

# 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 ..... 12/11/2021 16:48 (SGT)  
Date of Accident ..... 11/11/2021 08:45 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX5093T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG HUA SENG  
NRIC No ..... SXXXX521Z  
Email Address ..... estrpt66@gmail.com  
Mobile Phone No ..... (Phone) +65-90051816  
Alternative Phone No ..... +65-90051816

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00014992100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JONATHAN YUEN ZHI WEI  
NRIC No ..... SXXXX037F

Date Of Birth .....	12/05/1997
Occupation .....	Indoor
Date Of Driving Pass .....	16/12/2020
Driving experience .....	11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90051816
Alt. Phone Number .....	-
Email Address .....	estrpt66@gmail.com
Address .....	BLK 296B BUKIT BATOK STREET 22 #14-80
Address complement .....	-
Postcode .....	652296
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	FLORA NG JIA YI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007759999
Alt. Police Station Phone No .....	(Fax) +65-67764246
Police Station Address .....	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211111/2058

#### 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 .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLD4947D
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KHAI
Contact Number .....	(Phone) +65-93865541
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMW7637S
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 .....	JONATHAN YUEN ZHI WEI
Gender .....	Male
Phone No .....	(Phone) +65-90051816
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMX5093T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2


Name of injured person .....	FLORA NG JIA YI
Gender .....	Female
Phone No .....	(Phone) +65-85225369
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMX5093T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

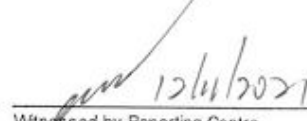
SKETCH PLAN

IMPORTANT NOTICE

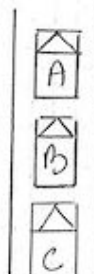
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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' 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 Centre Personnel

Sketch Plan



A: GMX 5093T  
B: 3LD 4947D  
C: BMW 7637S


Describe Circumstances of the Accident

Refer to Police Report No.: T/2021/111/2058

Declaration

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

  
Witnessed by Reporting Centre Personnel



























**SINGAPORE  
POLICE FORCE**



T/20211111/2058

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

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Report No. T/20211111/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/11/2021 13:46		Vide Report No.:		Station Diary No.: 24
<b>Informant's Particulars</b>				
Name of Informant: JONATHAN YUEN ZHI WEI		Address: APT BLK 296B BUKIT BATOK STREET 22 #14-80 SINGAPORE 652296		
ID Type / ID No.: NRIC NO / S9716037F		Contact No.: Home/Office: Mobile: 90051816		
Nationality: SINGAPORE CITIZEN		Email: Jonthanyuen@hotmail.com		
Sex: Male	Age: 24	Date of Birth: 12/05/1997	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: Unemployed		Driving Licence Information: Class: 3A Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/11/2021 08:45	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLD4947D	Car				Slightly Damaged	0
SMW7637S	Car				Slightly Damaged	0
SMX5093T	Car				Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20211111/2058

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

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Report No. T/20211111/2058

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	Khal	ID No.	NIL
Related Vehicle	SLD4947D (Car)	Contact No.	93865541
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	Unknown Driver	ID No.	NIL
Related Vehicle	SMW7637S (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	JONATHAN YUEN ZHI WEI	ID No.	S9716037F
Related Vehicle	SMX5093T (Car)	Contact No.	90051816
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20211111/2058

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Report No. T/20211111/2058

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	Flora Ng Jia Yi	ID No.	S9801324E
Related Vehicle	SMX5093T (Car)	Contact No.	85225369
Hospital/Clinic	Healthlife Family Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/11/2021	Date Discharge	11/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 11/11/2021 at about 0845hrs, I was driving my vehicle bearing the registration plate number SMX5093T and I had just exited from Punggol Way about to enter TPE. The road was dry and the traffic volume was moderate. My wife Flora Ng sat at the rear right of the passenger seat. We have a dog in the car thus my wife sat at the rear.

As I was about to exit into TPE, the vehicle (SLG5818X) in front of me jammed brake thus I had to jammed brake to avoid the collision. I did managed to avoid the collision into the rear of SLG5818X however suddenly I felt an impact from the rear.

I got down my vehicle and realized that I am involve in a chain collision involving 3 Singapore vehicle. The sequence as follows:

- 1st vehicle: SMX5093T (my vehicle)
- 2nd vehicle: SLD4947D (Khai)
- 3rd vehicle: SMW7637S

I had checked and no one was injured at the point of time. I had exchanged contact number with SLD4947D and subsequently drove off. After which my wife Flora Ng felt pain at her neck and right wrist area. My wife visited Healthlife Family Clinic located at Blk 296A Bukit Batok Street 22 #01-64 and was given 3 days of MC from 11/11/21 to 13/11/2021.

I do have the in-car front/back camera installed in my vehicle and it captured the incident.



**SINGAPORE  
POLICE FORCE**



T/20211111/2058

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

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Report No. T/20211111/2058

**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 1 NG JIA HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2021 13:46
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	