

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	19/07/2019 13:04
Date Of Accident	18/07/2019 17:10
Exact Location Of Accident	PIE TOWARD CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2239C
Insured/Policyholder	
Name Of Registered Owner	NG KAH SER
NRIC No	S1461103G
Email Address	NGKAHSER@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81211977
Alternative Phone No	OTHERS-90482427

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 EXV-S (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V05426/VPC2/R00
Cover Note Number	

Driver

Name of Driver	NG KAH SER
NRIC No	S1461103G
Date Of Birth	28/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1986
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81211977
Fax Number	
Contact Number	OTHERS-90482427
Email Address	NGKAHSER@YAHOO.COM.SG

Address	APT BLK 240 COMPASSVALE WALK #13-582 SINGAPORE
Postcode	540240
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	CLEAR
Road Surface	DRY

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?	NO
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)	6
Passenger 1	NAME: : MR WONG GENDER: : MALE
Passenger 2	NAME: : MR WONG GENDER: : MALE
Passenger 3	NAME: : MR WONG GENDER: : MALE
Passenger 4	NAME: : MS LAO GENDER: : FEMALE
Passenger 5	NAME: : MR LAU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT - THIRD PARTY DIRECT SETTLEMENT

Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD8628X
Vehicle Make/Model/Colour HYUNDAI
Details Of Properties
Vehicle Category TAXI
Name of Driver TANG SWEE CHOON
NRIC/Passport Number S0217075B
Contact Number 90600069
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMJ3120
Vehicle Make/Model/Colour MAZDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LEE YEN LIN
NRIC/Passport Number S8212169B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: : UNKNOW
GENDER: : FEMALE

Sketch Plan Pg. 1

Vehicle Number: _____

SUD2239C

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:

18-7-2018

9.23 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

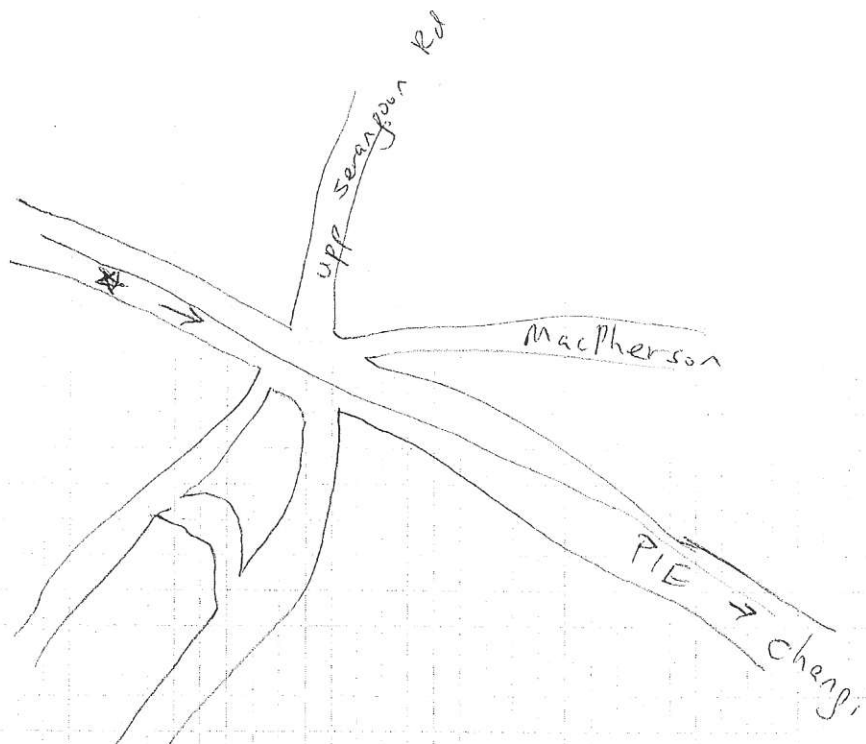
Name: You Po Soon

NRIC/FIN No.:

Vehicle Number:

9D2239C

SKETCH PLAN



Refer to police Report = No. 7/20HQ718/2212

Refer to police Report = No. 7/2090718/2212

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

re

Policyholder's Signature

Date & Time:

18-07-2018

9. 23 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Cover

Reporting Centre Personnel's Signature

Name: You Po Soon

NRIC/FIN No.:



Police Station Of Origin:
Sengkang N.P:C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190718/2212

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 23:39		Vide Report No.:		Station Diary No.: 177	
Informant's Particulars					
Name of Informant: NG KAH SER			Address: APT BLK 240 COMPASSVALE WALK #13-582 SINGAPORE 540240		
ID Type / ID No.: NRIC NO / S1461103G			Contact No.: Home/Office: Mobile: 81211977		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 28/11/1961	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Site Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2019 17:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi before Macpherson Exit				
Weather: Clear		Road Surface: Dry	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
SHD8628X	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Yellow	Slightly Damaged	0
SLD2239C	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR NAVI RES	Purple	Slightly Damaged	5



**SINGAPORE
POLICE FORCE**



T/20190718/2212

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190718/2212

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ3120K	Car	MAZDA	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT	Grey	Slightly Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TANG SWEE CHOON		ID No. S0217075B
Related Vehicle	SHD8628X (Car)		Contact No. 90600069
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
Driver			
Name	NG KAH.SER		ID No. S1461103G
Related Vehicle	SLD2239C (Car)		Contact No. 81211977
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE YAW LIN		ID No. S8212169B
Related Vehicle	SMJ3120K (Car)		Contact No. 98766471
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



SINGAPORE
POLICE FORCE



T/20190718/2212

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190718/2212

CONTINUATION OF REPORT

Brief Details.

On 18/07/2019 at about 1710hrs, I was driving my car(SLD2239C) along PIE towards Changi on Lane 1 (most right lane). I observed the vehicles in front of me started to slow down and I followed suit. Suddenly there was an impact coming from the rear, I stopped my car and came out and noticed a taxi (SHD8628X) had collided into my vehicle.

I observed another car (SMJ3120K) had collided into the taxi as well, all the drivers exchanged particulars and assessed the damages to our vehicles. My car has a dent in the rear and the sensors are damaged. The taxi's front vehicle registration plate has been slanted downwards due to the impact, I was unable to assess the damage of the third car.

My vehicle is installed with a front and rear in-car cameras, I made a check with my passengers and they informed me that they are well and no injuries reported. All drivers drove off afterwards.



SINGAPORE
POLICE FORCE



T/20190718/2212

Police Station Of Origin:
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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190718/2212

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:

F /

Sgt 1 KANG YONG LER, JAMESON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2019 23:39

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168