

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 Submission	06/04/2021 14:18 (SGT)
Date of Accident	05/04/2021 19:00 (SGT)
Exact Location of Accident	Lornie Rd, Singapore
Additional Location Information	Lornie Flyover Towards CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2246P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Yee Leong
NRIC No	SXXXX517D
Email Address	palohng@gmail.com
Mobile Phone No	(Phone) +65-84884423
Alternative Phone No	(Home) +65-84884423

VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110327220-01
Cover Note Number	-

DRIVER

Name of Driver	Ng Yee Leong
NRIC No	SXXXX517D

Date Of Birth	06/02/1983
Occupation	Indoor
Date Of Driving Pass	10/05/2011
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84884423
Alt. Phone Number	(Home) +65-84884423
Email Address	palohng@gmail.com
Address	Blk 984B Buangkok Link #08-15
Address complement	-
Postcode	532984
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	drizzling
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

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	SMN8452Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Ng Yee Leong
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLL2246P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Refer to police report
no. 7/20210406/7008.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

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 willful 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 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.
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

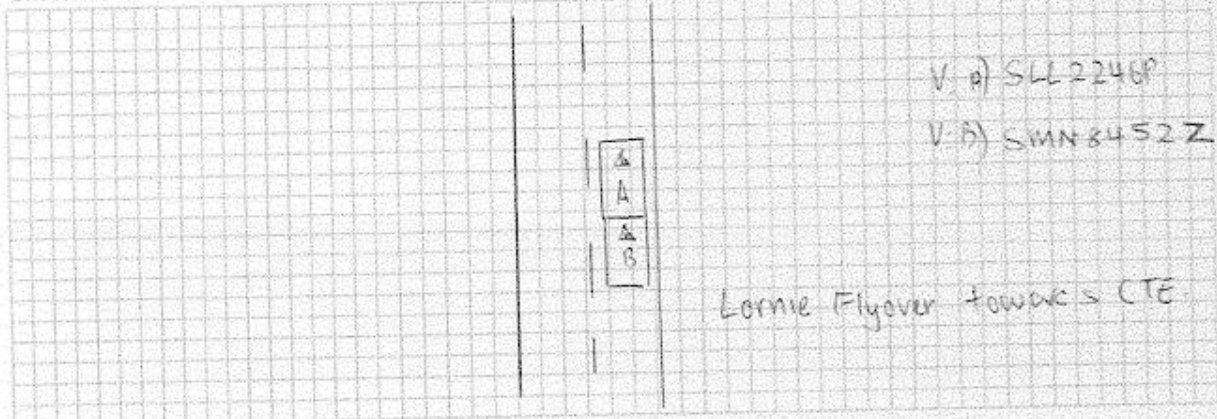
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





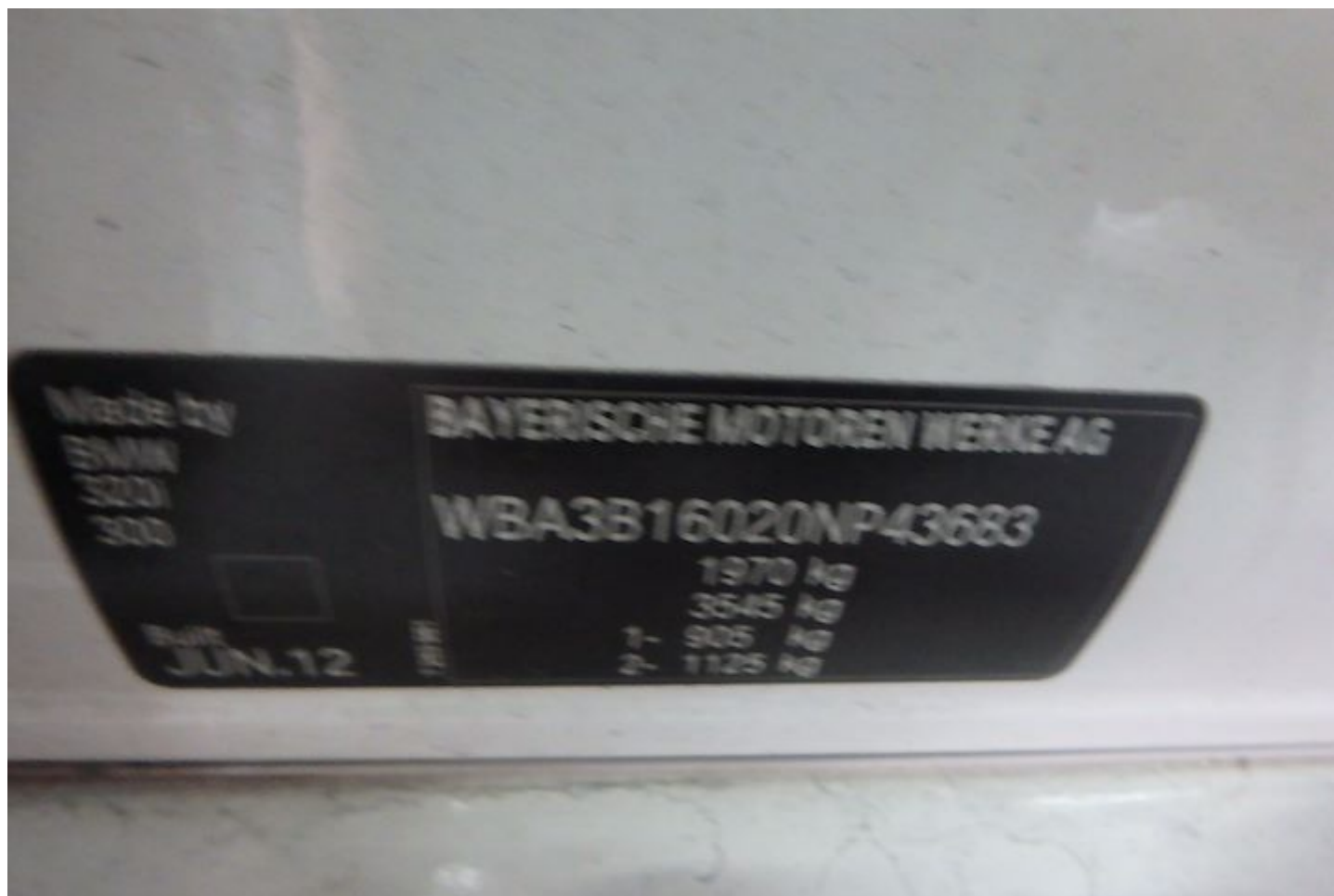












**SINGAPORE
POLICE FORCE**

T/20210406/7008

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

3 of 3

Report No. T/20210406/7008

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476179

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:
06/04/2021 11:12

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210406/7008

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

1 of 3

Report No. T/20210406/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2021 11:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG YEE LEONG			Address: 984B BUANGKOK LINK #08-15 SINGAPORE 532984		
ID Type / ID No.: NRIC NO / S8368517D			Contact No.: Home/Office: Mobile: 84884423		
Nationality: SINGAPORE CITIZEN			Email: PALOHNG@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 06/02/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: others			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: 05/04/2021 19:00	Type of Location: Flyover
Location: LORNIE ROAD				
Weather: Drizzling		Road Surface: Wet		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	Conditio	No of
SLL2246P	Car	BMW	320i AT D/AB 4DR ABS HID	White		0
SMN8452Z	Car	HYUNDAI	I30	Grey		0

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/20210406/7008

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

2 of 3

Report No. T/20210406/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL2246P	NTUC Income Insurance Co-Operative Limited	5110327220-01	21/06/2020	20/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG YEE LEONG	ID No.	S8368517D
Related Vehicle	SLL2246P (Car)	Contact No.	84884423
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	05/04/2021	Date	05/04/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I WAS DRIVING MY VEHICLE SLL2246P ALONG LORNIE FLYOVER TOWARDS CTE ON 05/04/2021 AT ABOUT 7.00PM. I WAS DRIVING STRAIGHT IN MY LANE ON THE MOST RIGHT LANE. I NOTICED THE VEHICLE INFRONT OF ME CHANGED LANE TO TOWARDS THE LEFT, SUBSEQUENTLY THE VEHICLE INFRONT WAS STATIONARY UPON SEEING I IMMEDIATELY APPLIED MY BRAKES, SLOWED DOWN AND CAME TO A COMPLETE STOP. MOMENTS LATER, I FELT A HUGE IMPACT AGAINST MY VEHICLE REAR PORTION. SHORTLY I GOT OUT OF MY VEHICLE AND REALISED IT WAS SMN8452Z HYUNDAI I30 COLLIDED AGAINST MY STATIONARY VEHICLE REAR PORTION. AFTER THE COLLISION, WE EXCHANGED PARTICULARS AND LEFT THE SCENE. I CALLED TOW TRUCK TO ASSIST TO TOW MY VEHICLE TO WORKSHOP. I FELT UNWELL AFTER THE INCIDENT HENCE I WENT TO CONSULT DOCTOR AT MOUNT ALVERNIA AND WAS GIVEN 5 DAYS MC.