

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 19/02/2022 11:37 (SGT)
Date of Accident 16/02/2022 20:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ7457D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG ZHAO QUN, CALVIN
NRIC No S8706078J
Email Address VIANONG@YMAIL.COM
Mobile Phone No (Phone) +65-91000019
Alternative Phone No +65-91000019

VEHICLE PARTICULARS

Manufacturer BMW
Model 523i
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 1997

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5113250468
Cover Note Number -

DRIVER

Name of Driver NG THIAM CHYE
NRIC No S1441127E

Date Of Birth	30/05/1960
Occupation	Indoor
Date Of Driving Pass	08/04/1987
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91000019
Alt. Phone Number	-
Email Address	VIANONG@YMAIL.COM
Address	52 WOODLANDA DR 16
Address complement	#07-06
Postcode	737900
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	Collision - Head to Rear
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?	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	Bukit Timah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004689999
Alt. Police Station Phone No	(Fax) +65-64623782
Police Station Address	Blk 1 Toh Yi Drive #01-139 Singapore 591501
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE 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	SHC8668K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ7457D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

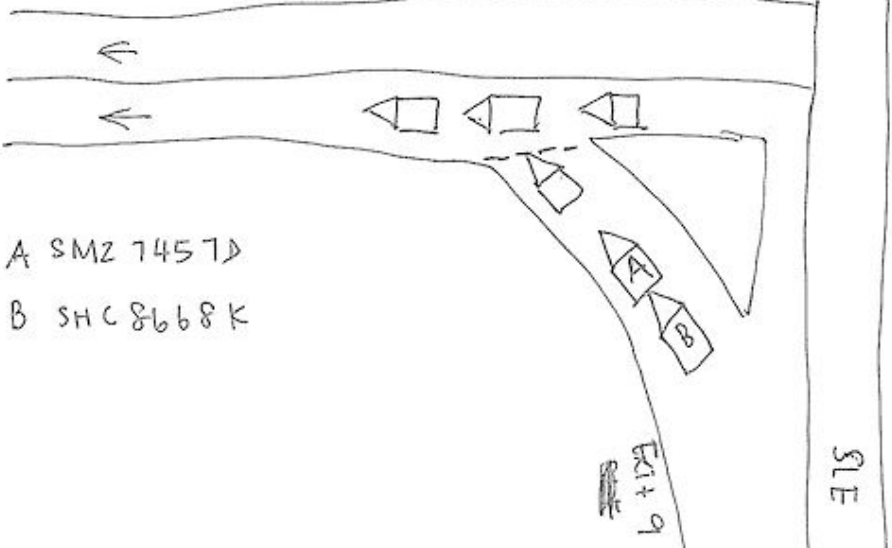
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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
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Woodland Ave 12

Sketch Plan



Describe Circumstances of the Accident

LICENSE PLATE: CONTACT NUMBER: LOCATION:	ACCIDENT DATE & TIME: E-MAIL ADDRESS:		
Refer to Police Report			
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION			
Please state:			
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party	<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

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/20220218/2051

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20220218/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2022 15:35		Vide Report No.:		Station Diary No.: 38
Informant's Particulars				
Name of Informant: NG THIAM CHYE		Address: 52 WOODLANDS DRIVE 16 #07-06 SINGAPORE 737900		
ID Type / ID No.: NRIC NO / S1441127E		Contact No.: Home/Office: Mobile: 91000019		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 30/05/1960	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: car dealer		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/02/2022 20:30	Type of Location: Straight Road
Location: SELETAR 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
SHC8668K	Car				Seriously Damaged	0
SMZ7457D	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220218/2051

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Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20220218/2051

CONTINUATION OF REPORT

Driver			
Name	NG THIAM CHYE		ID No. S1441127E
Related Vehicle	SMZ7457D (Car)		Contact No. 91000019
Hospital/Clinic	THOMSON MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	18/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	Slight
Driver			
Name	MOHAMED ISHAK JAHABAR ALI		ID No. S6980123D
Related Vehicle	NIL		Contact No. 87694729
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 above mentioned date, time and location. I was driving my vehicle (SMZ7457D), along the SLE Exit 9 (Woodlands Ave 12) slip road.

It was a one-way straight road and there was heavy traffic along the accident location where I was travelling on. It was a one-lane road. I stopped my vehicle as the vehicle in front of me has stopped due to heavy traffic. Out of a sudden, a blue confront taxi (SHC8668K), collided into the rear of my vehicle. I did not abruptly brake.

The damages to my vehicle are on the rear bumper and boot lid area. My rear bumper has suffered cracks, dent and paint chips while my boot lid is dented.

I wish to mention that no police attended to my accident. I suffered pain to my neck area. No government property was damaged as well. I also wish to add that my vehicle does not have an in-car camera. I have taken photographs of the car damage. I have also exchanged particulars with the driver of SHC8668K.

I am lodging this report for record purposes.



**SINGAPORE
POLICE FORCE**



T/20220218/2051

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20220218/2051

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:
E / SR STAFF SGT NADARAJAH
S/O PONMUDI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/02/2022 15:35

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168

SINGAPORE
POLICE FORCE

ST 065

SIGNATURE