

# 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 ..... 21/06/2022 09:31 (SGT)  
Reported by ..... -  
Date of Accident ..... 20/06/2022 13:30 (SGT)  
Exact Location of Accident ..... Near 157A Tamarind Rd, Singapore 806105  
Additional Location Information ..... SLE TOWARDS CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD6960U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NCS COMMUNICATIONS ENGINEERING PTE. LTD.  
Company Reg No ..... 199603123G  
Email Address ..... tahn@ncs.com.sg  
Mobile Phone No ..... (Phone) +65-65420573  
Alternative Phone No ..... +65-65420573

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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 ..... Manual  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Policy Number / Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG BUCK SOON  
NRIC No ..... S1121221B  
Date Of Birth ..... 30/10/1955  
Occupation ..... Indoor

Date Of Driving Pass .....	08/05/1980
Driving experience .....	42 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-81238945
Alt. Phone Number .....	-
Email Address .....	limys@ncs.com.sg
Address .....	BLK170 ANG MO KIO AVE 4 #05-521
Address complement .....	-
Postcode .....	560170
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	FELIX TAY
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kebun Baru Neighbourhood Police Post
Police Station Address .....	Blk 111 Ang Mo Kio Avenue 4 Singapore 560111
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED.

#### 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 .....	SMS5677K
Vehicle Manufacturer .....	Lexus

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	SAJU JOHN
NRIC No .....	S6880163Z
Contact Number .....	(Phone) +65-98488075
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 .....	SJM6863A
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Vios
Vehicle Variant .....	-
Vehicle Colour .....	Blue
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 .....	FELIX TAY
Gender .....	Male
Phone No .....	(Phone) +65-98626862
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BLEEDING NOSE
Injured person in which vehicle? .....	GBD6960U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

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**.
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. 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



Describe Circumstances of the Accident

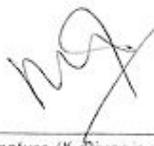
Please refer to Police Report.

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

Annex 2 - Details of All Other Parties Involved in Chain Collision	
Total Number of Parties Involved : [ 3 ]	
<b>Party 1</b>	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	SJM 6863 A
Make / Model	TOYOTA vios (BLUE)
<b>Party 2</b>	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	
Make / Model	
<b>Party 3</b>	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	
Make / Model	
<b>Party 4</b>	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	
Make / Model	
<b>Party 5</b>	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	
Make / Model	
Comments :	
<b>Driver's Declaration :</b> I declare that the information given in this report are true and correct. I undertake to assume full responsibilities for all consequences should any part given above be untrue.	
Signature :	
Date :	

### AUTHORIZATION LETTER

Date: 20/06/2022

To Whom It May Concern:

I Nadrah bte Ramat, Company Reg No 199603123G

hereby like to authorized Ng Buck Soon, IC S1121221 B

to make accident report behalf of company .

Your Sincerely

A handwritten signature in black ink is written over a horizontal dotted line. To the right of the signature is a circular company stamp. The stamp contains the text 'Communications Engineering & Plan' around the top inner edge, 'M.S.' at the bottom, and a star symbol at the bottom center.

Signature / Company Stamp

I Acknowledge that :

- CDGE will not be liable for the delay in repair cause while awaiting for Third Party Liability clearance.

**(It may take about a week or months depend on Third Party response)**

- No Repair will be carry out till the liability is cleared.
- In the event if owner wish to collect his vehicle while awaiting for the indent parts to arrive,owner ought to pay for the indents parts upfront in order to release the vehicle.(Subject to no safety related).
- You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a (14)days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

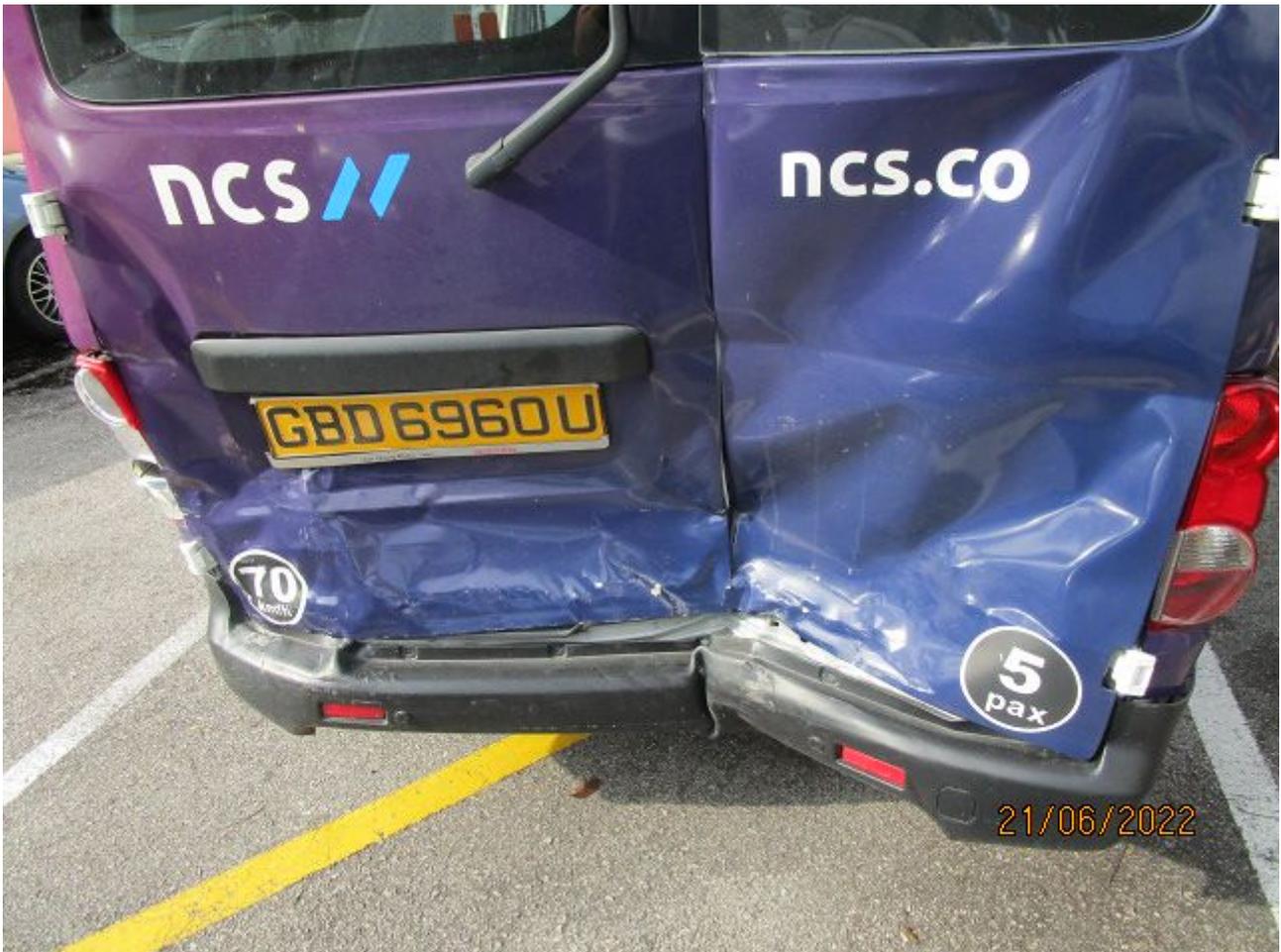
\_\_\_\_\_  
NAME : NG BUCK SEEN  
NRIC : 81121221B  
DATE : 21/6/22

\_\_\_\_\_  
  
CDGE Staff :



















**SINGAPORE  
POLICE FORCE**



T/20220620/2059

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

1 of 4  
Report No. T/20220620/2059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/06/2022 16:02	Vide Report No.:	Station Diary No.: 13
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: NG BUCK SOON		Address: APT BLK 170 ANG MO KIO AVENUE 4 #05-521 SINGAPORE 560170	
ID Type / ID No.: NRIC NO / S1121221B		Contact No.:	Mobile: 81238945
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 30/10/1955	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ASSOCIATE ENGINEER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/06/2022 13:30	Type of Location:
Location:  SELETAR EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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 Passenger
GBD6960U	Van	NISSAN			Slightly Damaged	1
SJM6863A	Car	TOYOTA		Blue		0
SMS5677K	Car	LEXUS		White		0



**SINGAPORE  
POLICE FORCE**



T/20220620/2059

2 of 4

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

Report No. T/20220620/2059

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Felix Tay	ID No.	NIL
Related Vehicle	GBD6960U (Van)	Contact No.	98626862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG BUCK SOON	ID No.	S1121221B
Related Vehicle	GBD6960U (Van)	Contact No.	81238945
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name			
Name	Saju John	ID No.	S6880163Z
Related Vehicle	SMS5677K (Car)	Contact No.	98488075
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/06/2022 around 1330hrs, I was driving my NCS company van, vehicle number GBD6960U along SLE towards CTE before Yio Chu Kang Road exit. I was heading towards town area. I had a passenger, Felix Tay (HP: 98626862) who was seated in the front passenger seat.

I was travelling on the right most lane of the expressway when I saw a motorcyclist who had fallen and was on the ground on the road. I tried to change and filter into the left lane, however there was another vehicle ahead that had stopped.



**SINGAPORE  
POLICE FORCE**



T/20220620/2059

3 of 4

Report No. T/20220620/2059

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

**CONTINUATION OF REPORT**

To avoid colliding into the motorcyclist and the vehicle ahead, I braked immediately. Shortly after, I felt an impact coming from the rear of my van.

I alighted and saw that my van was involved in a chain collision of 3 vehicles. First was my van, followed by one white Lexus (SMS5677K), followed by one Blue Toyota (SJM6863A).

The car that hit my van from the rear is one White Lexus, vehicle number SMS5677K. I exchanged particulars with the driver, Saju John (IC: S6880163Z, HP: 98488075).

Due to the collision, my passenger Felix sustained a bleeding nose. Subsequently ambulance came down and he was conveyed to the hospital. Traffic police also attended to us and advised us to lodge a traffic accident report.

Due to the collision, my company van's rear bumper was badly dented.

I am lodging this report for my own record and action.



**SINGAPORE  
POLICE FORCE**



T/20220620/2059

4 of 4

Report No. T/20220620/2059

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: F / Other IZWAN BIN SANI <i>IB</i>	Signature Of Informant: <i>MS</i>
Signature Of Interpreter: Not applicable	Date/Time: 20/06/2022 16:02
Officer In Charge Of Case: TP / GIT / SR STAFF SGT TAN JUN YAN Contact No.: 65476311	Classification Of Case:

NP168



**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 : SC1K226L0003 Vehicle Registration No: G1BD 6960 U  
 Name (as shown in NRIC) : NG BUCK SOON NRIC/FIN/Passport No : 221B  
 (\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 65420573  
 Email Address : fahn@nls.com.sg  
 Date of Accident : 20/6/22 Time of Accident : 1330  
 Place of Accident : SLE TOWARDS CTE  
 Insurance Company: GE

**(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:

70 AMEND WERE SENT BELT WORN

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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