

# 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 ..... 04/12/2021 14:33 (SGT)  
Date of Accident ..... 03/12/2021 13:00 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... Entrance into CTE from Balestier Road (joining lane)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... EF5151Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Johnasia Shipping (S) Pte Ltd  
Company Reg No ..... 200207523K  
Email Address ..... cl.ng@johnasia.com  
Mobile Phone No ..... (Phone) +65-92268104  
Alternative Phone No ..... (Home) +65-92268104

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... Q5 2.0 TFSI QUATTRO  
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 ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1984

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z21VP05029918  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Ng Chi Lung  
NRIC No ..... S8974761I

Date Of Birth .....	28/09/1989
Occupation .....	Indoor
Date Of Driving Pass .....	18/04/2009
Driving experience .....	12 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92268104
Alt. Phone Number .....	-
Email Address .....	cl.ng@johnasia.com
Address .....	30 Lorong Ampas #01-01
Address complement .....	-
Postcode .....	328783
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	owner
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	passenger
Gender .....	Male

#### PASSENGER 2

Name .....	passenger
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

refer attached 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 .....	SHA8025B
Vehicle Manufacturer .....	Hyundai

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Ting Heng Blng
NRIC No	S0190545G
Contact Number	(Phone) +65-98903014
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	SLR8028G
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Simon Chin Fen Yoo
NRIC No	S2619639F
Contact Number	(Phone) +65-91071281
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 Chi Lung
Gender	Male
Phone No	(Phone) +65-92268104
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	EF5151Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	passenger
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	EF5151Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 3

Name of injured person	passenger
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Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	EF5151Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No



I was driving straight from Balestier Road towards the entrance into CTE. All of a sudden I felt a huge impact from my rear, Vehicle B had collided into my car's rear portion. Due to the strong force that my car had surged forward and hit Vehicle C in front, when I got out of my vehicle and found out that it was a chain collision which involved 3 vehicles.

  
JOHNASIA SHIPPING (S) PTE LTD  
30 LORONG AMPAS  
#01-01, SKYWAVES INDUSTRIAL BUILDING  
SINGAPORE 328763  
TEL: 6223 5922 FAX: 6223 5923  
TLX: RS 20372  
Email: singapore.mgmt@johnasia.com



# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

JOHNASIA SHIPPING (S) PTE LTD

30 Ulu Pandan

30 Ulu Pandan Industrial Building

Singapore 43783

TEL: 6223 5922 FAX: 6223 5923

Policyholder's Signature / Date & Time  
Email: singapore.mgmt@johnasia.com

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

Handwritten sketch plan details:

- Diagram: A rectangle labeled "B" with "A" and "C" inside it.
- Labels:
  - A - EF5151Z
  - B - SHA 8025B
  - C - SLR 8028G



Refer attached statement

JOHNASIA SHIPPING (S) PTE LTD  
30 LORONG AMPAS  
#01-01, SKYTRAKES INDUSTRIAL BUILDING  
SINGAPORE 328783  
TEL: 6375 5922 FAX: 6223 5923  
TELEX: RS 20372

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

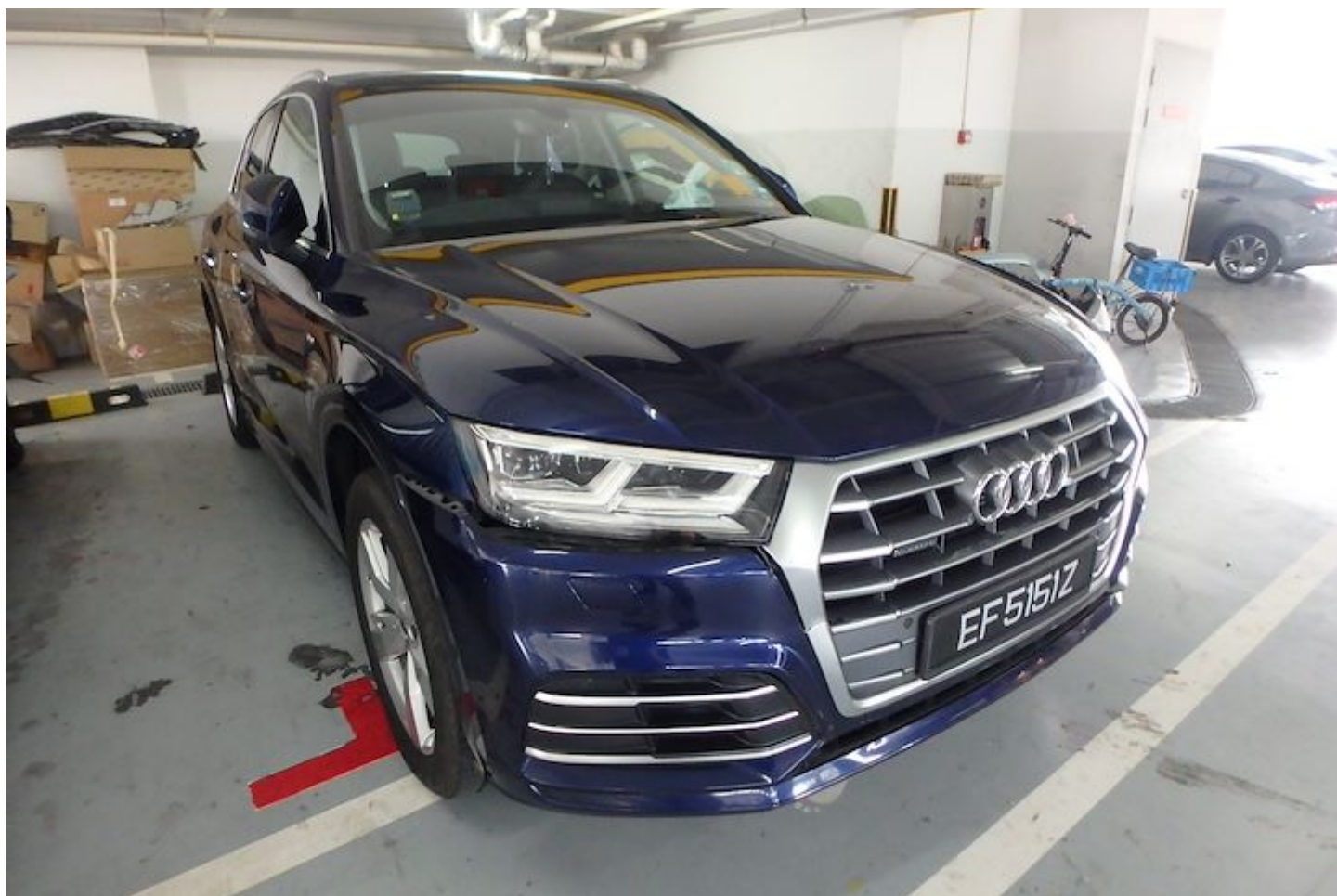
Witnessed by Reporting Centre  
Personnel

















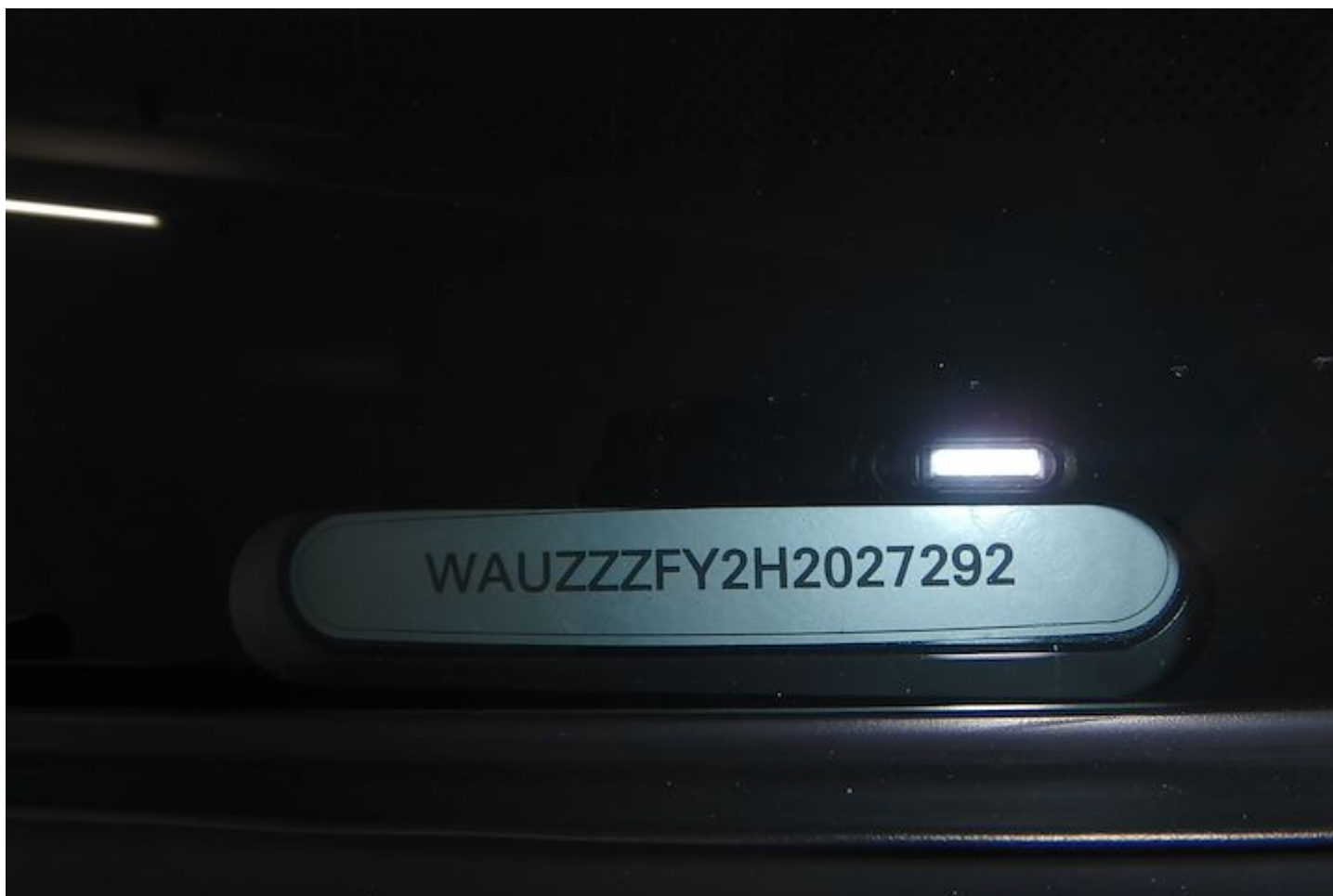
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS0221C40002 Vehicle Registration No: EF51512

Name (as shown in NRIC): Ng Chi Lung NRIC/FIN/Passport No: S8974761I

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: - Singapore ( )

Contact (Tel): - Mobile No.: 92268104

Email Address: -

Date of Accident: 3/12/2021 Time of Accident: 1300hrs

Place of Accident: Entrance into CTE from Balestier Rd (going down)

Insurance Company: Lumpac

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Attached documents with company stamp.

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Policyholder / Driver's Signature  
Date: 6/12/21

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 6/12/21