

## 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	05/09/2018 14:20
Date Of Accident	04/09/2018 08:35
Exact Location Of Accident	UPPER CHANGI RD EAST TWDS NEW UPPER CHANGI RD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK219K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHEE YONG (HUANG ZHIYONG)
NRIC No	S7704898G
Email Address	ALSONNG02@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97490209
Alternative Phone No	OTHERS-97490209

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID SENSING 1.5G A
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80459598 QMX
Cover Note Number	

### Driver

Name of Driver	NG CHEE YONG (HUANG ZHIYONG)
NRIC No	S7704898G
Date Of Birth	19/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	10/09/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97490209
Fax Number	
Contact Number	OTHERS-97490209
EEmail Address	ALSONNG02@HOTMAIL.COM

Address	19 TAMPINES CENTRAL 7 #04-20
Postcode	528773
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER ATTACHED POLICE REPORT. (REPORT NO. T/20180904/2104)

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDL1380K
Vehicle Make/Model/Colour	CHEVROLET / WHITE
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	AZHAR KHAN
NRIC/Passport Number	
Contact Number	97839936
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGZ2338T
Vehicle Make/Model/Colour	HONDA CIVIC / WHITE
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE HIRE
Name of Driver	FAIZ
NRIC/Passport Number	
Contact Number	98005632
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	WC6387G
Vehicle Make/Model/Colour	ISUZU / WHITE & BLUE
Details Of Properties	VEHICLE D
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HUANG GAOSHEN
NRIC/Passport Number	G5099824Q
Contact Number	97345386
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	NG CHEE YONG (HUANG ZHIYONG)
Approximate Age	41
Injuries Sustain	STRAIN OF NECK MUSCLE
Injured person in which vehicle?	SJK219K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	19 TAMPINES CENTRAL 7 #04-20
Postcode	528773

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

05 SEP 2018

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

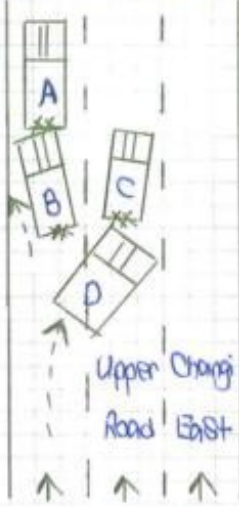
Name:

NRIC/FIN No.: ANG WEI GUANG  
S8410708E

# Sketch Plan #2

## SKETCH PLAN

D. O. A 04. 09. 2018 @ 08:35 Hrs



- A - SJK 219 K
- B - SDL 1380 K
- C - SGZ 1238 T
- D - WC 6387 G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

(Report No. T/20180904/2104)

## DECLARATION

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

Policyholder's Signature  
Date & Time:

05 SEP 2018

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: ANG WEI GUANG  
S8410708E



**SINGAPORE  
POLICE FORCE**



T/20180904/2104

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

1 of 3

Report No. T/20180904/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/09/2018 16:41		Vide Report No.: G/20180904/0051		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG CHEE YONG (HUANG ZHIYONG)			Address: APT BLK 19 TAMPINES CENTRAL 7 #04-20 THE TAMPINES TRILLIANT SINGAPORE 528773		
ID Type / ID No.: NRIC NO / S7704898G			Contact No.: Home/Office: Mobile: 97490209		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 19/02/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FLIGHT ATTENDANT			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/09/2018 08:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER CHANGI ROAD EAST NEW UPPER CHANGI ROAD UPPER CHANGI ROAD EAST TOWARDS NEW UPPER CHANGI ROAD EAST				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDL1380K	Car					0
SGZ2338T	Car					0
SJK219K	Car				Slightly Damaged	0
WC6387G	TRUCK					0





**SINGAPORE  
POLICE FORCE**



T/20180904/2104

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

2 of 3

Report No. T/20180904/2104

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG CHEE YONG (HUANG ZHIYONG)	ID No.	S7704898G
Related Vehicle	SJK219K (Car)	Contact No.	97490209
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/09/2018	Date Discharge	04/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

ON THE 04/09/2018 AT AROUND 0835HRS ALONG UPPER CHANGI ROADEAST TOWARDS NEW UPPER CHANGI ROAD EAST

THE TRAFFIC FLOW WAS NORMAL AND THE ROAD SURFACE WET FROM THE RAIN, I WAS DRIVING ALONG UPP CHANGI ROAD EAST. MY VEHICLE WAS IN STATIONARY POSTION AND WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, THEN THE NEXT MOMENT I HEAR THE SOUND OF SCREECHING TIRES AND LATER ON I FELT THE IMPACT FROM THE REAR OF MY VEHICLE. I WAS IN A STATE OF SHOCK, THE NEXT MOMENT THE DRIVER FROM THE REAR VEHICLE CAME OVER AND CHECK ON ME. I WAS FEELING A BIT DIZZY AND I RESTED FOR A BIT LONGER, LATER ON I EXITED MY VEHICLE AND STARTED TO TAKE PHOTOS OF THE INCIDENT. THE NEXT MOMENT THE AMBULANCE ARRIVED TO THE SCENE. I WAS RECOMMENDED TO BE CONVEY ED TO THE HOSPITAL.

THAT'S ALL



SINGAPORE  
POLICE FORCE



T/20180904/2104

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

3 of 3

Report No. T/20180904/2104

## CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
KEE CHUAN JIA MARCUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED SUFIAN BIN SUDIN  
Contact No.: 65476367

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
04/09/2018 16:41

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:




# Medical Certificate



ORIGINAL

MEDICAL CERTIFICATE

EMD2018172172

Name NG CHEE YONG-HUANG ZHIYONG		NRIC No. S7704898G
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>04-Sep-2018</u> to <u>08-Sep-2018</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____	<input type="checkbox"/> Maternity Leave;	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave;	Operated on: _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 04-Sep-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  HUANG GUOLIANG EUGENE , 13988B

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





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