

# 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 ..... 25/03/2022 16:39 (SGT)  
Date of Accident ..... 25/03/2022 08:35 (SGT)  
Exact Location of Accident ..... ECP, Singapore  
Additional Location Information ..... ECP MCE TOWARDS TANJONG RHU FLYOVER  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJJ4551D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JILL'S TRANSPORT  
Company Reg No ..... 53325660K  
Email Address ..... NGSEHBOON@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-90044334  
Alternative Phone No ..... (Home) +65-90044334

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Stream  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5087110017-05  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG SEH BOON  
NRIC No ..... S1193336Z

Date Of Birth .....	10/09/1955
Occupation .....	Indoor
Date Of Driving Pass .....	09/10/1978
Driving experience .....	43 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90044334
Alt. Phone Number .....	-
Email Address .....	NGSEHBOON@YAHOO.COM.SG
Address .....	APT BLK 114 DEPOT ROAD #03-1037
Address complement .....	-
Postcode .....	100114
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	5
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 .....	SIM ZHUO YI SAMUEL
Gender .....	Male

#### PASSENGER 2

Name .....	WEE ENG NEO LILY
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

#### 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 DRIVER
Was there any audio recorded? .....	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	SHC3267S
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) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number .....	SNA3426P
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) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number .....	SJM3988T
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) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number .....	SMR2033T
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 ..... NG SEH BOON  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SJJ4551D  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... WEE ENG NEO LILY  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SJJ4551D  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No



































**SINGAPORE  
POLICE FORCE**



T/20220325/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220325/7017

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNA3426P	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHC3267S	AXA INSURANCE SINGAPORE PTE LTD			
SJJ4551D	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG SEH BOON	ID No.	S1193336Z
Related Vehicle	SJJ4551D (Car)	Contact No.	90044334
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/03/2022	Date	25/03/2022
No. of Days granted Medical Leave	07	Degree of	Serious
Passenger			
Name	SIM ZHUO YI SAMUEL	ID No.	T1817162C
Related Vehicle	SJJ4551D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



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Tel No: 65470000

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Report No. T/20220325/7017

**CONTINUATION OF REPORT**

Passenger			
Name	WEE ENG NEO LILY	ID No.	S1402068C
Related Vehicle	SJJ4551D (Car)	Contact No.	83835882
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

ON 25.03.2022 AT ABOUT 08:35AM. I WAS TRAVELLING ALONG ECP (MCE) TWDS TANJONG RHU FLYOVER AT 10KM, LAMPOST 152. I WAS TRAVELLING STRAIGHT. SUDDENLY THE VEHICLE IN FRONT OF ME STOPPED, I FOLLOWED. A FEW SECONDS LATER, I FELT AN IMPACT FROM MY REAR. I WAS INVOLVED IN A 5 VEHICLES CHAIN-COLLISION. THERE ARE 2 PASSENGERS IN MY VEHICLE (SJJ 4551D). THE PASSENGERS ARE MY WIFE (WEE ENG NEO LILY) AND MY GRANDSON (SIM ZHUO YI SAMUEL).  
LATER WHEN I GOT HOME, I FELT PAIN ON LOWER NECK AND LEFT LOWER BACK. I WENT TO A LIFE CLINIC PTE LTD AND WAS GIVEN A 7 DAYS MC.  
THERE IS IN-CAR VIDEO.



**SINGAPORE  
POLICE FORCE**



T/20220325/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220325/7017

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
25/03/2022 14:45

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20220325/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220325/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/03/2022 14:45		Vide Report No.: G/20220325/0081		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: NG SEH BOON		Address: 114 DEPOT ROAD #03-1037 SINGAPORE 100114		
ID Type / ID No.: NRIC NO / S1193336Z		Contact No.: Home/Office: Mobile: 90044334		
Nationality: SINGAPORE CITIZEN		Email: NGSEHBOON@YAHOO.COM.SG		
Sex: Male	Age: 66	Date of Birth: 10/09/1955	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Real estate agent		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/03/2022 08:35	Type of Location: Straight Road
Location:  EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC3267S	Car					0
SJJ4551D	Car	HONDA	STREAM			2
SJM3988T	Car					0
SMR2033T	Car					0



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665500206 / GST Reg. No.: M400017735

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

**ADDENDUM**

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

Original Report No : SY0A223P0006 Vehicle Registration No: SJJ 4551D  
 Name (as shown in NRIC) : Ng Seh Boon NRIC/FIN/Passport No : S1193336Z  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : Blk 114 Depot Rd #03-1037 Singapore (100114)  
 Contact (Tel) : 9004 Mobile No. : 9004 4334  
 Email Address : ngsehboon@yahoo.com.sg  
 Date of Accident : 25/03/2022 Time of Accident : 08:35AM  
 Place of Accident : ECP (MCE) twds Tanjong Rhu flyover  
 Insurance Company : NTUC

**(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:

Additional <sup>injured person</sup> : Wee Eng Neo Lily

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Policyholder / Driver's Signature \_\_\_\_\_  
 Date: \_\_\_\_\_

*Signature*

MAY  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_