

# 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 .....	09/11/2022 16:40 (SGT)
Reported by .....	Both
Date of Accident .....	08/11/2022 18:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PUNGGOL WEST FLYOVER TOWARDS PUNGGOL WAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLC9423X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG YI XIANG
NRIC No .....	SXXXX008E
Email Address .....	yxskyyy@gmail.com
Mobile Phone No .....	(Phone) +65-87208018
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	-

### DRIVER

Name of Driver .....	NG YI XIANG
NRIC No .....	SXXXX008E
Date Of Birth .....	18/11/1993
Occupation .....	Indoor

Date Of Driving Pass .....	13/05/2013
Driving experience .....	9 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87208018
Alt. Phone Number .....	-
Email Address .....	yxskyyy@gmail.com
Address .....	BLK 224A SUMANG LANE #09-141
Address complement .....	-
Postcode .....	821224
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 .....	DRIZZLING
Road Surface .....	Wet

#### 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
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

ON THE STATED DATE & TIME, ALONG PUNGGOL WEST FLYOVER TOWARDS PUNGGOL WAY. I WAS TRAVELLING ON THE 3RD LANE OF THE ABOVE-MENTIONED FLYOVER. WHEN MY FRONT VEHICLE SLOWED DOWN & STOPPED. HENCE, I FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT FROM REAR, AND WHEN I ALIGHTED, I REALISED IT WAS VEHICLE SNA6895Z WHO COLLIDED INTO THE REAR RIGHT PORTION OF MY VEHICLE SLC9423X, CAUSING DAMAGE TO MY VEHICLE. LATER ON IN THE NIGHT, I FELT NECK, BACK AND SHOULDER PAIN AND I WENT TO CONSULT A DOCTOR

#### 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 .....	SNA6895Z
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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 YI XIANG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK, NECK & SHOULDER PAIN
Injured person in which vehicle? .....	SLC9423X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstances of the Accident

— Refer to police report attached —  
Report No.: T/2022/1109/7015



Declaration

I/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

## SKETCH PLAN

### IMPORTANT NOTICE

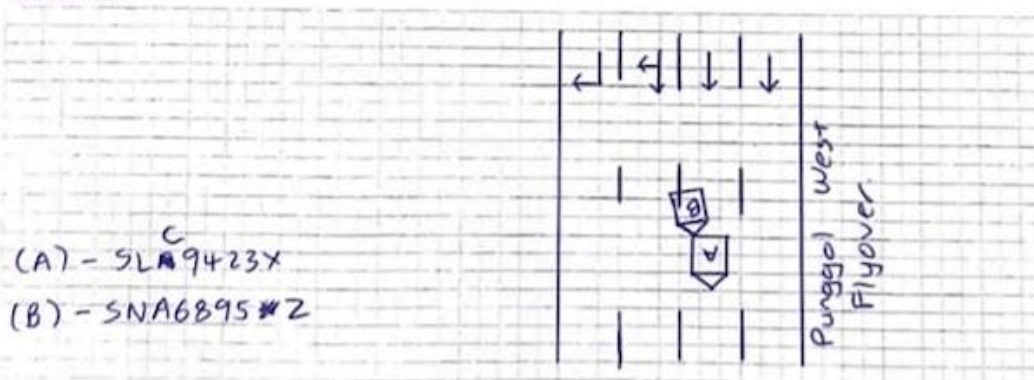
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre 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 the 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









