

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 28/12/2022 16:20 (SGT)
Reported by Driver
Date of Accident 24/12/2022 10:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHANGI AIRPORT T2 BLVD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB618S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EAGERNESS
Company Reg No 5332663E
Email Address FUJI001991@GMAIL.COM
Mobile Phone No (Phone) +65-96894955
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5119676451-02

DRIVER

Name of Driver NG HOCK KEE
NRIC No S1505088H
Date Of Birth 16/04/1961
Occupation Outdoor

Date Of Driving Pass	16/06/1980
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96894955
Alt. Phone Number	-
Email Address	EMAXTEO@GMAIL.COM
Address	BLK510A YISHUN ST 51 #10-553
Address complement	-
Postcode	761510
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PASSENGER
Gender	Female

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

ATTACH POLICE REPORT

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	SLV2235T
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 HOCK KEE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNB618S
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.



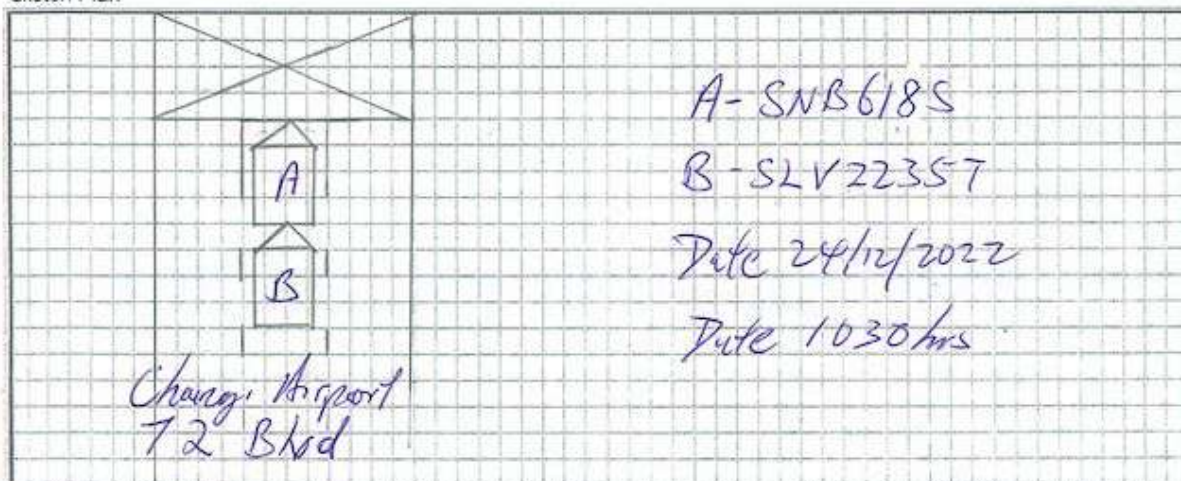
Policyholder's Signature / Date & Time



Actual Driver's Signature (if driver is not the policyholder) / Date & Time

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7888
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



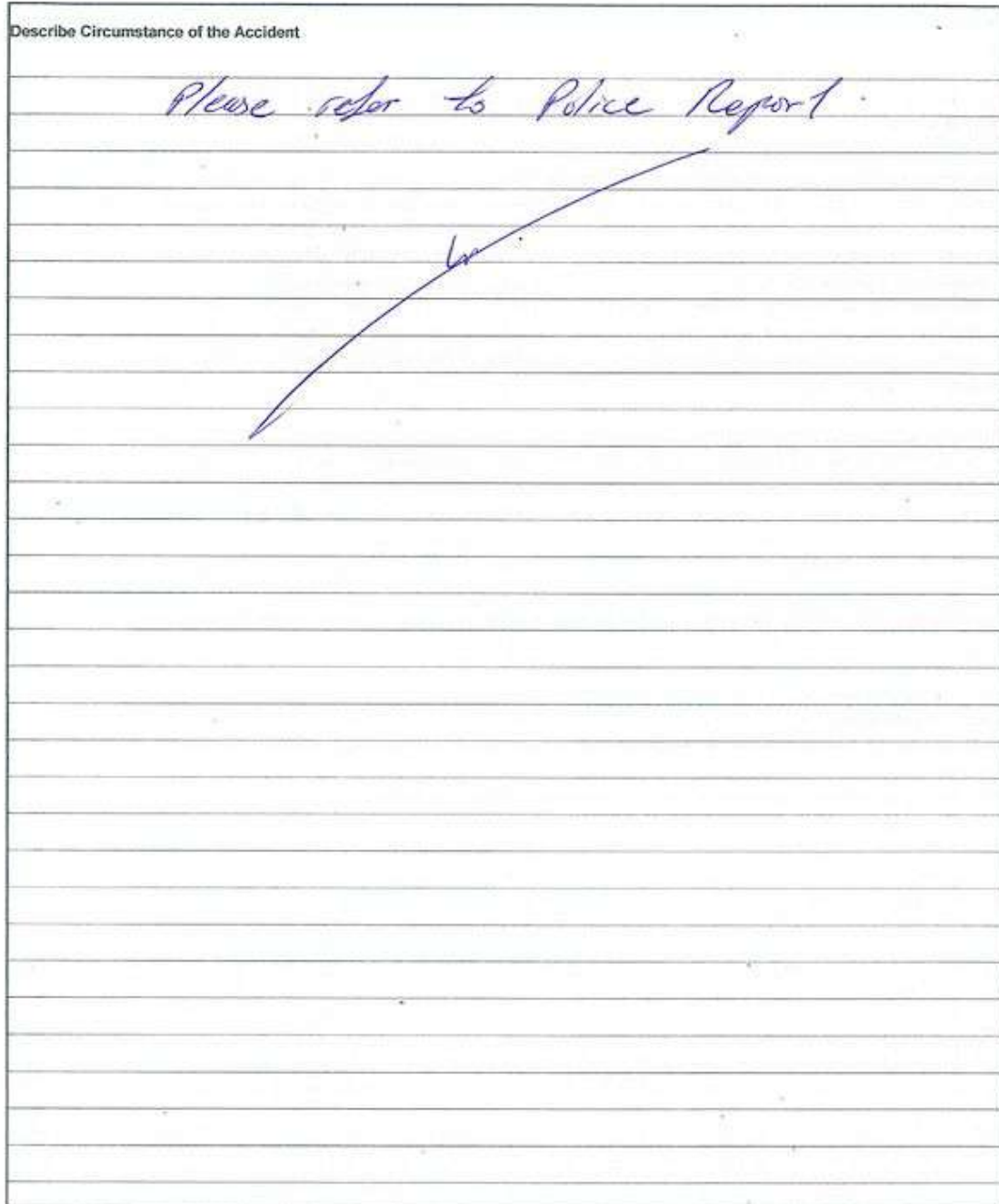
A- SNB618S
 B- SLV22357
 Date 24/12/2022
 Date 1030hrs
 Changi Airport
 72 Blvd

vJun2022

1

Describe Circumstance of the Accident

Please refer to Police Report



Declaration

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature / Date & Time



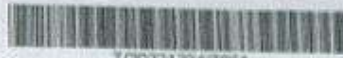
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

CITY AUTO PTE LTD
Btk 8 Sin Ming Road
#01-58/50/52 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221224/7031

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

2 of 3
Report No: T/20221224/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHUA CHERRY LIM	ID No.	NIL
Related Vehicle	SNB618S (Car)	Contact No.	91502249
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	NG HOCK KEE	ID No.	S1505088H
Related Vehicle	SNB618S (Car)	Contact No.	96894955
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details:

On 24/12/2022 at around 1030hrs, I was fetching a passenger to changi airport. I was on my vehicle (SNB618S) along terminal 2 driveway on the center lane. There was a a beating amber light informing prepare to stop hence I slow down. As I approach the traffic light the light turns red, therefore I stop. While my vehicle was stationary, suddenly a vehicle (SLV2235T) hit onto my rear. The impact causes my vehicle to move forward. The passenger and I suffer injury on the neck. My vehicle suffers serious damage at the rear

When I alighted from my vehicle and I notice that the vehicle who hit onto me started catching on fire. The passenger in my vehicle then call for SCDF and traffic police. After a while the SCDF came. I was conveyed to Changi general hospital by ambulance for my injury.


**SINGAPORE
POLICE FORCE**


T/20221224/7031

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

1 of 3

Report No. T/20221224/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2022 18:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG HOCK KEE			Address: 510A YISHUN STREET 51 #10-553 SINGAPORE 761510		
ID Type / ID No.: NRIC NO / S1505088H			Contact No.: Home/Office: Mobile: 96894955		
Nationality: SINGAPORE CITIZEN			Email: fuji00199@gmail.com		
Sex: Male	Age: 61	Date of Birth: 16/04/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/12/2022 10:30	Type of Location: Straight Road
Location: changi terminal 2				
Lamp Post Number: 298				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLV2235T	Car			White	Seriously Damaged	0
SNB618S	Car			Black	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20221224/7031

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

3 of 3

Report No: T/20221224/7031

CONTINUATION OF REPORTSketch 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 / TP1B /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

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

Date/Time:
24/12/2022 18:16

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1
NP106