

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	24/11/2020 17:26
Date Of Accident	20/11/2020 07:25
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX748U
Insured/Policyholder	
Name Of Registered Owner	CW AUTO IM
Co Reg No	-
Email Address	NGSTANLEY37@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97353313
Alternative Phone No	OFFICE-97353313

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSN30798619000
Cover Note Number	

Driver

Name of Driver	NG LYE SENG
NRIC No	SXXXX422F
Date Of Birth	25/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2009
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97353313
Fax Number	
Contact Number	OTHERS-97353313
EEmail Address	NGSTANLEY37@YAHOO.COM.SG

Address	BLK 331 CLEMENTI AVENUE 2 #12-140
Postcode	120331
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	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?	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)	2
Passenger 1	NAME: : LIM KIAN CHUAN (LIN JIANCHUAN) GENDER: : MALE

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	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

PLEASE REFER TO POLICE REPORT T/20201120/7006

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	SKA9027D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLZ1988P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 LYE SENG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKX748U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIM KIAN CHUAN (LIN JIANCHUAN)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKX748U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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.

Policyholder's Signature

Date & Time:

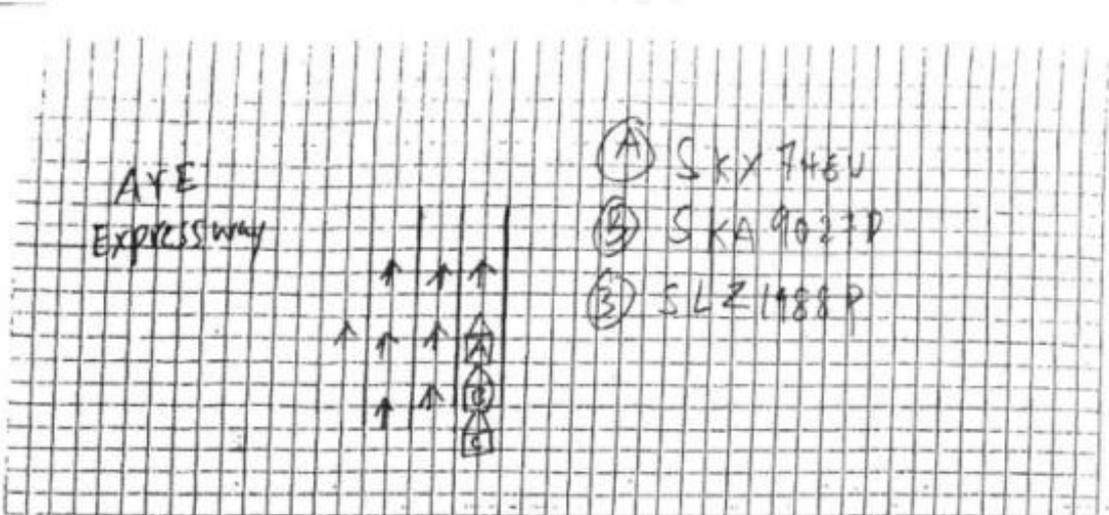
Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: MUC/FIN No:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2000/1120/7006

DECLARATION

(We declare the foregoing particulars are true in every respect.)

CW AUTO 1*

Policyholder's Signature
Date & Time:

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

Reporting Centre Person(s) Signature
Name:
NRIC/ID No.:

2006/11/20/7006

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201120/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408863
Tel No: 65470000

1 of 4

Report No: T/20201120/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2020 10:33		File Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: NG LYE SENG		Address: 331 CLEMENTI AVENUE 2 #12-140 SINGAPORE 120331	
ID Type / ID No.: NRIC NO / S7909422F		Contact No.:	Mobile: 97353313
Nationality: SINGAPORE CITIZEN		Email: ngstanley37@yahoo.com.sg	
Sex: Male	Age: 41	Date of Birth: 25/03/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: private hirer		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2020 07:25	Type of Location: AYE
Location: AYER RAJAH EXPRESSWAY				
Weather: Drizzling		Road Surface: SLIGHTLY WET	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SKA9027D	Car	HONDA	CR-V	White	Seriously Damaged	0
SKX748U	Car	VOLKSWAGON	JETTA	Grey	Seriously Damaged	0
SLZ1988P	Car	KIA	CERAMO K3	Black	Seriously Damaged	0

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201120/7006

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

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Report No. T/20201120/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG LYE SENG	ID No.	S7909422F
Related Vehicle	SKX748U (Car)	Contact No.	97353313
Hospital/Clinic	CLEMENTI FAMILY HEALTHPOINT CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/11/2020	Date	20/11/2020
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LIM KIAN CHUAN	ID No.	S8332757Z
Related Vehicle	NIL	Contact No.	88662006
Hospital/Clinic	CLEMENTI FAMILY HEALTHPOINT CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/11/2020	Date	20/11/2020
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

Please indicate if you have videos/pictures

- i have picture of the accident photo i do not have in car camera.

Any landmarks

- highway

which road were you traveling

- i was travelling along aye towards jurong before buono vista exit.

did the accident take place at a pedestrian crossing ?

- No

description of the accident

- i was travelling along aye towards jurong before buono vista @0725am @20/11/2020, the front vehicle slow down , i also procced slowing down my vehicle . suddenly after awhile i felt an impact from my rear. i want to indicate that there was 1 passenger with me in the vehicle during the accident. we were both injure during the accident

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201120/7006

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

Report No. T/20201120/7006

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201120/7006

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

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Report No. T/20201120/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
20/11/2020 10:33

Officer In Charge Of Case:
TP / TP1B /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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