

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	17/04/2023 12:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 08:25 (SGT)
Exact Location of Accident	Woodlands Industrial Park E8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9402T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG YEW CHAY
NRIC No	SXXXX374I
Email Address	ngyongpeng3@gmail.com
Mobile Phone No	(Phone) +65-98487924
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	2487

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210077764

DRIVER

Name of Driver	NG YEW CHAY
NRIC No	SXXXX374I
Date Of Birth	21/10/1985
Occupation	Indoor

Date Of Driving Pass	13/12/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98487924
Alt. Phone Number	-
Email Address	ngyongpeng3@gmail.com
Address	BLK 324D SENGKANG EASTWAY #12-821
Address complement	-
Postcode	544324
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	Side Swipe
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230416/2043

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	SMD638K
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH HAN HENG
NRIC No	SXXXX965A
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 YEW CHAY
Gender	Male
Phone No	(Phone) +65-98487924
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNA9402T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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 willful 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

WOODLANDS INSURANCE PARK

A : SNA 94027
B : SMID 638K

Describe Circumstance of the Accident

I was moving straight along the straight road. Vehicle B collided against my vehicle's LH side while making a U-Turn. Due to the head knock, I sustain injuries and seeking medical treatment. We took some photos and exchange particulars before leaving the scene.

POLICEREPORT 7/20230416/2043

Was there any video captured by Car Camera? ☒ Yes / ☐ No

Has the driver been approached by unknown person(s)? Yes ☐ No ☒

Number of Passengers (Including Driver)? 01

Name	Gender:
Name	Gender:
Name	Gender:

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

Policyholder's Signature / Date & Time

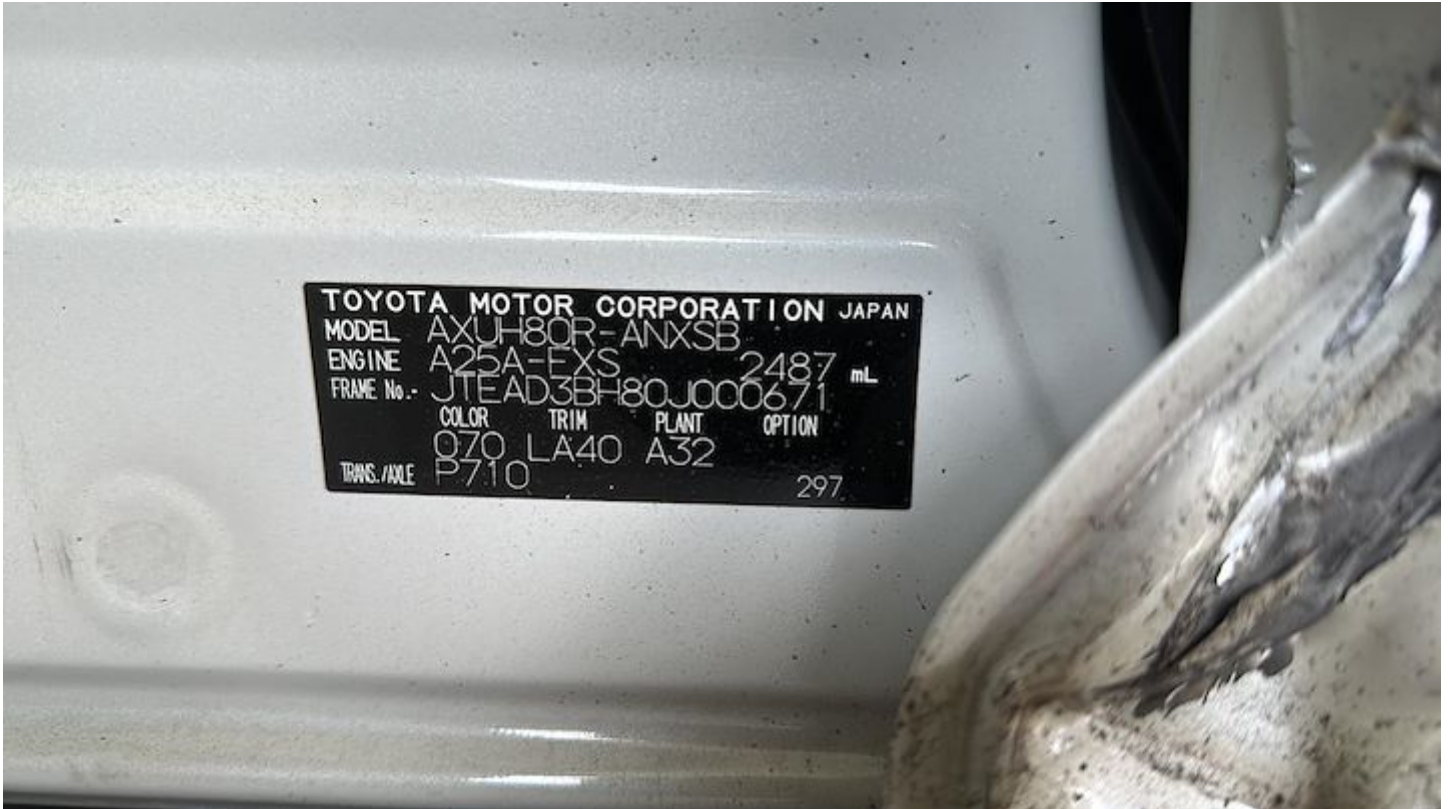
Driver's Signature (if driver is not the policyholder) / Date & Time

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





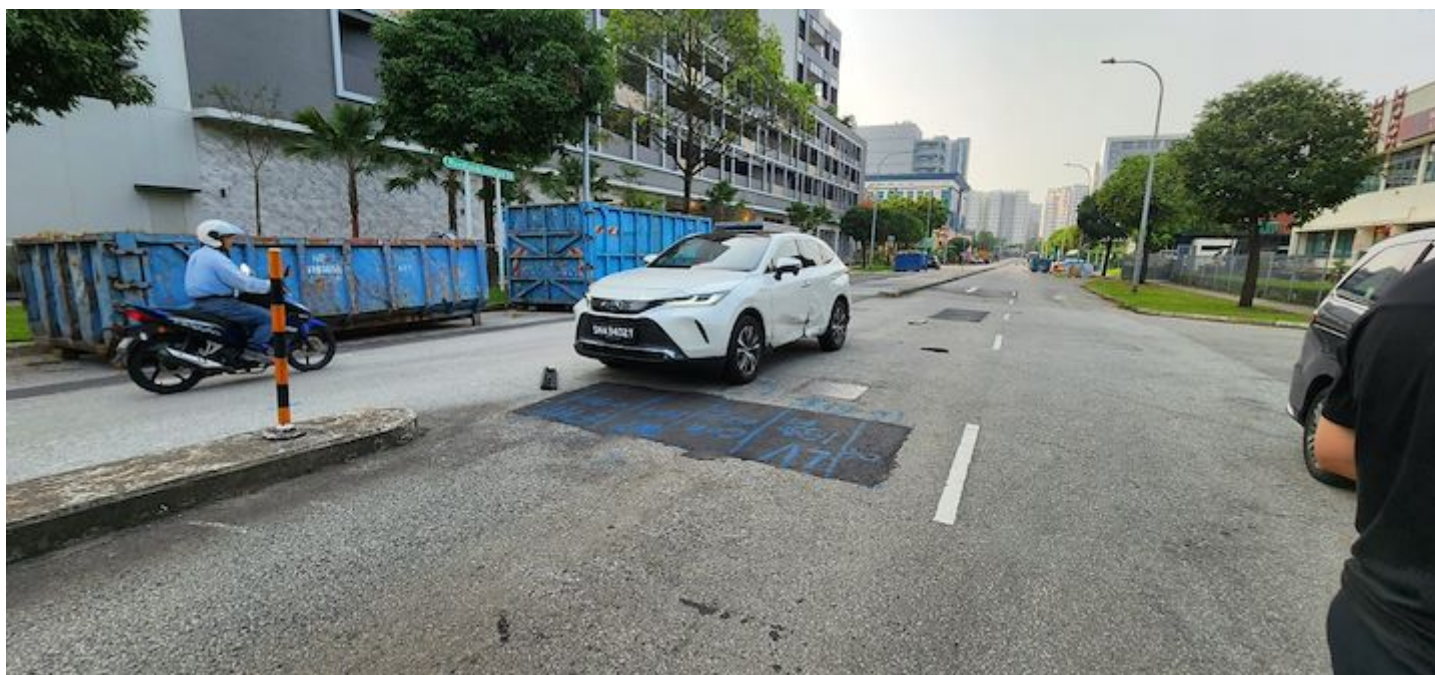


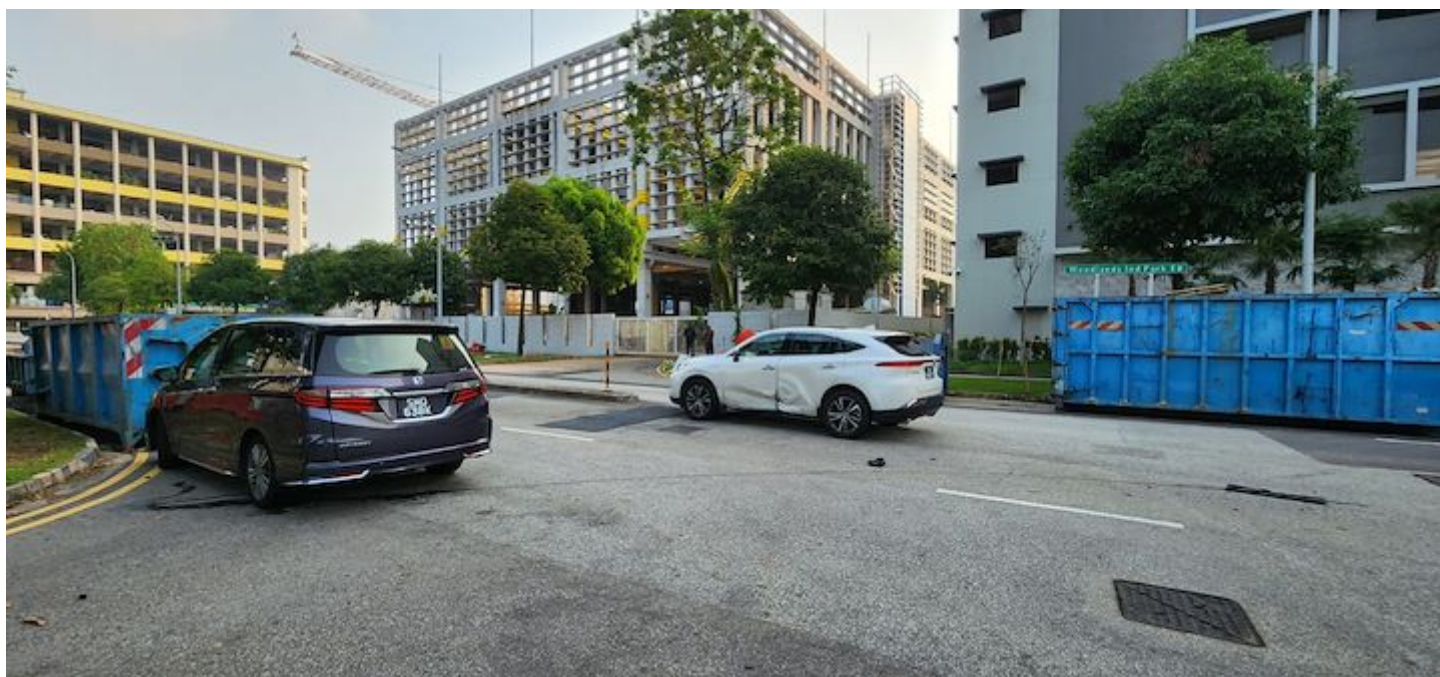













**SINGAPORE
POLICE FORCE**


T/20230416/2043

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Report No. T/20230416/2043

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2023 11:47	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: NG YEW CHAY	Address: APT BLK 324D SENGKANG EAST WAY #12-621 SINGAPORE 544324		
ID Type / ID No.: NRIC NO / S85703741	Contact No.:	Mobile: 98487924	
Nationality: SINGAPORE CITIZEN	Home/Office:		
	Email:		
Sex: Male	Age: 37	Date of Birth: 21/10/1985	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: Carpenter	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2023 08:30	Type of Location: T-Junction
Location:				
WOODLANDS INDUSTRIAL PARK E8				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMD638K	Car				Seriously Damaged	3
SNA9402T	Car	TOYOTA	HARRIER 2.5 HYBRID (AUTO) (2WD)	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



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Report No. T/20230416/2043

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA9402T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210077764	26/07/2021	25/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG YEW CHAY		ID No.	S8570374I
Related Vehicle	SNA9402T (Car)		Contact No.	98487924
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/04/2023		Date Discharge	15/04/2023
No. of Days granted Medical Leave	04		Degree of Injury	NIL
Driver				
Name	GOH HAN HENG		ID No.	S1756965A
Related Vehicle	NIL		Contact No.	96446125
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 15/04/2023 at about 0830hrs, I was driving my car bearing vehicle number SNA9402T along Woodlands Industrial Park E8 towards E3. It was a two way lane and I was travelling on the right lane.

There was one car bearing vehicle number SMD638K in front of my vehicle. When approaching a T-Junction, the car in front of me kept to the left while I continue driving forward on the right lane.

Subsequently, the car made a right turn wanting to make an illegal u-turn at the junction and collided into the left side of my car.

The damage of my car is left side of my vehicle has dents and scratches. Both the left front and rear door are unable to open as well after the accident.

After the accident, I felt pain on my left shoulder area. I went to Sengkang general hospital so seek treatment and was given 4 days of MC from 15/04/2023 to 18/04/2023.



**SINGAPORE
POLICE FORCE**



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Report No. T/20230416/2043

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

There was no traffic police or ambulance at scene.

I have an in car camera and it captured the whole incident.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



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Report No. T/20230416/2043

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 EUGENE NG YONG JUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
16/04/2023 11:47

Classification Of Case:

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: SN08234H0002 Vehicle Registration No: SN A9402J
 Name (as shown in NRIC): XG NEW LIAO NRIC/FIN/Passport No: SXXXX3743
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98687924
 Email Address: _____
 Date of Accident: 15/04/2023 Time of Accident: 08:25
 Place of Accident: WOODLAND IND PARK E8
 Insurance Company: PUL

(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:

EMAIL ADDRESS TO NG YONG PENG 3@gmail.com

Policyholder / Actual Driver's Signature
Date:

13/06/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: