

# 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 .....	04/04/2023 15:24 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	04/04/2023 08:20 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	CHANGI AIRPORT AFTER BAYSHORE EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNE4593L
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FOCUS RENTALS PTE LTD
Company Reg No .....	201836450G
Email Address .....	operations@focusrentals.sg
Mobile Phone No .....	(Phone) +65-90239277
Alternative Phone No .....	(Office) +65-98875600

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	PLUS
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 .....	1798

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D20MFL0007747

### DRIVER

Name of Driver .....	NG CHAI SENG
NRIC No .....	S1243985G
Date Of Birth .....	20/06/1957
Occupation .....	Outdoor

Date Of Driving Pass .....	16/09/1983
Driving experience .....	39 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90239277
Alt. Phone Number .....	-
Email Address .....	operations@focusrentals.sg
Address .....	BLK 683A CHOA CHU KANG CRESCENT #01-406
Address complement .....	-
Postcode .....	681683
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 .....	6
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 .....	UNKNOWN
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

ON 04/04/2023 AT ABOUT 0820HRS I WAS DRIVING VEHICLE A(SNE4593L) ALONG ECP TOWARDS CHANGI ON THE MOST RIGHT LANE. WHILE I WAS DRIVING, I NOTICED THAT VEHICLE C(SMK9782E), VEHICLE D(SHB9000K), VEHICLE E(SLE9814R) & VEHICKE F(SMG6681D) HAD ALREADY COLLIDED ONTO EACH OTHER CAUSING ME TO PERFORM AN EMERGENCY BRAKE AND I MANAGED TO STOP IN TIME. NOT LONG AFTER STOPPING, VEHICLE B(SHD4785B) FRONT COLLIDED ONTO VEHICLE A REAR CAUSING VEHICLE A FRONT TO COLLIDE ONTO VEHICLE C REAR.

NO OTHER VEHICLES INVOLVED.  
NOBODY WAS INJURED.

AS PER POLICE REPORT No.T/20230404/7036

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 ..... SHD4785B  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SMK9782E  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SHB9000K  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 Name of Driver ..... JOSEPH TAN  
 Contact Number ..... (Phone) +65-82106987  
 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 4

Vehicle Registration Number ..... SLE9814R  
 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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number .....	SMG6681D
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 CHAI SENG
Gender .....	Male
Phone No .....	(Phone) +65-90239277
Address .....	BLK 683A CHOA CHU KANG CRESCENT #01-406
Address Complement .....	-
Post Code .....	681683
Approximate Age Years Old .....	65
Injuries Sustained .....	BACK,NECK AND SPINE 5DAYS MC
Injured person in which vehicle? .....	SNE4593L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.



*[Handwritten Signature]*

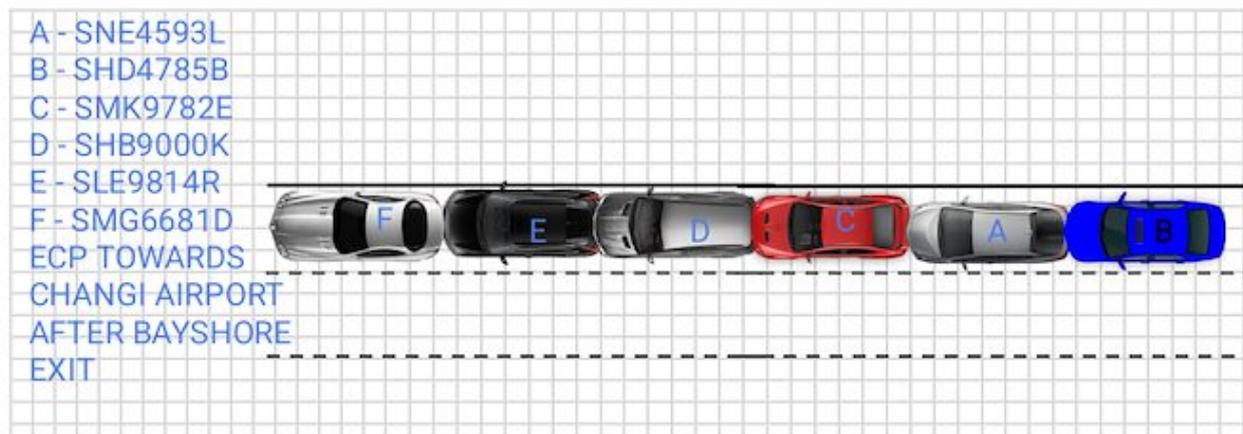
*[Handwritten Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time **04/04/2023 1010HRS**

Witnessed by Reporting Centre Personnel **DHIYAA**

**Sketch Plan**



Describe Circumstances of the Accident

ON 04/04/2023 AT ABOUT 0820HRS I WAS DRIVING VEHICLE A(SNE4593L) ALONG ECP TOWARDS CHANGI ON THE MOST RIGHT LANE. WHILE I WAS DRIVING, I NOTICED THAT VEHICLE C(SMK9782E), VEHICLE D(SHB9000K), VEHICLE E(SLE9814R) & VEHICKE F(SMG6681D) HAD ALREADY COLLIDED ONTO EACH OTHER CAUSING ME TO PERFORM AN EMERGENCY BRAKE AND I MANAGED TO STOP IN TIME. NOT LONG AFTER STOPPING, VEHICLE B(SHD4785B) FRONT COLLIDED ONTO VEHICLE A REAR CAUSING VEHICLE A FRONT TO COLLIDE ONTO VEHICLE C REAR.

NO OTHER VEHICLES INVOLVED.  
NOBODY WAS INJURED.

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 04/04/2023 1010HRS

Witnessed by Reporting Centre Personnel DHIYAA



































**SINGAPORE  
POLICE FORCE**



T/20230404/7036

1 of 4

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

Report No. T/20230404/7036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2023 12:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG CHAI SENG		Address: 683A CHOA CHU KANG CRESCENT #01-406 SINGAPORE 681883	
ID Type / ID No.: NRIC NO / S1243985G		Contact No.:	Mobile: 90239277
Nationality: SINGAPORE CITIZEN		Email: bolandng69@gmail.com	
Sex: Male	Age: 65	Date of Birth: 20/06/1957	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3	Date of Expiry: 04/04/2023

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2023 08:20	Type of Location: Straight Road
Location:  EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHB9000K	Car					0
SHD4785B	Car					0
SLE9814R	Car					0
SMG6681D	Car			Silver		0



**SINGAPORE  
POLICE FORCE**



T/20230404/7036

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

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Report No. T/20230404/7036

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMK9782E	Car					0
SNE4593L	Car	TOYOTA	Prius+	Grey	Slightly Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SNE4593L (Car)	Contact No.	NIL
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 CHAI SENG	ID No.	S1243985G
Related Vehicle	SNE4593L (Car)	Contact No.	90239277
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 04/04/2023
Date	04/04/2023	Date	04/04/2023
No. of Days granted Medical Leave	05	Degree of	Slight

## Brief Details.

On 04/04/2023 at about 0820hrs, I was driving vehicle SNE4593L along ECP towards Changi on the extreme right lane. While I was driving, I noticed that vehicle SMK9782E, vehicle SHB9000K, vehicle SLE9814R and vehicle SMG6681D had already collided onto each other causing me to perform an emergency brake and I managed to stop in time. Not long after stopping, vehicle SHD4785B's front collided into the rear of my vehicle which caused my vehicle to hit the vehicle in front of mine (SMK9782E).

There was no traffic police at scene and there was no ambulance. Nobody was injured. My in-car camera SD Card was seized by my company. Due to the whiplash of the accident, I suffered pain to the back of my neck, and my spine. I went Horizon Medical Pte Ltd at blk 109 Toa Payoh Lorong 1 and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20230404/7036

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

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Report No. T/20230404/7036

CONTINUATION OF REPORT

I am lodging this report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20230404/7036

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

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Report No. T/20230404/7036

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

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 04/04/2023 12:43
Classification Of Case:

This report is lodged at Ang Mo Kio South NPC Kiosk 1  
NP168





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G2344001C Vehicle Registration No: SNE4593L

Name (as shown in NRIC) FOCUS RENTALS PTE LTD NRIC/FIN/Passport No: 201836450G

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 04/04/2023 Time of Accident: 08:20

Place of Accident: ECP, Singapore

Insurance Company: India International Insurance Pte Ltd

**(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:

ATTACHED POLICE REPORT

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

*Siti*

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 06.04.2023

