

## 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 .....	02/07/2024 18:48 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	01/07/2024 18:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Punggol Seventeenth Avenue
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNH2625B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Ng Peng Kong
NRIC No .....	S1432798C
Email Address .....	owennyl@hotmail.com
Mobile Phone No .....	(Phone) +65-91826876
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	LANCER EVO-GSR 2.0 MT ABS D/AB 4WD TURBO
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Manual
CC .....	1998

#### INSURANCE COMPANY

Name of Insurance Company .....	Great Eastern General Insurance Limited
Policy Number / Cover Note Number .....	V5008583

#### DRIVER

Name of Driver .....	Ng Yu Long Owen
NRIC No .....	T0012317F
Date Of Birth .....	16/04/2000
Occupation .....	Indoor

Driving Pass Date .....	06/09/2019
Driving experience .....	4 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91826876
Alt. Phone Number .....	-
Email Address .....	owennyl@hotmail.com
Address .....	316 Clementi Avenue 4 #03-129 S120316
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	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

Refer to attached

#### 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 .....	YN9475J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 Yu Long Owen
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 Days MC
Injured person in which vehicle? .....	SNH2625B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

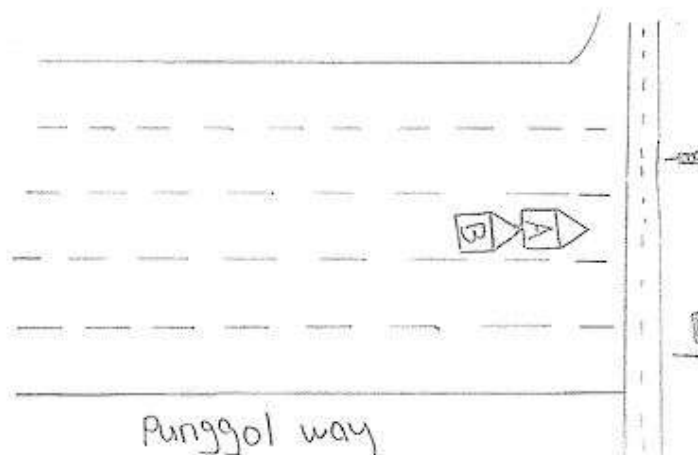
Policyholder's Signature / Date & Time  
*Goddie ng* 2/7/2024 1600hrs.

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vehicle A: SNH262SB  
 Vehicle B: YN9475J




## Describe Circumstances of the Accident

Refer to the police report : T/2024-0701/7138.

## Declaration

We declare the foregoing particulars are true in every respect.

 2/7/2024  
1600hrs  
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/20240701/7138

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

Report No. T/20240701/7138

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2024 20:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG YU LONG OWEN			Address: 316 CLEMENTI AVENUE 4 #03-129 SINGAPORE 120316		
ID Type / ID No.: NRIC NO / T0012317F			Contact No.: Home/Office:                      Mobile: 91826876		
Nationality: SINGAPORE CITIZEN			Email: OWENNYL@HOTMAIL.COM		
Sex: Male	Age:	Date of Birth: 16/04/2000	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Interior design			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: 01/07/2024 18:50	Type of Location: Straight Road
Location:  PONGGOL SEVENTEENTH AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SNH2625B	Motor car					0
YN9475J	Lorry					1

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**

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



T/20240701/7138

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Report No. T/20240701/7138

CONTINUATION OF REPORT

Driver			
Name	NG YU LONG OWEN	ID No.	T0012317F
Related Vehicle	SNH2625B (Motor car)	Contact No.	91826876
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/07/2024	Date Discharge	01/07/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date time and location i was travelling straight in my vehicle (a) while waiting at the traffic light, I felt a huge impact from my rear and as I alighted i realized it was vehicle (b) that had collided onto the rear portion of my vehicle (a) causing damages to my vehicle (a).

I felt pain on my neck and lower back so I went to joash clinic to seek consultation and was given 3days mc.

Vehicle(a) snh2625b

Vehicle (b) yn9475j



**SINGAPORE  
POLICE FORCE**

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



T/20240701/7138

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Report No. T/20240701/7138

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

NP168

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

Date/Time:  
01/07/2024 20:56

Classification Of Case: