

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	02/09/2019 14:25
Date Of Accident	01/09/2019 19:40
Exact Location Of Accident	PIE (CHANGI) EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9204J
Insured/Policyholder	
Name Of Registered Owner	NG JUN XIANG (HUANG JUNXIANG)
NRIC No	S9042345B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83282546
Alternative Phone No	OFFICE-83282546

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105088065 CLASSIC
Cover Note Number	

Driver

Name of Driver	NG JUN XIANG (HUANG JUNXIANG)
NRIC No	S9042345B
Date Of Birth	05/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83282546
Fax Number	
Contact Number	OFFICE-83282546
Email Address	NOEMAIL

Address	BLK 469B YISHUN STREET 43 #02-45
Postcode	762469
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	6
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

REFER TO POLICE REPORT ATTACHED

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	SHA892S
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN WEE BEE
NRIC/Passport Number	S7306658A
Contact Number	92714342
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU9475M
Vehicle Make/Model/Colour	HONDA / ODYSSEY 2.4L AT SR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD NAJEEB BIN HAJI ABDUL HAMID MAGNUS@NAJEEB MAGHUS
NRIC/Passport Number	S7911408A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SBV707E
Vehicle Make/Model/Colour	TOYOTA / WISH 1.8 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHUEN TAI
NRIC/Passport Number	S1611870B
Contact Number	97438631
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SJZ2305C
Vehicle Make/Model/Colour	SUZUKI / SX4 HATCHBACK 1.6 AT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SERRENE HO LI TING (SERENE HE LITING)
NRIC/Passport Number	S7836844F
Contact Number	97648838
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SJG6928D
Vehicle Make/Model/Colour	MITSUBISHI / LANCER 1.5 MIVEC GLS 4A/T
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HWEE MENG
NRIC/Passport Number	S6930064B
Contact Number	98168463
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG JUN XIANG (HUANG JUNXIANG)
Approximate Age	28
Injuries Sustain	SHOULDER, BACK & NECK
Injured person in which vehicle?	SJH9204J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Policyholder's Signature

Date & Time: - 2 SEP 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

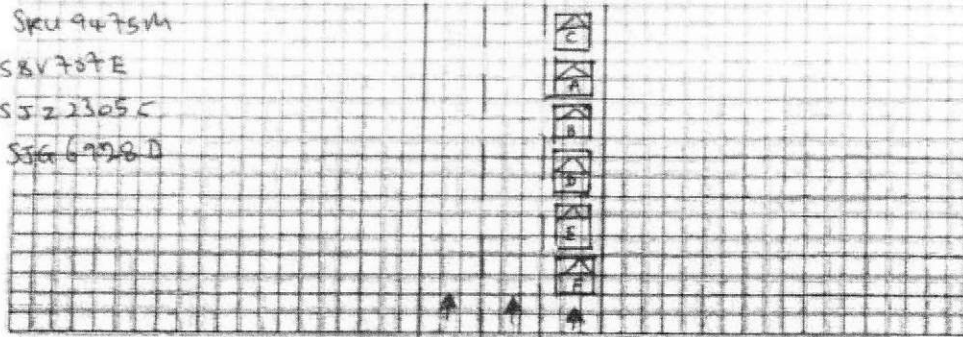
Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Vehicle A: SJH 9204J
 Vehicle B: JHA 8925
 Vehicle C: SKU 9475M
 Vehicle D: SKV 707E
 Vehicle E: SJZ 2305C
 Vehicle F: SJG 6728D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT PE (Charg) Enter Exit

Refer To Police Report

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

LDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vacbh@singnet.com.sg

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

2 SEP 2019

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190901/7017

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

1 of 5

Report No. T/20190901/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2019 21:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NG JUN XIANG			Address: APT BLK 469B YISHUN STREET 43 #02-45 SINGAPORE 762469		
ID Type / ID No.: NRIC NO / S9042345B			Contact No.: Home/Office: Mobile: 83282546		
Nationality: SINGAPORE CITIZEN			Email: Junxiang20@live.com		
Sex: Male	Age: 28	Date of Birth: 05/11/1990	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2019 19:40	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBV707E	Car	TOYOTA	Wish	Maroon	Seriously Damaged	0
SHA892S	Car	HYUNDAI		Yellow	Seriously Damaged	1
SJG6928D	Car	MITSUBISHI	Lancer	Silver	Seriously Damaged	0
SJH9204J	Car	MITSUBISHI	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR	Silver	Seriously Damaged	2

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190901/7017

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

2 of 5

Report No. T/20190901/7017

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ2305C	Car	SUZUKI	SX4	Maroon	Seriously Damaged	1
SKU9475M	Car	HONDA	Odyssey	Black	No Damage	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH9204J	NTUC Income Insurance Co-Operative Limited	5105088065	31/10/2018	30/10/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ONG CHUEN TAI		ID No.	S1611870B
Related Vehicle	SBV707E (Car)		Contact No.	97438631
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	TAN WEE BEE (CHEN MEIWEI)		ID No.	S7306658A
Related Vehicle	SHA892S (Car)		Contact No.	92714342
Hospital/Clinic	24 HOUR WALK-IN CLINIC		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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190901/7017

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

3 of 5

Report No. T/20190901/7017

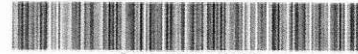
CONTINUATION OF REPORT

Driver			
Name	LIM HWEE MENG	ID No.	S6930064B
Related Vehicle	SJG6928D (Car)	Contact No.	98168463
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	NG JUN XIANG	ID No.	S9042345B
Related Vehicle	SJH9204J (Car)	Contact No.	83282546
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/09/2019	Date Discharge	01/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	SERRENE HO LI TING (SERENE HE LITING)	ID No.	S7836844F
Related Vehicle	SJZ2305C (Car)	Contact No.	97648838
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/09/2019	Date Discharge	01/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	RAYMUS XIONG JUN JIE	ID No.	T0326903A
Related Vehicle	SJZ2305C (Car)	Contact No.	92788388
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/09/2019	Date Discharge	01/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190901/7017

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

4 of 5

Report No. T/20190901/7017

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD NAJEEB BIN HAJI ABDUL HAMID MAGNUS@NAJEEB MAGHUS		ID No. S7911408A
Related Vehicle	SKU9475M (Car)		Contact No. NIL
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

Brief Details.

I was travelling along lane 1 of PIE CHANGI @ Eunos exit when a vehicle in front of me e braked to a complete stop. I braked as well and then I felt multiple impacts from the rear, and I realized I was involved in a chain collision 5 vehicles. I wish to state I did not hit the vehicle in front of me. Due to the impacts, I felt pain over my shoulder, back and neck and sought medical attention, and was awarded 5 days of medical leave.

Allegedly, the first vehicle in front of me in order:

SKU9475M
SJH9204J (My vehicle)
SHA892S
SBV707E
SJZ2305C
SJG6928D

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190901/7017

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Tel No: 65470000

5 of 5

Report No. T/20190901/7017

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 / TPHQ /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

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:
01/09/2019 21:41

Classification Of Case: