

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 13:39 (SGT)
Reported by	Both
Date of Accident	23/12/2022 14:30 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	towards Kovan
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ4023S
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Gravity Car Leasing Pte Ltd
Company Reg No	202112245W
Email Address	hymms@live.com.sg
Mobile Phone No	(Phone) +65-83336725
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	M0016926

DRIVER

Name of Driver	Fion Ng Li Hoon
NRIC No	S7706805H
Date Of Birth	12/03/1977
Occupation	Outdoor

Date Of Driving Pass	06/10/2001
Driving experience	21 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87771718
Alt. Phone Number	-
Email Address	fion77.ng@gmail.com
Address	17 Hougang Avenue 3 #10-147
Address complement	-
Postcode	530017
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	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	3
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

Please refer to the sketch plan/police report.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX1444P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Ang Boon Bee
Contact Number	(Phone) +65-97984974
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	SFG3993G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Kang Ban Hong
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	Fion Ng Li Hoon
Gender	Female
Phone No	(Phone) +65-87771718
Address	17 Hougang Avenue 3 #10-147
Address Complement	-
Post Code	530017
Approximate Age Years Old	45
Injuries Sustained	-
Injured person in which vehicle?	SMZ4023S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 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.

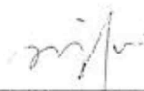
8. Consent under the Personal Data Protection Act (PDPA)


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.

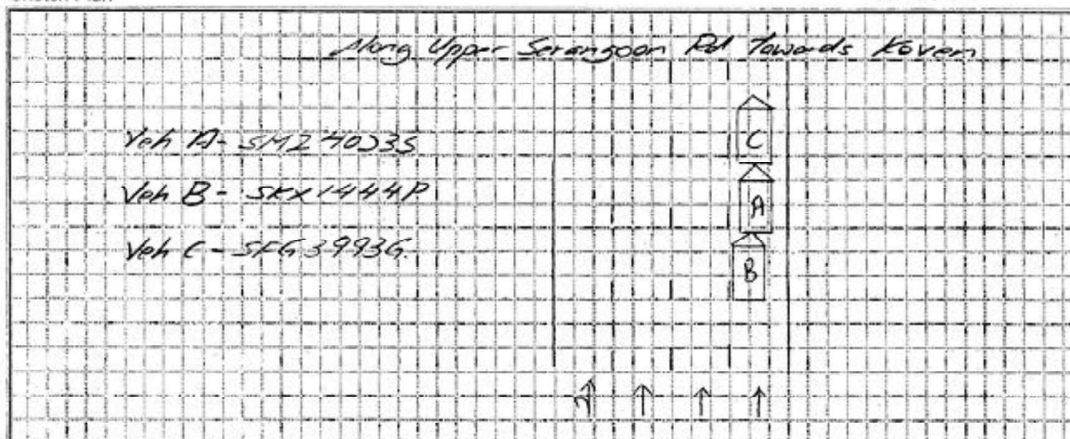
Policyholder's Signature / Date & Time

28 DEC 2022

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

28 DEC 2022

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

Jenny Lim

Sketch Plan

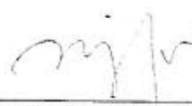


Describe Circumstance of the Accident

Please refer to attached Police Report.

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


Policyholder's Signature / Date & Time
28 DEC 2022


Driver's Signature (if driver is not the policyholder) / Date & Time
28 DEC 2022


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

2



**SINGAPORE
POLICE FORCE**



T/20221226/7015

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

1 of 3

Report No. T/20221226/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2022 15:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: FION NG LI HOON			Address: 17 HOUGANG AVENUE 3 #10-147 SINGAPORE 530017		
ID Type / ID No.: NRIC NO / S7706805H			Contact No.: Home/Office: Mobile: 87771718		
Nationality: SINGAPORE CITIZEN			Email: FION77.NG@GMAIL.COM		
Sex: Female	Age: 45	Date of Birth: 12/03/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Phv driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2022 14:30	Type of Location:
Location: UPPER SERANGOON ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMZ4023S	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221226/7015

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

2 of 3

Report No. T/20221226/7015

CONTINUATION OF REPORT

Driver			
Name	FION NG LI HOON	ID No.	S7706805H
Related Vehicle	SMZ4023S (Car)	Contact No.	87771718
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SMZ4023S was stationary on the stated venue as the traffic light was red.

I was on Upper serangoon Road towards Kovan direction.

Suddenly vehicle SKX1444P came from behind and hit onto my vehicle's rear portion.

The impact propelled my vehicle forward to hit onto SFG3993G.

The impact was great and causes my chest to hit my steering wheel despite me being belted.

I later alighted and realised I was involved in a 3 vehicles chain collision and I am the 2nd car.

After a while I start to feel pain on my neck, shoulder, back and chest areas.

The next day I proceeded to Sin Min Clinic to seek treatment and I was given 7 days MC.

Today the pain still persists and I will be following up with a doctor soon.



SINGAPORE POLICE FORCE

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



T/20221226/7015

3 of 3

Report No. T/20221226/7015

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 / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:
26/12/2022 15:09

Classification Of Case: