

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	19/12/2024 16:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/12/2024 17:34 (SGT)
Exact Location of Accident	Woodlands Crossing, Singapore
Additional Location Information	WOODLANDS CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW544X
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG SEOK CHING
NRIC No	SXXXX332F
Email Address	CATHERINELEE_NG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91287459
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ23-009490

DRIVER

Name of Driver	LEE HAHN SUNG
NRIC No	SXXXX289J
Date Of Birth	10/09/1967
Occupation	Indoor
Driving Pass Date	20/03/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91052801
Alt. Phone Number	-
Email Address	CATHERINELEE_NG@YAHOO.COM.SG
Address	BLK 673 CHOA CHU KANG CRESCENT #06-385
Address complement	-
Postcode	680673
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	WOO JUN HON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

CAR A WAS STATIONARY. ABOUT A MIN, CAR B HIT THE REAR OF MY CAR A.

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 SMP7241L
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 VEHICLE B
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE HAHN SUNG
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SKW544X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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 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.

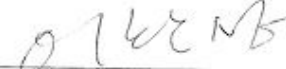
8. Consent under the Personal Data Protection Act (PDPA)

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.

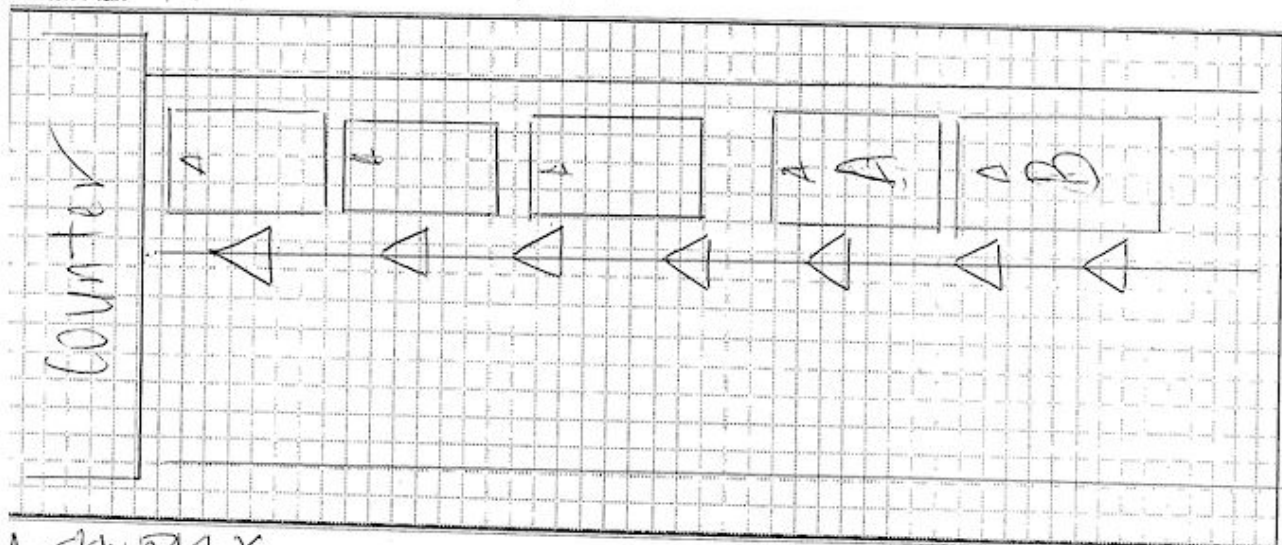
Policyholder's Signature / Date & Time

 19/12/24

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

 19/12/24

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

Sketch Plan



A - SKW 744 X
 B - SMP 7241 L

Describe Circumstance of the Accident

Car A was stationary about a min, Car B hit the rear of my car (A).

Declaration

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

N. S. Bay
Policyholder's Signature / Date & Time
19/12/24

o 1 h k S
Driver's Signature (if driver is not the policyholder) / Date & Time
19/12/24

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


















**SINGAPORE
POLICE FORCE**


T/20241220/2059

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3
Report No. T/20241220/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2024 16:25	Vide Report No.:	Station Diary No.: 22
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LEE HAHN SUNG		Address: 673 CHOA CHU KANG CRESCENT #06-385 SINGAPORE 680673	
ID Type / ID No.: NRIC NO / S2693289J		Contact No.: Home/Office: Mobile: 91052801	
Nationality: KOREAN, SOUTH		Email:	
Sex: Male	Age: 57	Date of Birth: 10/09/1967	Type of Informant: Driver
Race: Korean		Language:	
Occupation: COMPANY MANAGER		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: 18/12/2024 05:30	Type of Location: Straight Road
Location: WOODLANDS CROSSING				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SKW544X	Motor car	TOYOTA	HARRIER 2.0 PREMIUM AT AIRBAG 2WD	Silver	Slightly Damaged	2
SMP7241L	Motor car	TOYOTA	COROLLA ALTIS 1.6 STANDARD (AUTO)	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20241220/2059

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20241220/2059

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW544X	EQ INSURANCE COMPANY LTD.	DMPPHQ23-009490	22/11/2024	14/04/2025

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	LEE HAHN SUNG	ID No.	S2693289J
Related Vehicle	SKW544X (Motor car)	Contact No.	91052801
Hospital/Clinic	SINGAPORE SPORTS AND ORTHOPAEDIC CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	20/12/2024	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	MARK	ID No.	NIL
Related Vehicle	SMP7241L (Motor car)	Contact No.	86971118
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 the 18/12/2024, at about 0530 hrs, i was at Woodlands Checkpoint going towards Johor, when i was on the road in queue waiting to pass through immigrations. While i was stationary in queue, all of a sudden, a vehicle (SMP 7241 L) hit my car from the back. My car was damaged at the rear bumper and the rear boot door. I was in shock as a huge force hit me upon impact. I managed to exchange particulars with the driver of said vehicle and only got his name and number (Mark, 8697 1118). No ambulance or traffic police was required at scene, and we left shortly after. However, on the 20/12/2024, i visited the doctor due to a pain in my neck, and was given 5 days MC, and it was due to whiplash. I wish to lodge this report for my record.



**SINGAPORE
POLICE FORCE**



T/20241220/2059

3 of 3

Report No. T/20241220/2059

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Signature of Officer Recording The
D /
SGT 2 TENGKU DANIAL
AQMALSHAH BIN TENGKU
BAHARIZALSAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SUPT (1) PHNG KAR SOON
Contact No.: 65476439

Signature Of Informant:

Date/Time:
20/12/2024 16:25

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS4824CJ000E Vehicle Registration No: SPW 544X
 Name (as shown in NRIC): LOH HAHN SUNG NRIC/FIN/Passport No: S2693089J
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9103 2807
 Email Address: _____
 Date of Accident: 18/12/04 Time of Accident: 17:30
 Place of Accident: WOODLAND CARPORT
EQ
 Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- ADD POLICE REPORT

- ADD INJURY

[Signature]
 Policyholder / Actual Driver's Signature
 Date: _____

 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: _____

EQ Insurance Company Limited

Business Address: #02-01, Robinson Road, Singapore 068871
Tel: +65 6339 8888 Fax: +65 6339 8889 Email: eq@eq.com.sg
Website: www.eq.com.sg



PRIVATE CAR
ENDORSEMENT

Page 1 of 1

Agency	A000150	Class of Policy	PRIVATE CAR	Policy Number	08PPHQ23-009490
Account	A000150	Issued on	06/09/2024 in Singapore	Endorsement No.	H0M246315/1
Client	00619/3	Acceptance Date	05/09/2024		
		Effective Date	22/11/2024		

Period of Insurance from 22/11/2023 to 14/04/2025, both dates inclusive

Insured's Name NG SEOK CHING
Address BLK/HOUSE NO: 673 #06-385
CHOA CHU KANG CRESCENT
SINGAPORE 680673

Premium	Basic Annual Premium	SGD1,199.91		
	Special Discount @ 5%	SGD60.00		
	Safe Driver Discount	SGD57.00		
	Premium after NCD	SGD1,082.91		
	Premium Due		SGD426.06	
	Premium GST		SGD38.35	
	Total Due		SGD464.41	

With effect from 22/11/2024, it is hereby noted and agreed that the
Period of Insurance is extended to expire on 14/04/2025.

In view of such, an Additional Premium of S\$464.41 inclusive of GST is due.

Subject otherwise to the terms, conditions and exceptions of the Policy.

Risk No. 001 PRIVATE CAR
1. Registration SKW544X
Sum Insured/Market Value at the time of loss SGD0.00

For EQ Insurance Company Limited:

Authorised Signature

H0/unwshh/unwshh/MI1208776/CRESCO INSURANCE AGENCY PTE LTD/06-09-2024/10:26:47

Printed Name of Insured

