# **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 witholding 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.

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   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

### 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? 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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- 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. 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.
- 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)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Godolie 19	2/7/2029 1600hrs.	Cu.	
Policyholder's Sign Time	ature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan			/ 101
Vehicle A:S			-   ;
vehicle B: \	N9475J		
			XED_
		Punggol way	1

Refer to	the police report: 7/20240701/7138.	
claration		
declare the foregoing particular	s are true in every respect.	
2/4/2024		
Edding 1600hrs	Co.	
icyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel



















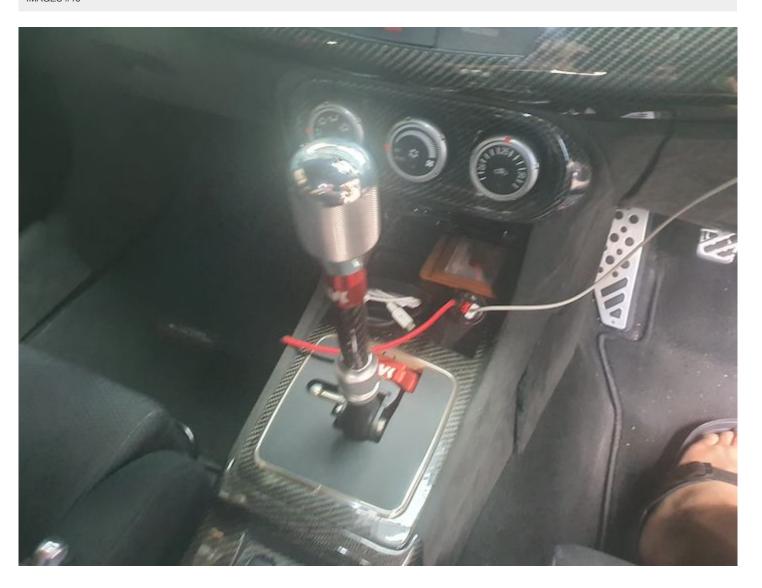














T/20240701/7138

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240701/7138

CONTINUATION OF REPORT

Driver						
Name	NG YU LONG OWEN		ID No	),	T0012317F	
Related Vehicle	SNH2625B (Motor car)		SNH2625B (Motor car) Contact N		act No.	91826876
Hospital/Clinic	NIL			Class Drivir Licen Expir	ıg	Class: 3 Date of Expiry: NIL
Date Treatment	01/07/2024 Date Dis			harge	01/07	7/2024
No. of Days granted Medical Leave (MC) 03			Degree of	f Injury	Sligh	

### 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





Traffic Volume:

Anyone conveyed by ambulance:

Light

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20240701/7138

Date/Time Report Made: 01/07/2024 20:56		Vide Report No.:			Station Diary No.:		
Informant	's Particul	ars					
Name of Informant: NG YU LONG OWEN ID Type / ID No.: NRIC NO / T0012317F		Address: 316 CLEMENTI AVENUE 4 #03-129 SINGAPORE 120316					
		Contact No.: Home/Office: Mobile: 91826876					
Nationalit SINGAPO		ZEN	Email: OWEN	NYL@HOTMA	IL.COM	5 MR_ 0.23-5	
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:					
Seneral In	formation	of the Accident		Drink Drive:	Date/Time of Accident:	Time of Legation	
Type of A	ccident:	Injury Others		No	01/07/2024 18:50	Type of Location Straight Road	
Location: PONGG0		NTEENTH AVENUE	77	1		•	
Weather			Dood	Surface:			

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SNH2625B	Motor car					0
YN9475J	Lorry				77.	1

Traffic Control: Traffic Light - Working

Dry

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

Clear

Traffic Flow:

Between Moving Vehicles - Head To Rear

One Way

Type of Collision:



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



3 of 3 Report No. T/20240701/7138

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/07/2024 20:56
Officer In Charge Of Case:	Classification Of Case:
NP168	



# CERTIFICATE OF INSURANCE

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation: Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (of Malaysia)

The Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya)

Policy Number V5008583

Road Transport (Amendment) Act 2019 (of Malaysia)

Policyholder NG PENG KONG

Period of Insurance 25/02/2024 (0000HRS) to 24/02/2025

Product Name Drive And Save Plus

Type of Cover Comprehensive Authorised Wkshp

Vehicle Registration Number SNH2625B

Vehicle Make & Model MITSUBISHI - LANCER RALLIART T

Engine Number 4B11BR5113

 Chassis Number
 JMFSNCZ4A9U000280

 Hire Purchase
 ZW CAPITAL PTE LTD

#### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

- (a) The Policyholder only.
- (b) Any other person who is driving on the Policyholder's order or with his/ner permission.
- (c) In the event of the death of the Policyholder;
  - Any member of the Policyholder's family, or a paid driver who has been driving the car during the lifetime of the Policyholder & permission to drive had not been withdrawn prior to the death of the Policyholder.
  - Any other person who has been given permission to drive the vehicle prior to the death & such permission had not been withdrawn by the Policyholder.
- Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

## LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other trade or business or use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

Khar Hock Seng Group CEO

Great Eastern General Insurance Limited (A wholly-owned subsidiary of Great Eastern Holdings Limited) | 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659 | Company Registration No: 1920 00003W | T: +85 6248 2888 | F: +65 8535 2836 | greateasterngeneral.com

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Form MX1

