

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 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 Report	10/04/2019 13:15
Date Of Accident	09/04/2019 17:30
Exact Location Of Accident	AYE TWDS TUAS 4 KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7545U
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Insured/Policyholder

Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83338900
Alternative Phone No	OFFICE-83338900

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103424803
Cover Note Number	

Driver

Name of Driver	NG ZHI QUAN (HUANG ZHIQUAN)
NRIC No	S8627588J
Date Of Birth	06/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	10/10/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83338900
Fax Number	
Contact Number	OTHERS-83338900
Email Address	NOEMAIL

Address	BLK 681 RACE COURSE ROAD #04-287
Postcode	210681
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	3
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190409/2188

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	JSD4188
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	PANG WEE POH

NRIC/Passport Number	A36988809
Contact Number	96181565
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FX3315A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
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 ZHI QUAN (HUANG ZHIQUAN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLG7545U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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 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. 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)**

(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.

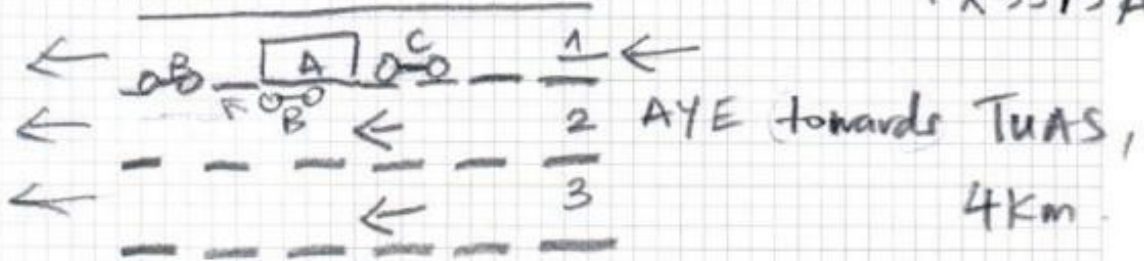


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A - SLG7545U
B - JSD 4188
C - FX 3315A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— P/s Refer to the Police Report —
T/20190409/2188

DECLARATION

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



Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

10/4/2019

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190409/2188

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20190409/2188

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Pang Wee Poh	ID No.	A36988809
Related Vehicle	JSD4188 (Motorcycle)	Contact No.	96181565
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	NG ZHI QUAN	ID No.	S8627588J
Related Vehicle	SLG7545U (Car)	Contact No.	83338900
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SLG7545U (Car)	Contact No.	91862500
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 9/4/2019 at about 5.30pm, I was driving Grabcar (SLG7545U) along AYE towards tuas with two passengers on board. It was drizzling and the floor were wet, thus, the traffic was heavy and slow moving. I was on the extreme right lane when a black colour BMW Z4 in front of me suddenly jam brake.

As such, I quickly stepped on my brake to come to a stop. When I was still slowing down, suddenly, I felt an impact coming from the rear left followed by another impact on the same side. I quickly stopped my car to make a checked and discovered two motorcycle (JSD4188 & FX3315A) lying on the road. I quickly rendered assistance to both rider and my passenger called for the ambulance.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190409/2188

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

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Report No. T/20190409/2188

CONTINUATION OF REPORT

The Malaysian rider told me that he had brushed against my car rear left side to the side mirror first followed by the Singapore motorcycle hitting onto my car rear left boot area.

The rider from FX3315A was semi-conscious and was conveyed to the hospital.

My car left side has some scratches, left side mirror damaged. left rear bumper and boot cover dented & damaged.

Both my passengers and I did not suffer any injury while the Malaysian rider had some abrasion on his right arms and right knee area.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190409/2188

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 4

Report No. T/20190409/2188

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2019 21:17	Vide Report No.: D/20190409/0108	Station Diary No.: 108
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Informant's Particulars

Name of Informant: NG ZHI QUAN			Address: APT BLK 681 RACE COURSE ROAD #04-287 SINGAPORE 210681		
ID Type / ID No.: NRIC NO / S8627588J			Contact No.: Home/Office: Mobile: 83338900		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 06/09/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRABCAR DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards Tuas, 4km				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX3315A	Motorcycle				Seriously Damaged	0
JSD4188	Motorcycle				Slightly Damaged	0
SLG7545U	Car				Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20190409/2188

Police Station Of Origin:
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132 Paya Lebar Road SINGAPORE 409014
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2 of 4

Report No. T/20190409/2188

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
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Related Vehicle	JSD4188 (Motorcycle)	Contact No.	96181565
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	NG ZHI QUAN	ID No.	S8627588J
Related Vehicle	SLG7545U (Car)	Contact No.	83338900
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SLG7545U (Car)	Contact No.	91862500
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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As such, I quickly stepped on my brake to come to a stop. When I was still slowing down, suddenly, I felt an impact coming from the rear left followed by another impact on the same side. I quickly stopped my car to make a checked and discovered two motorcycle (JSD4188 & FX3315A) lying on the road. I quickly rendered assistance to both rider and my passenger called for the ambulance.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190409/2188

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20190409/2188

CONTINUATION OF REPORT

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My car left side has some scratches, left side mirror damaged, left rear bumper and boot cover dented & damaged.

Both my passengers and I did not suffer any injury while the Malaysian rider had some abrasion on his right arms and right knee area.

Police Report



SINGAPORE
POLICE FORCE



T/20190409/2188

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

4 of 4


Report No. T/20190409/2188

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: G / Sgt 2 NG KA WAI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2019 21:17
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168 