

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 28/04/2022 17:01 (SGT)
Date of Accident 27/04/2022 13:12 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLE TOWARDS CTE LENTOR EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE6056G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner OON MOOI NGO
NRIC No SXXXX609J
Email Address TEDDYTNG@GMAIL.COM
Mobile Phone No (Phone) +65-96474142
Alternative Phone No +65-96474142

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 Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-MT104178-R03
Cover Note Number -

DRIVER

Name of Driver LIM PENG CHENG
NRIC No SXXXX512Z

Date Of Birth	09/04/1965
Occupation	Outdoor
Date Of Driving Pass	08/11/1985
Driving experience	36 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96305569
Alt. Phone Number	-
Email Address	TEDDYTNG@GMAIL.COM
Address	BLK 245 PASIR RIS STREET 21 #12-83
Address complement	-
Postcode	510245
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	OON MOOI NGO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE 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	XD3129M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	OON MOOI NGO
Gender	Female
Phone No	(Phone) +65-96474142
Address	BLK 245 PASIR RIS STREET 21 #12-83
Address Complement	-
Post Code	510245
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE6056G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM PENG CHENG
Gender	Male
Phone No	(Phone) +65-96305569
Address	BLK 245 PASIR RIS STREET 21 #12-83
Address Complement	-
Post Code	510245
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE6056G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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



Describe Circumstances of the Accident

Refer to police report No = 2100 2204 07 / 7055.

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**



112022042717055

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POLICE REPORT (NP299)

Report No. L/20220427/7055

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738522
Tel No: 1800-4660000

Date/Time Report Made 27/04/2022 21:36	Vide Report No.	Station Diary No.
Name Of Informant LIM PENG CHENG	Address 245 PASIR RIS STREET 21 #12-83 SINGAPORE 510245	
ID Type / ID No. NRIC NO / S1685512Z	Contact No. Home/Office:	Mobile: 96305569
Nationality SINGAPORE CITIZEN	Email Address LIMPENGCHENG50@GMAIL.COM	
Occupation Driver	Sex Male	Age 57
Institution/School Name	Date of Birth 09/04/1965	Race Chinese
Date/Time Of Incident 27/04/2022 12:50	Location Of Incident SELETAR EXPRESSWAY	

Brief details.

On the stated date and time, I was driving my vehicle SLE6056G along SLE towards TPE with my wife Oon Mool Ngo as my front passenger.

Both of us were belted.

I was driving straight along the second lane from the left when suddenly, a huge impact at my rear right portion caused my vehicle to lose control.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/04/2022 21:36
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE
POLICE FORCE



11202204277055

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. LI202204277055

I desperately attempted to brake and fight against my steering wheel but to no avail as my vehicle spun several rounds.

I knocked my left knee against the inside of my vehicle while my wife also knocked her left shoulder, left arm and left knee.

Fortunately, oncoming vehicle's did not crash into us and our vehicle finally came to a stop at the road shoulder of the expressway.

Upon alighting, I realised that XD3129M, which was initially on the lane to my right, had swerved into my vehicle's rear right portion, causing my vehicle to spin out of control.

My entire vehicle was damaged as a result after spinning many rounds.

Later the same day, both my wife and I also started feeling soreness and aches over multiple areas of our bodies.

We proceeded to Sunshine Clinic Family Practice & Surgery for treatment the same evening as our family doctor was already closed.

Both my wife and I were given 5 days MC each.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/04/2022 21:36
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