

# 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 ..... 27/09/2021 17:46 (SGT)  
Date of Accident ..... 26/09/2021 11:30 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TWDS CHANGI BESIDE JALAN EUNOS EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGR6732D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG WEI LIANG  
NRIC No ..... S8305231G  
Email Address ..... weifeng2310@gmail.com  
Mobile Phone No ..... (Phone) +65-83388842  
Alternative Phone No ..... +65-83388842

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
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 ..... Manual  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA162510  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG SEE CHUAN  
NRIC No ..... S0630523G

Date Of Birth .....	15/02/1952
Occupation .....	Indoor
Date Of Driving Pass .....	17/06/1975
Driving experience .....	46 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98190685
Alt. Phone Number .....	-
Email Address .....	weifeng2310@gmail.com
Address .....	BLK 111 LENGKONG TIGA #03-245
Address complement .....	-
Postcode .....	410111
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	Kampong Kembangan Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007489999
Alt. Police Station Phone No .....	(Fax) +65-67454676
Police Station Address .....	Blk 112 Lengkong Tiga #01-215 Singapore 410112
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210926/2028.

#### 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 .....	SLZ1742G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	PAUL S/O THANGAMUTHU
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMQ2144L
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 C
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SLT8343K
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 D
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	NG SEE CHUAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGR6732D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

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7. By the lodging 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.

Policyholder's Signature / Date & Time

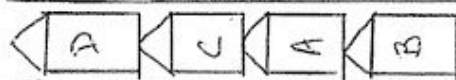
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Officer / Personal

Sketch Plan

P16 → changi

A SGR6732D  
B SLZ1742G  
C SMQ2144L  
D SLT8343K



3  
11  
12  
13  
14

Describe Circumstances of the Accident

My front car brake and stop and I follow to stop  
out of sudden behind car cannot stop in time and hit  
onto my car rear and push my car to hit onto my front  
car.

Total 4 car

As police Report

Declaration

We declare the foregoing particulars are true in every respect.

NG

Policyholder's Signature / Date &  
Time

G

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

Witnessed by Reporting Centre  
Personnel

LETTER OF UNDERTAKING

I/We, Ng Wei Liang, the owner of vehicle no. SGR6732D

My/Our Insurance is under M/s AXA Insurance Singapore 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 AXA Insurance Singapore 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, Auto Bullox

Signed and Acknowledge by:



Nric no. and signature of policyholder

Company Stamp

27/09/21  
Date























**SINGAPORE  
POLICE FORCE**



T/20210926/2028

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

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Report No, T/20210926/2028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/09/2021 13:11	Vide Report No.:	Station Diary No.: 13
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**Informant's Particulars**

Name of Informant: NG SEE CHUAN			Address: APT BLK 111 LENGKONG TIGA #03-245 SINGAPORE 410111	
ID Type / ID No.: NRIC NO / S0630523G			Contact No.:	Mobile: 98190685
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 69	Date of Birth: 15/02/1952	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: F&B STAFF			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/09/2021 11:30	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: 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	Condition	No of Passenger
SGR6732D	Car	MITSUBISHI	LANCER	White	Slightly Damaged	0
SLZ1742G	Car	TOYOTA	WISH	White	Slightly Damaged	0
SMQ2144L	Car	KIA		Grey	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210926/2028

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Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

Report No. T/20210926/2028

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG SEE CHUAN	ID No.	S0630523G
Related Vehicle	SGR6732D (Car)	Contact No.	98190685
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	PAUL S/O THANGAMUTHU	ID No.	S7832862B
Related Vehicle	SLZ1742G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	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	NIL
Driver			
Name	LEE JUN	ID No.	S9825111A
Related Vehicle	SMQ2144L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	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	NIL

**Brief Details.**

On the 26/09/2021 at about 1130hrs, I was driving in the middle lane along the PIE (Changi) near the Exit 9 when suddenly, I noticed that the vehicle in front of mine, a Kia bearing vehicle number SMQ2144L, had its brake lights on. I then immediately applied the brakes to my car, a Mitsubishi Lancer (SGR6732D). I managed to stop in time and did not hit the Kia.

However, I suddenly felt an impact from the rear of my vehicle, which caused my car to move forward and collide with the Kia. I alighted and made a check and noticed that I was involved in a collision involving 4 cars in which I was the third car. The impact caused my car's rear left taillight to break and there were



SINGAPORE  
POLICE FORCE



T/20210926/2028

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Report No. T/20210926/2028

CONTINUATION OF REPORT

damages to the rear bumper. My car's front bumper had some minor damages.

I then took photos of the incident, including the fourth vehicle, a Toyota Wish white in colour with plate number SLZ1742G. All the drivers then exchanged particulars and took photos of the incident before leaving.

I wish to state that I have a front-facing in-vehicle camera and will get a family member to assist me in downloading the footages after lodging my traffic accident report.



**SINGAPORE  
POLICE FORCE**



T/20210926/2028

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

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Report No. T/20210926/2028

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 G / Sgt 3 MUHAMMAD NURUL'OMARALI BIN SUPRAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2021 13:11
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151 	Classification Of Case:
Authentication Stamp NP168	



redefining / insurance

NG WEI LIANG  
BLK111 #03-245  
LENGKONG TIGA  
SINGAPORE 410111

AXA Insurance Pte Ltd  
1800 880 4888 (Within Singapore)  
(65) 6880 4888 (International)  
(65) 6880 4740  
customer.care@axa.com.sg  
www.axa.com.sg

**Renewal**

date  
09/02/2021

your servicing distributor  
INSMART (INSURANCE) AGENCY PTE  
LTD / 08198

your servicing distributor contact  
6842 0766

## Policy Schedule

### Your SmartDrive Comprehensive Essential

**Your policy snapshot**

Policyholder name	NG WEI LIANG	Policy number	GA162510
Cover	Comprehensive	FIN / NRIC	XXXXX231G
Period of Insurance	from 13/02/2021 to 12/02/2022 (both dates inclusive)		

**Premium breakdown**

Gross Premium after 40% NCD	SGD 930.41
Total Discounts	- SGD 136.02
7% GST	SGD 55.61
<b>Final Premium</b>	<b>SGD 850.00</b>

**Your benefits highlights**

(refer to Policy Wording for full terms and conditions)

**SmartDrive Comprehensive Essential Benefits**

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

**Add-on Benefits**

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

**Vehicle details**

Make & Model of Vehicle	MITSUBISHI LANCER 1.6 M	Year of manufacture	2007
Vehicle registration number	SGR6732D	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1584
Seating capacity (excl driver)	4	Engine number	4G18HY2392
Off-Peak car	No	Chassis number	JMYSNCS3A7U006135

Insured's Estimated Market Value  
Limitation to use  
Finance Loan Company

Market Value at the time of Loss (including accessories and spare parts)  
As per Certificate of Insurance  
SPEED CREDIT PTE LTD

**Excess applicable** (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 300.00
Windscreen Excess	SGD 100.00

**Drivers details**

AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

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