for my accident damages.



**SINGAPORE
POLICE FORCE**

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



T/20241209/7024

3 of 3

Report No. T/20241209/7024

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD FARHAN BIN MOHAMED
Contact No.: 65476224

NP168

Signature Of Informant:

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

Date/Time:
09/12/2024 11:13

Classification Of Case: