

# 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	12/07/2021 16:48 (SGT)
Date of Accident	11/07/2021 00:45 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	CROSS JUNCTION OF ANG MO KIO AVE 8 & BISHAN RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9820X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG YONG YEE
NRIC No	SXXXX151G
Email Address	veggiewake@yahoo.com
Mobile Phone No	(Phone) +65-98449638
Alternative Phone No	+65-98449638

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	1998

## INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA012411
Cover Note Number	-

## DRIVER

Name of Driver	NG YONG YEE
NRIC No	SXXXX151G

Date Of Birth .....	18/10/1978
Occupation .....	Indoor
Date Of Driving Pass .....	14/04/2015
Driving experience .....	6 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98449638
Alt. Phone Number .....	+65-98449638
Email Address .....	veggiewake@yahoo.com
Address .....	BLK 987A BUANGKOK GREEN #07-11
Address complement .....	-
Postcode .....	531987
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 - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	Yes
Was any other vehicle 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 .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210711/2050.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD WITH TP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMK4708D
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	NG YONG YEE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMC9820X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes



SKETCH PLAN

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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 (this) 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
  - (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 claim (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 postings); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim (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 situated 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.

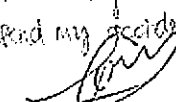
  
Policyholder's Signature

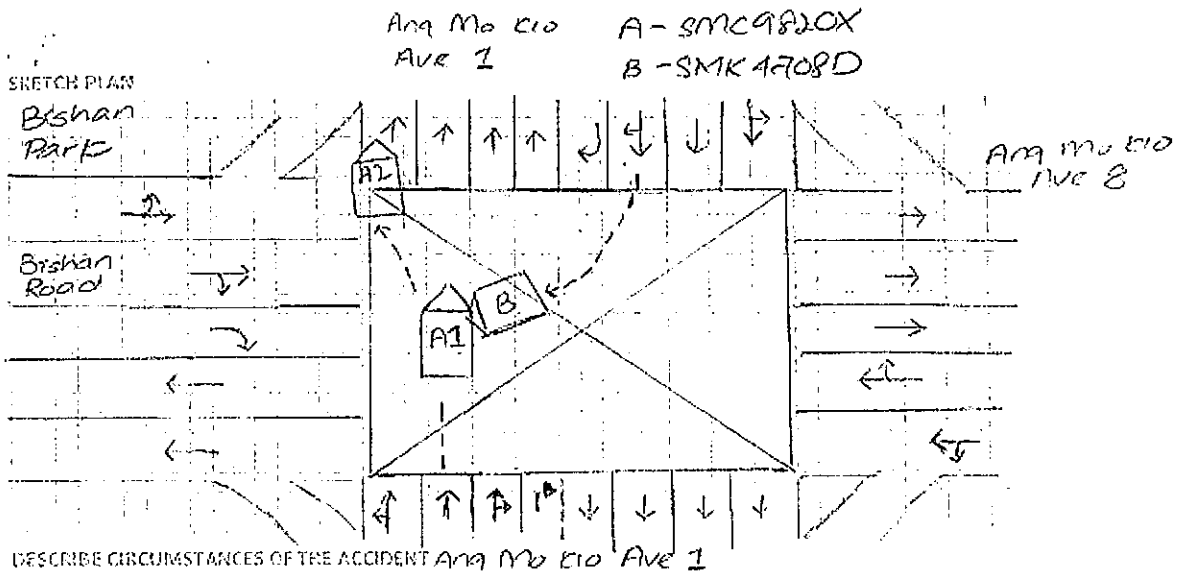
Date & Time:

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

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

I hereby authorize SMC Motor P/L  
send my accident report to gwin@casagore.com





Refer to police report attached. Report No: T/20210711/3050

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:

Reporting Centre Personnel's Signature  
Name:  
ID No./PIN No.:

## LETTER OF UNDERTAKING

I/We, NG YONG YEE, the owner of vehicle no. SMC9820X

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, CAS Garage Pte Ltd.

Signed and Acknowledge by:



.....  
Nric no. & signature of policyholder

.....  
Company stamp

.....  
Date

eTiQa

Insurance

INTERVIEW FORM

Name (Driver)

NG YONG YEE

Policy No

MA012411

Vehicle No

SMC9820X

Place of Accident

X-Junction of AMK Ave 2, AMK 8 and Bishan Road

Insured Driver's relationship with Insured

Self

Drink Driving of Insured and/or Insured Driver

No

No of passenger(s) in Insured vehicle

0

Injury to Insured and/or Insured driver, please indicate which hospital

Tan Tock Seng Hospital

Third Party Vehicle No (if any)

SMK4708D

No of passenger(s) in Third Party Vehicle

1 Female

Injury to Third Party driver and/or passenger(s), please indicate which hospital

Got 1 ambulance conveyed one of them to hospital. No idea if is driver or passenger being conveyed.

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:

Change/Cross Lane. Front, Front left, Front right & undercarriage.

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

Andrew 9159 5123

Traffic Police report (enclosed)

☒ Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date

I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) / Date

Workshop Name: CAS Garage Pte Ltd

Insurance Policy No  
Policy No  
Policy No  
Policy No

Insurance Policy No  
Policy No

Insurance Policy No  
Policy No

Maybank



**SINGAPORE  
POLICE FORCE**



T/20210711/2050

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

Report No. T/20210711/2050

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2021 16:04		Vide Report No.:		Station Diary No.: 45	
<b>Informant's Particulars</b>					
Name of Informant: NG YONG YEE			Address: APT BLK 987A BUANGKOK GREEN #07-11 SINGAPORE 531987		
ID Type / ID No.: NRIC NO / S7831151G			Contact No.: Home/Office: Mobile: 98449638		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 18/10/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: HAWKER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/07/2021 00:45	Type of Location: X-Junction
Location:  ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC9820X	Car	TOYOTA	CAMRY 2.0 AUTO	Grey	Totally Damaged	0
SMK4708D	Car	KIA	CERATO 1.6(A) EX	Grey		1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC9820X	ETIQA INSURANCE BERHAD	MA012411	27/12/2020	26/12/2021





SINGAPORE  
POLICE FORCE



T/20210711/2050

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

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Report No. T/20210711/2050

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG YONG YEE	ID No.	S7831151G
Related Vehicle	SMC9820X (Car)	Contact No.	98449638
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/07/2021	Date Discharge	11/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On 10/07/2021 at about 0045hrs, I was driving one gun metal coloured Toyota Camry with bearing registration number SMC9820X travelling along Ang Mo Kio Avenue 1 towards Bishan. As I was driving towards the cross traffic junction, the traffic light was Green.

As such, I continued to drive straight and pass through the traffic junction when the opposite car (grey coloured Kia Cerato with bearing registration number SMK4708D) turning right (coming from my right) collided onto my car.

Due to the impact, I suffered injuries on my right elbow, back neck and chest. As such, I was conveyed to TTSH and just got discharged on 11/07/2021, given 3 days of MC from 11/07/2021-14/07/2021.

My car was in a total damage especially the front portion.

This is the first time happened.



SINGAPORE  
POLICE FORCE



T/20210711/2050

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3 of 3

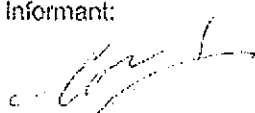
Report No. T/20210711/2050

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 3 MOHAMAD ADAM BIN ROSLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2021 16:04
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476224	Classification Of Case:  NP158
Authentication Stamp NP158 