

## 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 ..... 18/01/2023 13:10 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 12/01/2023 12:13 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BUKIT TIMAH ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... ER3737J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG KIM LENG  
NRIC No ..... SXXXX740I  
Email Address ..... JORDONNGYK@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94895127  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 740li  
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 ..... 0

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5116894195-02

#### DRIVER

Name of Driver ..... JORDON NG YAN KAI  
NRIC No ..... TXXXX750A  
Date Of Birth ..... 25/06/2003  
Occupation ..... Indoor

Date Of Driving Pass .....	28/02/2022
Driving experience .....	11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94895127
Alt. Phone Number .....	-
Email Address .....	JORDONNGYK@GMAIL.COM
Address .....	23C PAYA LEBAR CRESCENT
Address complement .....	-
Postcode .....	534135
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - Change/cross lane
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) .....	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

#### AS SKETCH PLAN

#### 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 .....	SMQ6099H
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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 :

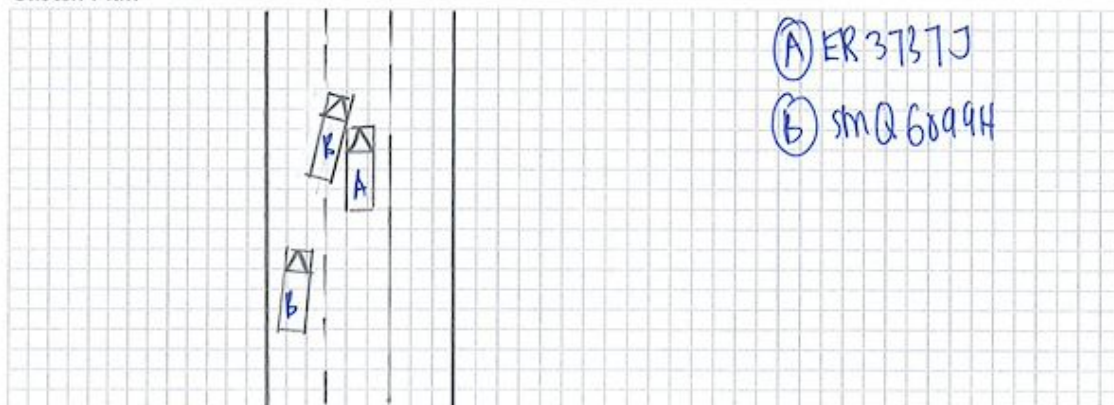
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

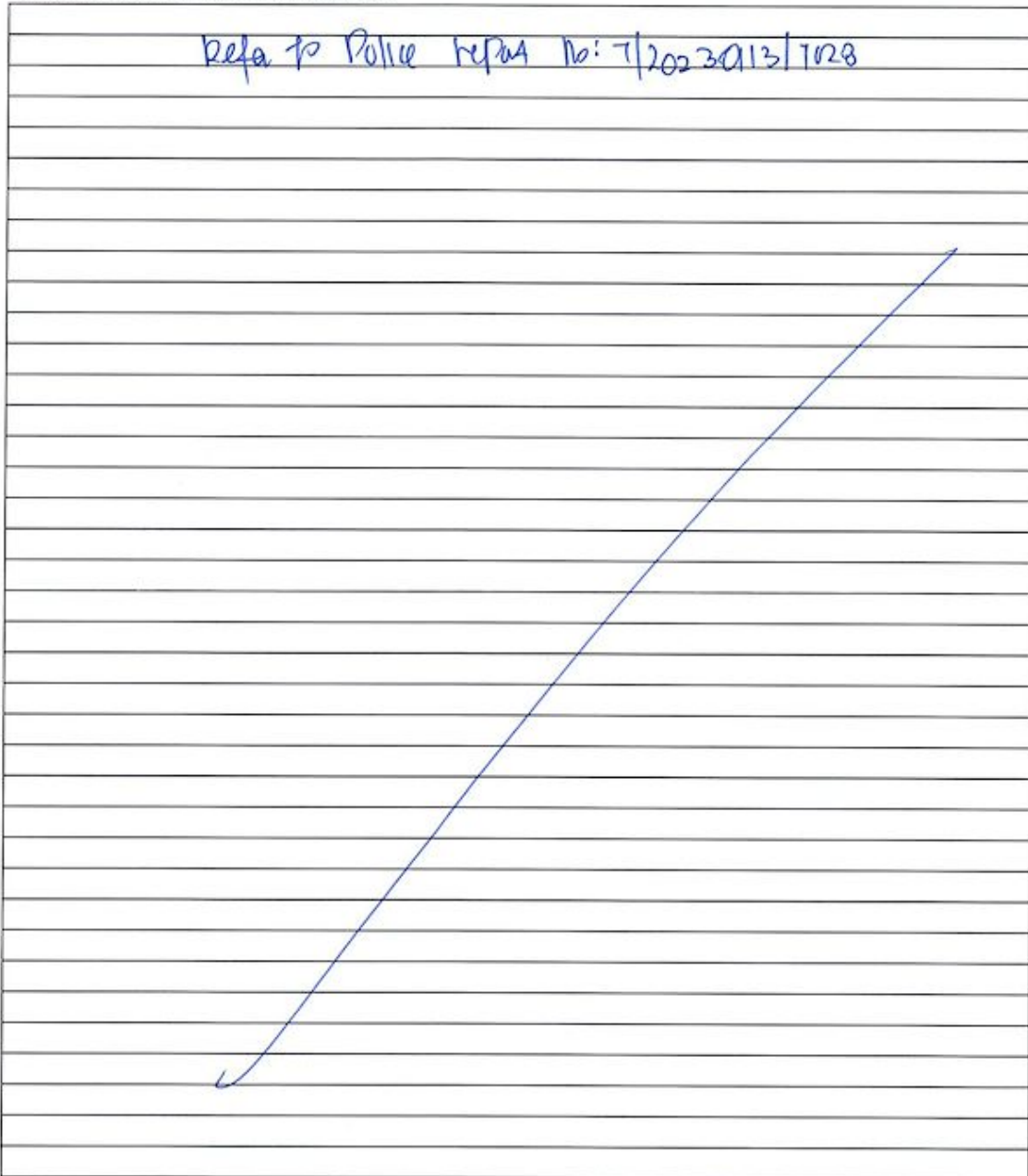
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident


Ref to Police report No: T/2023/13/1028



## 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





















**SINGAPORE  
POLICE FORCE**



T/20230113/7028

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

1 of 3

Report No. T/20230113/7028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/01/2023 13:00		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JORDON NG YAN KAI			Address: 23C PAYA LEBAR CRESCENT SINGAPORE 534135		
ID Type / ID No.: NRIC NO / T0317750A			Contact No.: Home/Office: Mobile: 94895127		
Nationality: SINGAPORE CITIZEN			Email: JORDONNGYK@GMAIL.COM		
Sex: Male	Age: 19	Date of Birth: 25/06/2003	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2023 12:20	Type of Location: Straight Road
Location:  BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
ER3737J	Car					0
SMQ6099H	Car	AUDI		Silver	Slightly Damaged	2





**SINGAPORE  
POLICE FORCE**



T/20230113/7028

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

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Report No. T/20230113/7028

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JORDON NG YAN KAI	ID No.	T0317750A
Related Vehicle	ER3737J (Car)	Contact No.	94895127
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	WANG	ID No.	NIL
Related Vehicle	SMQ6099H (Car)	Contact No.	98241972
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

Brief Details.

I was driving along bukit timah road near hwa chong institution in my own lane when an audi (SMQ6099H) banged into me from the left side,



**SINGAPORE  
POLICE FORCE**



T/20230113/7028

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

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Report No. T/20230113/7028

**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 /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

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

Date/Time:  
13/01/2023 13:00

Classification Of Case:

> Back to OneMotoring

#### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	740I
<b>Vehicle Details</b>	
Vehicle No.:	ER3737J
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2023
Vehicle Make:	B.M.W.
Vehicle Model:	740LI AT SR LED DSC NAV HUD
Primary Colour:	Silver
Manufacturing Year:	2012
Engine No.:	11988384N55B30A
Chassis No.:	WBAYE42000DD87277
Maximum Power Output:	235.0 kW (315 bhp)
Open Market Value:	\$91,344.00
Original Registration Date:	14 May 2013
First Registration Date:	14 May 2013
Transfer Count:	3
Actual ARF Paid:	\$91,344.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 May 2023
PARF Rebate Amount:	\$45,672.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	13 May 2023
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$94,890.00
COE Rebate Amount:	\$2,372.00
<b>Total Rebate Amount:</b>	<b>\$48,044.00</b>

The information contained herein is correct as at 18 Jan 2023

OK