

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 23/11/2021 09:25 (SGT)
Date of Accident 20/11/2021 22:38 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TURNING INTO CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG6862Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NGUI LE WEN
NRIC No SXXXX257G
Email Address NGUILW@YAHOO.COM
Mobile Phone No (Phone) +65-97383711
Alternative Phone No +65-97383711

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 1600

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA556498
Cover Note Number -

DRIVER

Name of Driver COLTON NGUI XUE QIN
NRIC No SXXXX380F

Date Of Birth	26/06/1994
Occupation	Indoor
Date Of Driving Pass	09/06/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97897534
Alt. Phone Number	-
Email Address	COLTONTRUST@GMAIL.COM
Address	156 MARIAM WAY #02-02 BALLOTA PARK
Address complement	-
Postcode	507082
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	DENISE GOH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SMV6131X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA CHIN HENG WINSON
NRIC No	SXXXX787A
Contact Number	(Phone) +65-98163421
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	SMU1041K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHOW PING YONG
NRIC No	SXXXX007A
Contact Number	(Phone) +65-90051279
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	COLTON NGUI XUE QIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	SMG6862Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DENISE GOH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG6862Z
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' 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

A: SMG6862Z
B: SMV6131X
C: SMU1041K

I stopped my car behind the BMW (SMU1041K) and suddenly the car behind (SMV6131X) ramped into me from behind at a high ~~speed~~ speed. That caused my car to surge forward and bump into the BMW (SMU1041K).

Damage to ~~my~~ the front and back of my car.

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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

Witnessed by Reporting Centre
Personnel













TOYOTA MOTOR CORPORATION
MODEL ZRE171R-GEXGPZ 1598 mL
ENGINE 1ZR-FAE
FRAME No. MR053REH604594302
COLOR TRIM PLANT GVM(kg)
1D4 LA21 Z35 -
TWA/BUILT K313 -09A DEC 18
MFD BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND





**SINGAPORE
POLICE FORCE**



T/20211122/2093

1 of 4

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20211122/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2021 17:04	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars				
Name of Informant: COLTON NGUI XUE QIN			Address: 156 MARIAM WAY #02-02 SINGAPORE 507082	
ID Type / ID No.: NRIC NO / S9422380F			Contact No.: Home/Office: Mobile: 97897534	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 26/06/1994	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Public Relation Executive			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/11/2021 22:25	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: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG6862Z	Car				Slightly Damaged	1
SMU1041K	Car				Slightly Damaged	2
SMV6131X	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20211122/2093

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Report No. T/20211122/2093

CONTINUATION OF REPORT

Passenger			
Name	DENISE GOH	ID No.	S9522143B
Related Vehicle	SMG6862Z (Car)	Contact No.	93387100
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/11/2021	Date Discharge	21/11/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	COLTON NGUI XUE QIN	ID No.	S9422380F
Related Vehicle	SMG6862Z (Car)	Contact No.	97897534
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	Slight
Driver			
Name	CHOW PING YONG	ID No.	S8419007A
Related Vehicle	SMU1041K (Car)	Contact No.	90051279
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	CHUA CHIN HENG, WINSON	ID No.	S7821787A
Related Vehicle	SMV6131X (Car)	Contact No.	98163421
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



**SINGAPORE
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T/20211122/2093

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Report No. T/20211122/2093

CONTINUATION OF REPORT

Brief Details.

On 20/11/2021, at about 2225hrs, I was driving my car (SMG6862Z) along PIE, near Whampoa Flyover on the left lane. Suddenly, the car in front of me (SMU1041K) slowed down and I followed to slow down as well. There was a one car length between my car and the car in front of me. Both of our cars came to a full stop, when the car behind me (SMV6131X) collided onto the rear of my vehicle. My vehicle was pushed forward and hit the car in front. All 3 of our cars were slightly dented. We exchanged our particulars. The next day, my passenger informed me that she felt a strain on her back and went to see a doctor. She received a 5 days MC as she has pains for her neck, back, knee and shin. This is the first time I got into a car accident. I am unsure how many passengers are in the other 2 vehicles.



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Report No. T/20211122/2093

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 2 KOH WEI JUN, JONES	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2021 17:04
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 80
  SIGNATURE	