

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 Actual 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 29/08/2022 17:55 (SGT)
Reported by Both
Date of Accident 28/08/2022 11:00 (SGT)
Exact Location of Accident Jurong Town Hall Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCN5277B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG BEE YONG
NRIC No S1628674E
Email Address STEVEN.NGHM@GMAIL.COM
Mobile Phone No (Phone) +65-93803599
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model S300
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 2800

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Policy Number / Cover Note Number MPC22P00163300

DRIVER

Name of Driver NG BEE YONG
NRIC No S1628674E
Date Of Birth 22/03/1964
Occupation Indoor

Date Of Driving Pass	03/07/1982
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93803599
Alt. Phone Number	-
Email Address	STEVEN.NGHM@GMAIL.COM
Address	75 JALAN KASU
Address complement	-
Postcode	739677
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	GOH MENG CHOO
Gender	Male

PASSENGER 2

Name	NG HAN MIN
Gender	Male

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 POLICE REPORT: T/20220828/7016.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2646M
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	VEHICLE B
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH MENG CHOO
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCN5277B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG HAN MIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCN5277B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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6. The 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.
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")

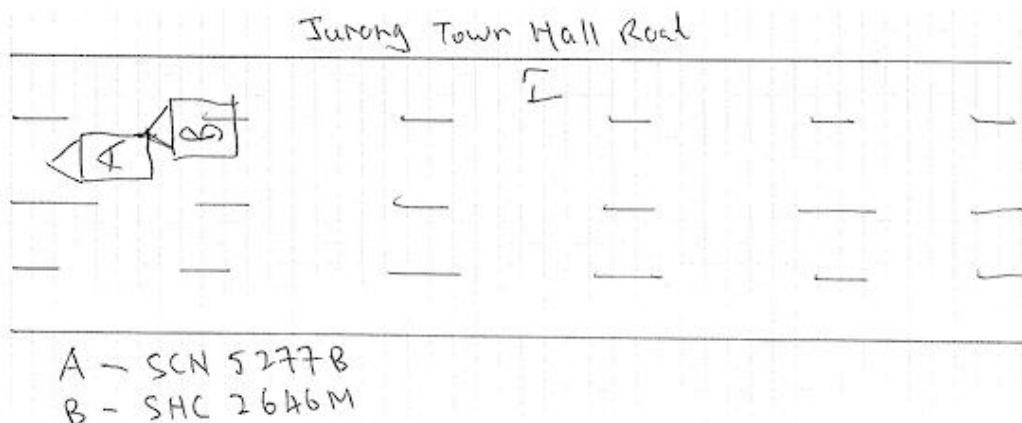
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Follow police report.

I/We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20220828/7016

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

1 of 4

Report No. T/20220828/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2022 13:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG BEE YONG			Address: 75 JALAN KASAU SINGAPORE 739677		
ID Type / ID No.: NRIC NO / S1628674E			Contact No.: Home/Office: Mobile: 93803599		
Nationality: SINGAPORE CITIZEN			Email: DAVIDNBY@GMAIL.COM		
Sex: Male	Age: 58	Date of Birth: 22/03/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			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: 28/08/2022 11:00	Type of Location: T-Junction
Location: JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCN5277B	Car	MERCEDES BENZ	S300L	Black		2
SHC2646M	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220828/7016

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

2 of 4

Report No. T/20220828/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCN5277B	ECICS LIMITED	MPC22P00163300	18/07/2022	25/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	NG BEE YONG		ID No.	S1628674E
Related Vehicle	SCN5277B (Car)		Contact No.	93803599
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/08/2022		Date	28/08/2022
No. of Days granted Medical Leave	03		Degree of	Slight
Passenger				
Name	NG HAN MIN		ID No.	S8630611E
Related Vehicle	SCN5277B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/08/2022		Date	28/08/2022
No. of Days granted Medical Leave	03		Degree of	Slight
Passenger				
Name	GOH MENG CHOO		ID No.	S1769272J
Related Vehicle	SCN5277B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/08/2022		Date	28/08/2022
No. of Days granted Medical Leave	03		Degree of	Slight



SINGAPORE
POLICE FORCE



T/20220828/7016

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

3 of 4

Report No. T/20220828/7016

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date time and location, I was in my vehicle (a) with my wife and my son. I stopped at the junction as the traffic light was red. Seconds later i felt an huge impact from the rear and when i alighted i realised it was vehicle(b) that had collided onto the rear portion of my vehicle(a) causing damages to my vehicle(a).

Vehicle(a) scn5277b

Vehicle(b) shc2646m



**SINGAPORE
POLICE FORCE**



T/20220828/7016

4 of 4

Report No. T/20220828/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

Signature Of Informant:

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

Date/Time:
28/08/2022 13:20

Classification Of Case:



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

**AUTHORISED
WORKSHOPS**

MZ300
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: **MPC22P00163300**
Agency Name: **Jetsprint Auto Enterprises**
Agency Code: **A0000229**

Chassis No: **WDD2211542A309312**
Engine No: **27294631383781**

1. Index Mark and Registration Number of Vehicle: **SCN5277B**

2. Name of Policyholder: **NG BEE YONG**

3. Period of Insurance (both dates inclusive): **18 July 2022 to 25 September 2023**

4. Persons or Classes of Persons entitled to drive

- a) The Policyholder and all Named Drivers declared under the Policy.
- b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car.

5. Limitations as to use

Use for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

6. EXCESS APPLICABLE

WINDSCREEN	SGD 100.00
SECTION I - INSURED/NAMED DRIVER	SGD 750.00

ADDITIONAL EXCESS:

SECTION I - UNNAMED DRIVERS	SGD 500.00
SECTION I - AGE <25, AGE >65 OR DRIVING EXP <2 YEARS	SGD 3,000.00

Signed for and on behalf of ECICS Limited

AUTHORISED SIGNATORY

Important Notice:

- i) Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii) On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.