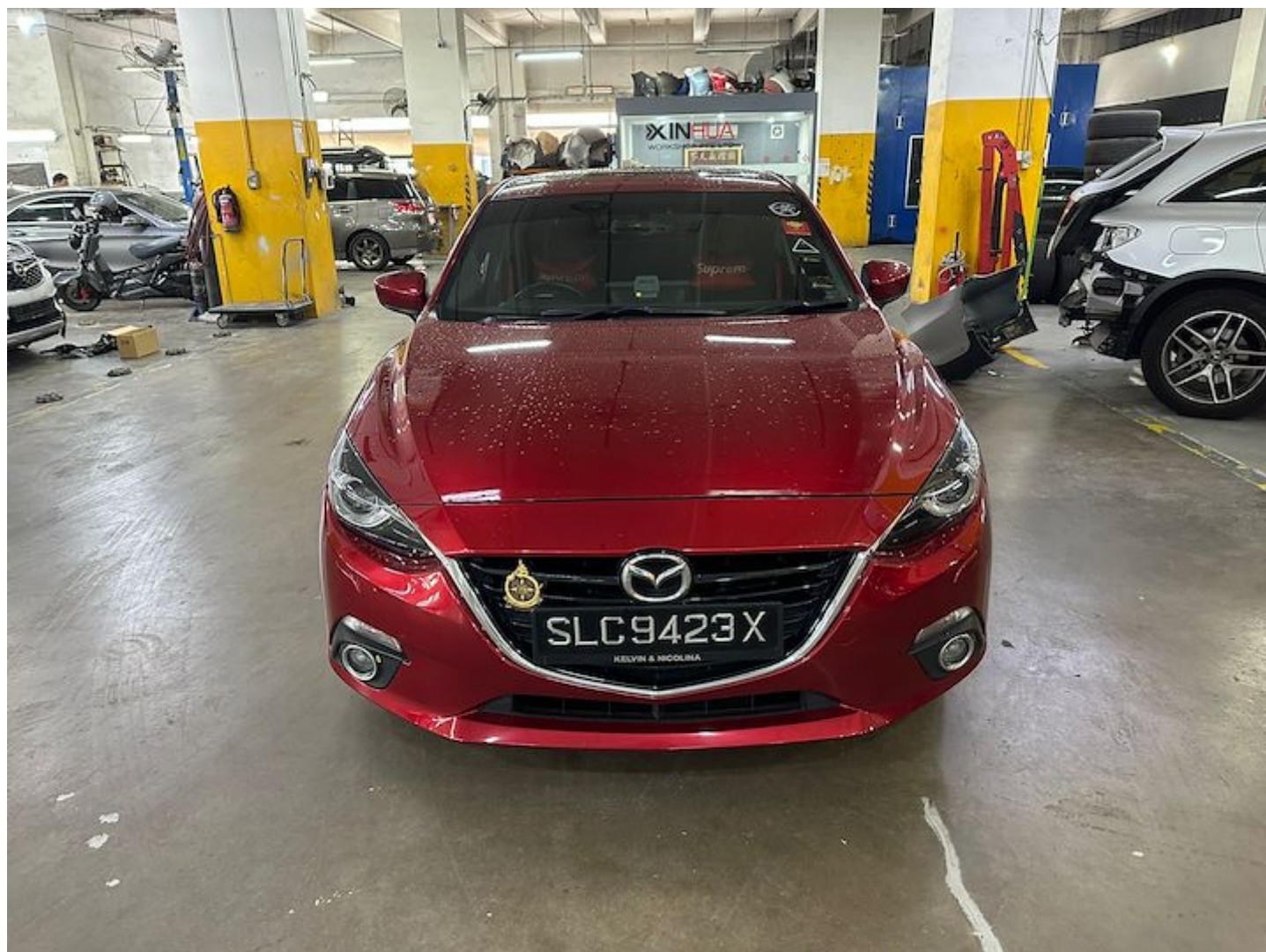


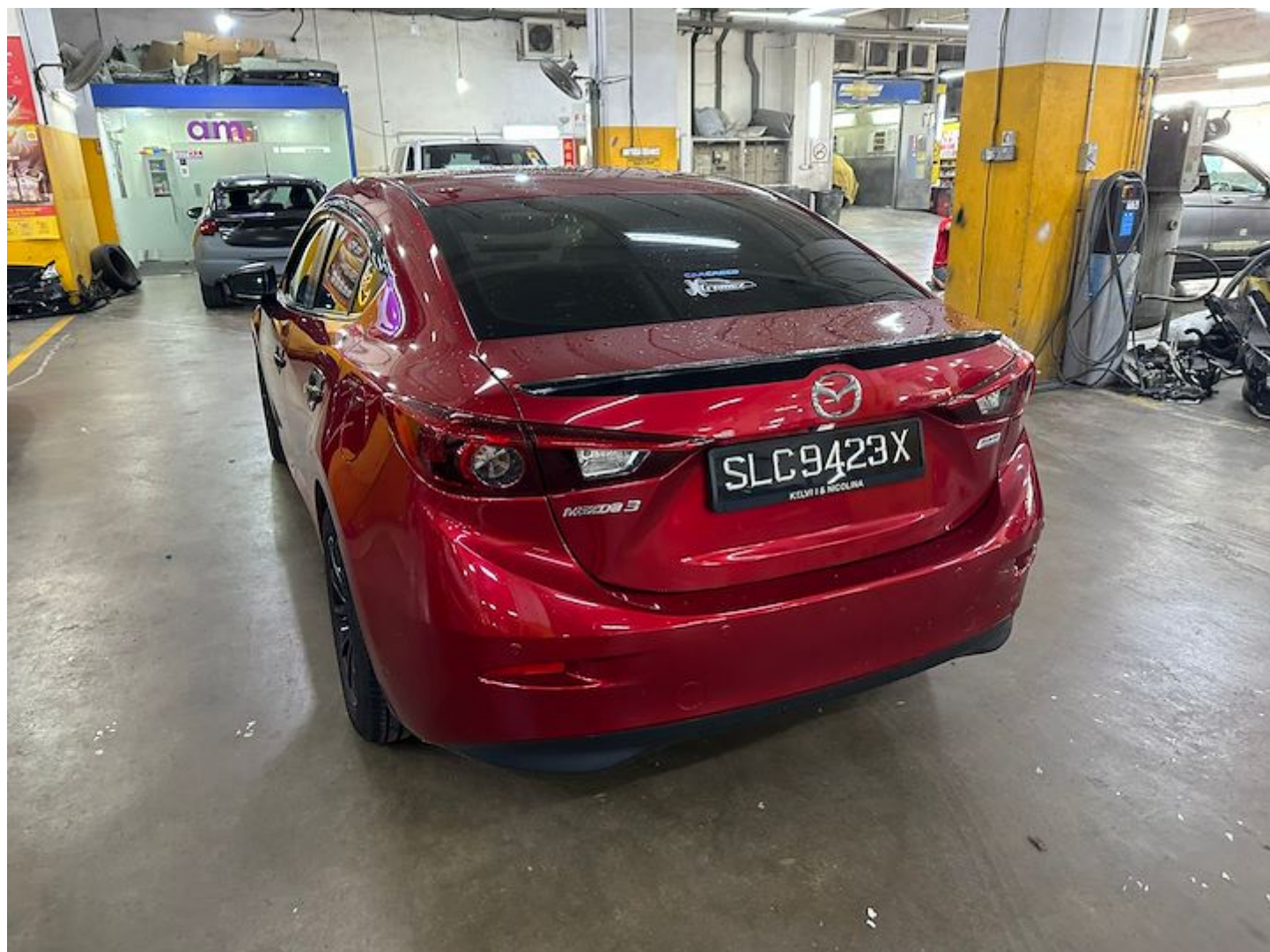




















Date	Expiry
08/11/2022	08/11/2022

16:28 granted Medical Leave 03 Degree of Seno 5G LTE1 36%

**Brief Details:**  
On the stated date and time, along Punggol West flyover towards Punggol Way, I was following on the 3rd lane of the road. I was followed down and stopped by a vehicle. I realised that the vehicle SNA6895Z who collided into the rear right portion of my vehicle SLC9423X, causing damage to my vehicle. Later on at night, I felt neck, back, and shoulder pain and I went to consult a doctor.

**SINGAPORE POLICE FORCE**

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

Barcode: T/20221109/7015

3 of 3  
Report No. T/20221109/7015

**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: 09/11/2022 10:41
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168

3/3



**SINGAPORE  
POLICE FORCE**



T/20221109/7015

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

1 of 3  
Report No: T/20221109/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/11/2022 10:41 Vide Report No.: Station Diary No.:

**Informant's Particulars**

Name of Informant: NG YI XIANG		Address: 224A SUMANG LANE #09-141 SINGAPORE 821224	
ID Type / ID No.: NRIC NO / S9343008E		Contact No.: Home/Office: Mobile: 87208018	
Nationality: SINGAPORE CITIZEN		Email: YXSKYXX@GMAIL.COM	
Sex: Male	Age: 28	Date of Birth: 18/11/1993	
Race: Chinese		Institution / School Name:	
Occupation: ENGINEER		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive:	No	Date/Time of Accident:	08/11/2022 18:00	Type of Location:	Straight Road
Location: COMPASSVALE CRESCENT							
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h			
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
SLC9423X	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.BEAT	Red		0
SNA6895Z	Car					0



**SINGAPORE  
POLICE FORCE**



T/20221109/7015

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

2 of 3  
Report No: T/20221109/7015

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC9423X	ECICS LIMITED	MPC21P00267600	31/12/2021	30/12/2022

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG YI XIANG	ID No.	S9343008E
Related Vehicle	SLC9423X (Car)	Contact No.	87208018
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/11/2022	Date	08/11/2022
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

On the stated date and time, along Punggol West flyover towards Punggol Way, I was travelling on the 3rd lane of the above mentioned flyover. When my front vehicle slowed down and stopped, hence I followed suit. Suddenly, I felt a huge impact from the rear, and when I alighted I realised it was Vehicle SNA6895Z who collided into the rear right portion of my Vehicle SLC9423X, causing damages to my Vehicle. Later on at night, I felt neck, back, and shoulder pain and I went to consult a doctor.



**SINGAPORE  
POLICE FORCE**



10:45

☰
Policy-P00059320
Done

**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)  
Road Transport (Amendment) Act, 2019 (Malaysia)

**AUTHORISED WORKSHOPS**  
  
 M2300  
 COMPREHENSIVE  
 ORIGINAL

**CERTIFICATE NO:** MPC21P00267600

**AGENCY NAME:** NLK Auto Agency

**AGENCY CODE:** A0000228

**1. Index Mark and Registration Number of Vehicle:** SLC9423X

**2. Name of Policyholder:** NG YI XIANG

**3. Period of Insurance (both dates inclusive):** 31-12-2021 to 30-12-2022

**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 Vehicle 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 Vehicle.

**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 OTHER THAN NAMED DRIVERS:	
SECTION I - UNNAMED DRIVERS	SGD 500.00
SECTION I - AGE<25, AGE>65 OR DRIVING EXP<2 YEARS OLD	SGD 3,800.00

**7. Hire Purchase:** OVERSEA-CHINESE BANKING CORPORATION LIMITED

**Chassis No.** JM6BM42A8G0338987

**Engine No.** P520359925

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.

A0000228 / nlkautoagency@gmail.com / MPC21P00267600 / 31-12-2021 11:48:59 AM

ECICS Limited  
 10 Eunos Road 8  
 #09-04A Singapore Post Centre  
 Singapore 409502  
 Tel: (65) 63374779 Fax: (65) 63388267  
 Email: enquiries@ecics.com.sg  
 Website: https://www.ecics.com.sg  
 Co. Reg. No. 158901331C

**ORIGINAL**

**Agency:** A0000228

**Account:** A0000228

**Class of Policy:** MOTOR POLICY - PRIVATE

**Issued on:** 31-12-2021 Singapore Headquarters

**Acceptance Date:** 31-12-2021

**PRIVATE CARS**

**THE SCHEDULE**

**Policy No.:** MPC21P00267600

**ISP Proposal No.:** IMPC21024787

**Fund/Acct. No. Sfx:** SIF/SD