

# 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 .....	27/03/2023 19:25 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/03/2023 07:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	LOYANG WAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SML3348K
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG YUET LING
NRIC No .....	SXXXX131I
Email Address .....	mountofolives@gmail.com
Mobile Phone No .....	(Phone) +65-81832498
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00103042203

### DRIVER

Name of Driver .....	NG YUET LING
NRIC No .....	SXXXX131I
Date Of Birth .....	22/04/1962
Occupation .....	Indoor

Date Of Driving Pass .....	18/02/2000
Driving experience .....	23 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-81832498
Alt. Phone Number .....	-
Email Address .....	mountofolives@gmail.com
Address .....	APT BLK 603 YISHUN STREET 61
Address complement .....	# 04-339
Postcode .....	760603
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 .....	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 .....	NG OI LING
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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230326/7013

#### 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 .....	SMM7857B
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 YUET LING
Gender .....	Female
Phone No .....	(Phone) +65-81832498
Address .....	APT BLK 603 YISHUN STREET 61
Address Complement .....	# 04-339
Post Code .....	760603
Approximate Age Years Old .....	-
Injuries Sustained .....	HEADACHE AND PAIN IN NECK - GIVEN 3 DAYS OF MC
Injured person in which vehicle? .....	SML3348K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

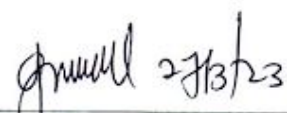
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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:

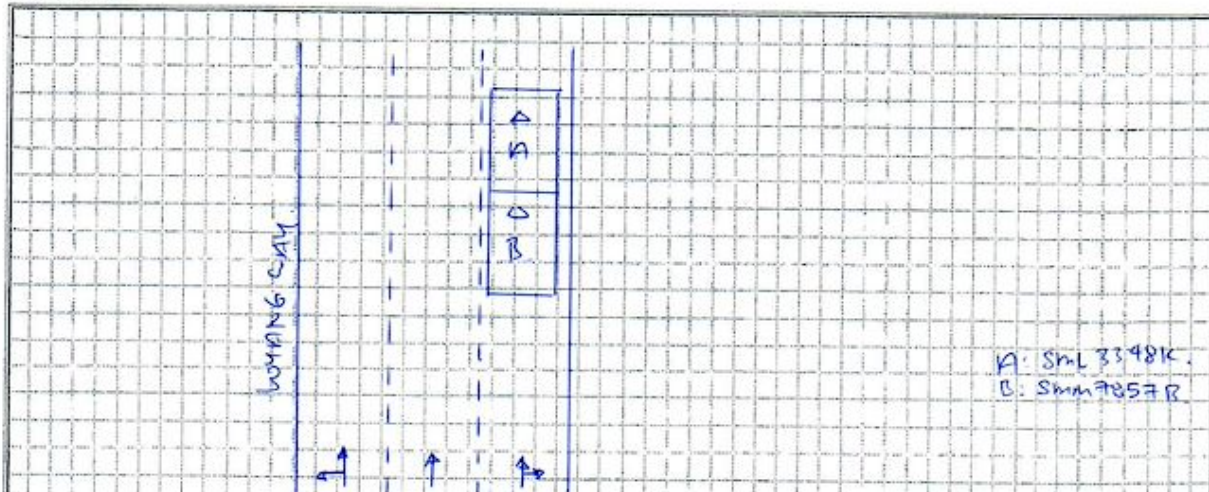
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

**Sketch Plan**



Describe Circumstance of the Accident

PLEASE REFER TO THE POLICE REPORT.

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

 27/3/23  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230326/7013

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

2 of 3

Report No. T/20230326/7013

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG YUET LING	ID No.	S1534131I
Related Vehicle	SML3348K (Car)	Contact No.	81832498
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

On the stated date and time, I was driving SML3348K along Loyang Way with my sister on board as my front passenger.

Both of us were belted.

The traffic light at the junction of Loyang Lane was red and as such, I had gradually come to a stop along the extreme right lane.

I was waiting for traffic light to turn green when a huge impact hit against the rear of my vehicle causing it to jerk forward violently.

I was caught completely off guard as my body lurched forward.

Upon alighting, I realised that SMM7857B, driven by an army regular, had crashed into the rear of my vehicle, leaving it badly dented.

Shortly afterwards, I started experiencing headaches and pain in my neck area.

The discomfort got so unbearable that I went to Yishun Medical Centre near my place to seek treatment the very same day.

I was given 3 days MC for injuries caused by the accident.

My sister has not experienced symptoms thus far.



























**SINGAPORE  
POLICE FORCE**



T/20230326/7013

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

1 of 3

Report No. T/20230326/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/03/2023 13:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG YUET LING			Address: 603 YISHUN STREET 61 #04-339 SINGAPORE 760603		
ID Type / ID No.: NRIC NO / S1534131I			Contact No.: Home/Office: Mobile: 81832498		
Nationality: SINGAPORE CITIZEN			Email: MOUNTOFOLIVES@GMAIL.COM		
Sex: Female	Age: 60	Date of Birth: 22/04/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MOE Teacher			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2023 07:25	Type of Location:
Location:  LOYANG WAY				
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
SML3348K	Car	HONDA	SHUTTLE 1.5G CVT	White		1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML3348K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001030 42203	15/05/2022	14/05/2023





**SINGAPORE  
POLICE FORCE**



T/20230326/7013

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

2 of 3

Report No. T/20230326/7013

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG YUET LING	ID No.	S1534131I
Related Vehicle	SML3348K (Car)	Contact No.	81832498
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

On the stated date and time, I was driving SML3348K along Loyang Way with my sister on board as my front passenger.

Both of us were belted.

The traffic light at the junction of Loyang Lane was red and as such, I had gradually come to a stop along the extreme right lane.

I was waiting for traffic light to turn green when a huge impact hit against the rear of my vehicle causing it to jerk forward violently.

I was caught completely off guard as my body lurched forward.

Upon alighting, I realised that SMM7857B, driven by an army regular, had crashed into the rear of my vehicle, leaving it badly dented.

Shortly afterwards, I started experiencing headaches and pain in my neck area.

The discomfort got so unbearable that I went to Yishun Medical Centre near my place to seek treatment the very same day.

I was given 3 days MC for injuries caused by the accident.

My sister has not experienced symptoms thus far.



**SINGAPORE  
POLICE FORCE**



T/20230326/7013

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

3 of 3

Report No. T/20230326/7013

**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 / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

Signature Of Informant:

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

Date/Time:  
26/03/2023 13:47

Classification Of Case: