

# 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 ..... 21/09/2022 17:20 (SGT)  
Reported by ..... Both  
Date of Accident ..... 18/09/2022 08:10 (SGT)  
Exact Location of Accident ..... Yio Chu Kang Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGB766E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG LAWRENCE  
NRIC No ..... SXXXX120H  
Email Address ..... lawunique@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96665657  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Picnic  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300406153 QMX

### DRIVER

Name of Driver ..... NG LAWRENCE  
NRIC No ..... SXXXX120H  
Date Of Birth ..... 12/04/1953  
Occupation ..... Indoor

Date Of Driving Pass .....	05/09/1972
Driving experience .....	50 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96665657
Alt. Phone Number .....	-
Email Address .....	lawunique@yahoo.com.sg
Address .....	BLK 143 LOR AH SOO
Address complement .....	#08-227
Postcode .....	530143
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 .....	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 .....	4
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

PLS REFER TO THE POLICE REPORT:T/20220921/7004

#### 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 .....	SD CARD WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKV4636T
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 2

Vehicle Registration Number .....	SLQ7533B
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 .....	SKT2598T
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 LAWRENCE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SGB766E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

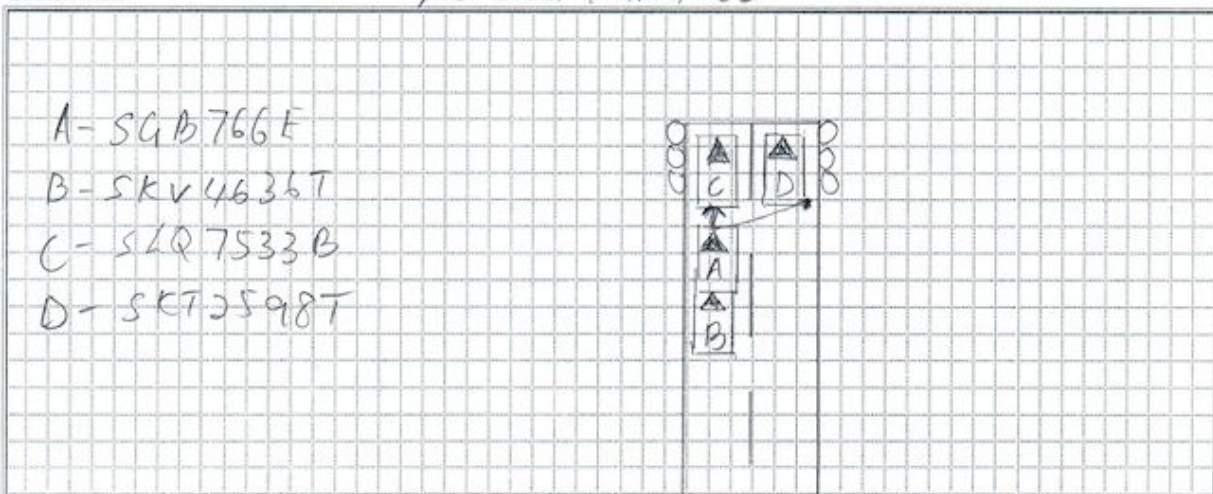
\_\_\_\_\_  
Policyholder's Signature / Date & Time

*Jay 21/09/2022*  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*Sym 21/09/22*  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

410 CHU KANG RD



vJun2022

1

Describe Circumstance of the Accident

*P/s refer to the police report: T/20220921/7004*

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

*Jus 21/09/2022*  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*Lynn 21/09/22*  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20220921/7004

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

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Report No. T/20220921/7004

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLQ7533B	Car	MERCEDES BENZ	C180	Grey	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG LAWRENCE	ID No.	S0194120H
Related Vehicle	SGB766E (Car)	Contact No.	96665657
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/09/2022	Date	19/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

My car was stationary on the left lane at the traffic light junction along Yio Chu Kang Road just behind Serangoon Swimming Complex. At the point of time, the traffic light was red and the 2 lanes are for right turn only. Suddenly a red colour Toyota Altis vehicle number, SKV4636T, collided into the rear of my car. The impact caused my car to move forward onto the right lane and it collided into the rear end of a Toyota Harrier vehicle number, SKT2598T. My car also scratched a Mercedes vehicle number, SLQ7533B which was in front of my car. All the memory cards from the vehicle cameras from the 4 cars taken by police for investigation. The damages to my car were as the photos attached. After the accident, I felt stiffness and discomfort on my neck that radiates down to my back causing pain.









































TOYOTA MOTOR CORPORATION JAPAN  
MODEL ACM20R-ARSEK  
ENGINE 1AZ-FE 1998 mL  
FRAME No. JTEGH23B500024869  
COLOR 1D4 EC07 C25  
TRIM U241E -01A  
PLANT C25  
OPTION 353



























**SINGAPORE  
POLICE FORCE**



T/20220921/7004

1 of 3

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

Report No. T/20220921/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/09/2022 10:06	Vide Report No.: F/20220918/0084	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NG LAWRENCE			Address: 143 LORONG AH SOO #08-227 SINGAPORE 530143		
ID Type / ID No.: NRIC NO / S0194120H			Contact No.: Home/Office:                      Mobile: 96665657		
Nationality: SINGAPORE CITIZEN			Email: lawunique@yahoo.com.sg		
Sex: Male	Age: 69	Date of Birth: 12/04/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 18/09/2022 08:10	Type of Location: Y-Junction
Location:  YIO CHU KANG ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: COLLISION FROM BEHIND				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGB766E	Car					0
SKT2598T	Car	TOYOTA	Harrier	Black	Slightly Damaged	0
SKV4636T	Car	TOYOTA	Altis	Red	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220921/7004

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

2 of 3

Report No. T/20220921/7004

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLQ7533B	Car	MERCEDES BENZ	C180	Grey	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG LAWRENCE	ID No.	S0194120H
Related Vehicle	SGB766E (Car)	Contact No.	96665657
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/09/2022	Date	19/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

My car was stationary on the left lane at the traffic light junction along Yio Chu Kang Road just behind Serangoon Swimming Complex. At the point of time, the traffic light was red and the 2 lanes are for right turn only. Suddenly a red colour Toyota Altis vehicle number, SKV4636T, collided into the rear of my car. The impact caused my car to move forward onto the right lane and it collided into the rear end of a Toyota Harrier vehicle number, SKT2598T. My car also scratched a Mercedes vehicle number, SLQ7533B which was in front of my car. All the memory cards from the vehicle cameras from the 4 cars taken by police for investigation. The damages to my car were as the photos attached. After the accident, I felt stiffness and discomfort on my neck that radiates down to my back causing pain.



**SINGAPORE  
POLICE FORCE**



T/20220921/7004

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

3 of 3

Report No. T/20220921/7004

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

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:  
21/09/2022 10:06

Officer In Charge Of Case:  
TP / TPIB /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476433

Classification Of Case:

NP168