

## 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	23/09/2019 15:28
Date Of Accident	21/09/2019 18:10
Exact Location Of Accident	JUNC OF QUEENSWAY & COMMONWEALTH AVE TWD FARRER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7008R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG TECK PIN
NRIC No	S1620847G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93808802
Alternative Phone No	OFFICE-93808802

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2270954
Cover Note Number	

### Driver

Name of Driver	NG TECK PIN
NRIC No	S1620847G
Date Of Birth	24/01/1963
Occupation	INDOOR
Date Of Driving Pass	20/10/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93808802
Fax Number	
Contact Number	OFFICE-93808802
EEmail Address	NOEMAIL

Address	410D PASIR PANJANG RD
Postcode	118754
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	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NG JIN
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

#### 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	QX295M
Vehicle Make/Model/Colour	TOYOTA ALTIS 1.6 WHITE POLICE CAR
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	SSS HAZALI
NRIC/Passport Number	
Contact Number	
Address	

## MOTOR ACCIDENT REPORT

Date Of Report : 23/9/19 Time: 2.27 Date Of Accident : 21/09/2019 Time: 1810  
 Exact Location Of Accident : Junction of Queensway & Commonwealth ave towards Farrer Rd  
 Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

## OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number : SJN7008R Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No : S16208474  
 Name Of Registered Owner : NG TECK PIN  
 Mobile Number: 93808802 Alternative No: Email Address:

## Vehicle Particulars

Manufacturer : Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model : ACTIS 1.6  
 Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify) :  
 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒  
 Vehicle Category : Private Car ☒ Commercial Vehicle ☐ Others ☐

## Insurance Company

Name of Insurance Company: AXA  
 Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐  
 Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: P2270954

## DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: NG TECK PIN NRIC/ Passport / FIN No : S16208474  
 Date Of Birth: 24/1/1963 Occupation: Indoor ☒ Outdoor ☐  
 Date Of Driving Pass: 20/10/1985 Gender: Male ☒ Female ☐  
 Mobile Number: 93808802 Fax No: Alternative No: -  
 Address: 410D PASIR PANJANG ROAD Postal Code: 118754  
 Email Address:

Was driver an employee of the Insured's Company? Yes ☐ No ☐ State relationship of the driver with the insured:

Vehicle Registration Number of Driver's Own Vehicle (if applicable):

Insurance Company of Driver's Own Vehicle (if applicable):

## GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Rear to front collision  
 Number of Passengers in the above vehicle (Including Driver): 2 / If more than 2 Pax Please fill ANNEX B

## PASSENGER 1

Name: NG JIN Gender: Male ☒ Female ☐  
 Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):  
 Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):  
 Was any body injured in the Accident? No ☒ Yes ☐  
 Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐  
 Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:  
 Number of vehicles involved in the accident:  
 Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below  
 Witness Name: | Contact No.: | Email:  
 Was there any other vehicle or property damaged? No ☐ Yes ☐  
 Was there any video captured by Car Camera? No ☐ Yes ☒ Are accident scene photos available for attachment? No ☐ Yes ☐  
 Was the accident reported to the police? No ☐ Yes ☒ (If yes, please state which Police Station): Queenstown NPC  
 Was notice of intended Prosecution given? No ☐ Yes ☐ (If yes, please state against whom):  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

## DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: QX295M Vehicle Make/Model/Colour: TOYOTA Altis 1.6 white  
 Details Of Properties Damage in Accident: Police Car  
 Vehicle Category:  
 Name of Driver: SSS Hazali  
 NRIC/Passport/FIN Number: Contact Number:  
 Address: Postal Code:  
 Insurance Company Name:  
 Nature Of Damage: No. Of Passenger (Including Driver):

## SKETCH PLAN

### 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. 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:

23/9/19.  
2.35pm

Driver's Signature

(If driver is not the policyholder)

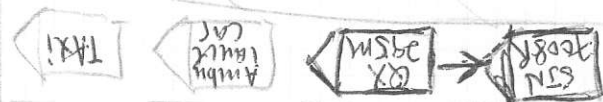
Date & Time: 23/9/19.  
2.35pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report

## DECLARATION

~~T~~We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 23/9/19 - 2.37 PM

Driver's Signature

Date & Time: 23/9/19/-2:35 pm

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/09/2019 12:53	Vide Report No.: D/20190921/0106	Station Diary No.: 43
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: NG TECK PIN			Address: 410D PASIR PANJANG ROAD SINGAPORE 118754		
ID Type / ID No.: NRIC NO / S1620847G			Contact No.: Home/Office: Mobile: 93808802		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 24/01/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 21/09/2019 18:10	Type of Location: Straight Road
Location: Along Road 1 QUEENSWAY				
ALONG QUEENSWAY HEADING TOWARDS FARRER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX295M	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White	Slightly Damaged	1
SJN7008R	Car	TOYOTA	COROLLA ALTIS 1.6 STANDARD (AUTO)	Silver	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------





Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN7008R	AXA INSURANCE SINGAPORE PTE LTD	P2270954	08/04/2019	07/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG TECK PIN	ID No.	S1620847G
Related Vehicle	NIL	Contact No.	93808802
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.**

On 21/09/2019 at about 1810hrs. I was driving my vehicle (SJN7008R) along Queensway heading towards Farrer road. I noticed that the traffic light shows red and thus I come to a complete stop. I noticed that the police vehicle make a small reverse, however all of a sudden, the vehicle reversed fully and it hit onto the front of my vehicle. Subsequently both of us got out of our vehicle. He did admit that it is his fault and shortly after, traffic police also came to scene. Case card was given to me, Ref: D/20190921/0106. No one was injured throughout the incident.

I am lodging this report as instructed by the police.

Damages to my vehicle as follows: Front grill mis-aligned and front bumper dented with scratches.



**SINGAPORE  
POLICE FORCE**



T/20190922/2045

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20190922/2045

**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:

D /

Sgt 3 RYAN LIEW HUANG CHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/09/2019 12:53

Officer In Charge Of Case:

TP / DDGVT /

Sgt 3 MUHAMMAD FIRDAUS BIN SULEIMAN SN 50

Contact No.: 65476223

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE