

## 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 Authorised 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 ability.
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 Report	20/03/2018 12:01
Date Of Accident	19/03/2018 17:30
Exact Location Of Accident	PIE TOWARDS JURONG ON ENG NEO FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK2205Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG PENG CHUAN JAMES
NRIC No	S1808765J
Email Address	JAMES@MG-SG.COM
Mobile Phone No	(LOCAL) +65-98753823
Alternative Phone No	OFFICE-98753823

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200K
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098523842
Cover Note Number	

### Driver

Name of Driver	NG PENG CHUAN JAMES
NRIC No	S1808765J
Date Of Birth	06/09/1967
Occupation	INDOOR
Date Of Driving Pass	05/06/1985
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98753823
Fax Number	
Contact Number	OFFICE-98753823
Email Address	JAMES@MG-SG.COM

Address	BLK 358 WOODLANDS AVENUE 5 #02-376
Postcode	730358
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT NO. T/20180319/7029

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7060P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RAMLE BIN AHMAD
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NG PENG CHUAN JAMES

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGK2205Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time: 20/03/2018  
11:20am

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

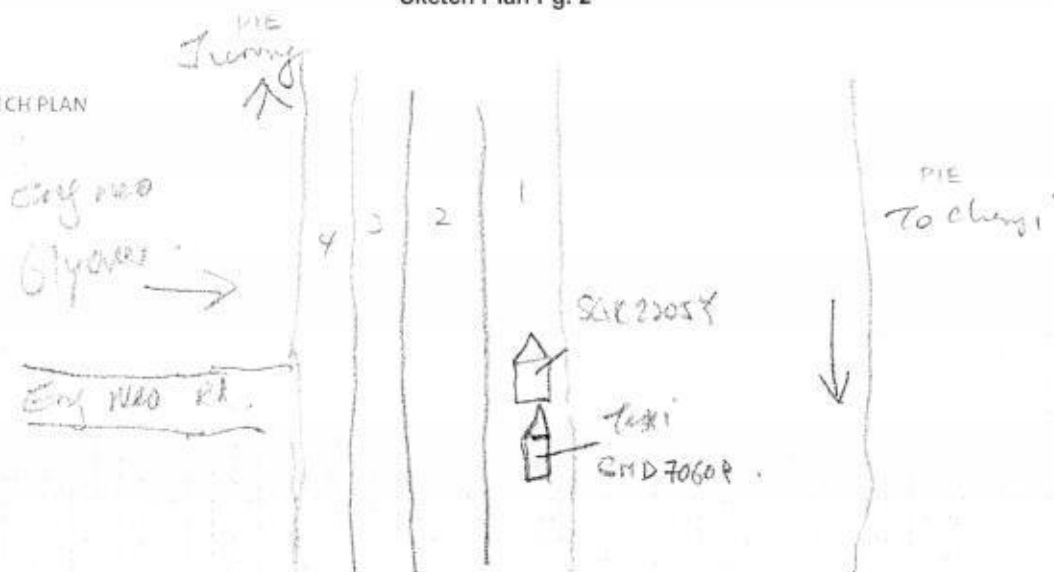


Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20180319/7029.

## DECLARATION

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

Policyholder's Signature

Date & Time: 20/03/2018  
11:30am.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**

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



T/20180319/7029

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Report No. T/20180319/7029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/03/2018 23:35		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: NG PENG CHUAN JAMES		Address: APT BLK 358 WOODLANDS AVENUE 5 #02-376 SINGAPORE 730358		
ID Type / ID No.: NRIC NO / S1808765J		Contact No.: Home/Office: Mobile: 98753823		
Nationality: SINGAPORE CITIZEN		Email: james@mg-sg.com		
Sex: Male	Age: 50	Date of Birth: 06/09/1967	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: EXECUTIVE DIRECTOR		Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2018 17:30	Type of Location: Flyover
Location: PAN ISLAND EXPRESSWAY PIE towards Jurong, on Eng Neo Flyover				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SGK2205Y		MERCEDES BENZ			Totally Damaged	0
SHD7060P		HYUNDAI			Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180319/7029

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

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Report No. T/20180319/7029

## CONTINUATION OF REPORT

<b>Driver:</b>			
Name	NG PENG CHUAN JAMES	ID No.	S1808765J
Related Vehicle	SGK2205Y	Contact No.	98753823
Hospital/Clinic	BANYAN CLINIC PTE LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/03/2018	Date Discharge	19/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver:</b>			
Name	RAMLE BIN AHMAD	ID No.	S1715855D
Related Vehicle	SHD7060P	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/3/18 at about 1730hrs, I was driving my vehicle (SGK2205Y) along PIE towards Jurong, on Eng Neo flyover. At that point, I was driving along lane 1, however the traffic ahead was congested, therefore I brought my vehicle to a stop behind the stationary vehicle ahead. My vehicle was stationary for about 5 to 10 seconds. Suddenly, I noticed from my rear view mirror, a comfort delgro taxi (SHD7060P) driving towards my car in a high speed. Thereafter, the taxi collided into my vehicle. At that point, I felt strain in my neck and back, however I do not have any open wounds. Thereafter, I went down to make a check and exchanged particulars with the other driver. Subsequently, LTA marshall arrived to assist. Thereafter, EMAS was activated and assisted to tow my vehicle and brought me to dairy farm nature park. As I was still feeling unwell, I went to see a doctor and was given 3 days medical leave for muscle strain in my neck and lower back. My vehicle's rear bumper was heavily damaged and displaced. Both rear light broken. The boot cover suffered several dents. At the point of impact, I can smell some scents of burning smell, therefore I switched my engine off



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10 Ubi Avenue 3 SINGAPORE 408865  
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T/20180319/7029

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Report No. T/20180319/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

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

Date/Time:  
19/03/2018 23:35

Classification Of Case: