

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	02/05/2023 12:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/04/2023 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE(PIE) NEAR LAMP POST 20/1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3407K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG SHIN YING (HUANG XINYING)
NRIC No	S7717233E
Email Address	Ngshinying@hotmail.com
Mobile Phone No	(Phone) +65-81835397
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	2400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5134240935

DRIVER

Name of Driver	NG SHIN YING (HUANG XINYING)
NRIC No	S7717233E
Date Of Birth	23/06/1977
Occupation	Indoor

Date Of Driving Pass	02/11/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81835397
Alt. Phone Number	-
Email Address	Ngshinying@hotmail.com
Address	124 MARSILING RISE #08-108
Address complement	-
Postcode	730124
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)	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 POLICE REPORT

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	SHA8099M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG CHING WEE
NRIC No	S7981965D
Contact Number	(Phone) +65-90288953
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG SHIN YING
Gender	Male
Phone No	(Phone) +65-81835397
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJG3407K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 02/05/2023 / 10:42

Report No: MT/ _____

D.O.A: 29/04/2023

Vehicle No: SJG3407K

Reporting Type: _____

Time: 14:10 hrs

SKETCH PLAN

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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.

02/05/23 / 10:42

Policyholder's Signature / Date & Time

Sketch Plan

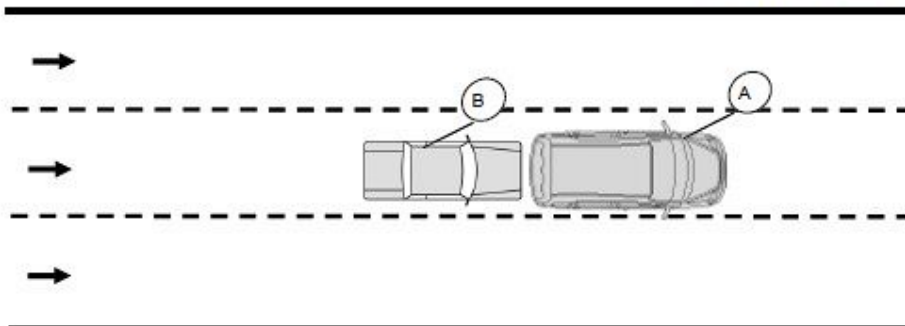
02/05/23 / 10:42

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

Kenneth Kok

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)



BKE(PIE) NEAR LAMP POST 20/1

Vehicle A: SJG3407K

Vehicle B:

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

Declaration

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



02/05/23 / 10:42

Policyholder's Signature / Date & Time

02/05/23 / 10:42

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



Kenneth Kok

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























**SINGAPORE
POLICE FORCE**



T/20230501/7016

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

1 of 3

Report No. T/20230501/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2023 13:02		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG SHIN YING			Address: 124 MARSILING RISE #08-108 SINGAPORE 730124		
ID Type / ID No.: NRIC NO / S7717233E			Contact No.: Home/Office: Mobile: 81835397		
Nationality: SINGAPORE CITIZEN			Email: NGSHINYING@HOTMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 23/06/1977	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self-Employed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/04/2023 14:10	Type of Location: Straight Road
Location: BKE (PIE)				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		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 Passenger
SHA8099M	Car	TOYOTA		Yellow	Seriously Damaged	1
SJG3407K	Car	TOYOTA	ESTIMA 2.4X A	Silver		0

Details of Vehicle Insurance

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



T/20230501/7016

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

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Report No. T/20230501/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG3407K	NTUC Income Insurance Co-Operative Limited	5134240935	23/02/2023	26/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG CHING WEE		ID No.	S7981965D
Related Vehicle	SHA8099M (Car)		Contact No.	90288953
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	NG SHIN YING		ID No.	S7717233E
Related Vehicle	SJG3407K (Car)		Contact No.	81835397
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	29/04/2023		Date	29/04/2023
No. of Days granted Medical Leave	05		Degree of	Slight

Brief Details.

I was on my way to work driving along BKE towards PIE on 29th Apr 2023 (Sat) around 1410 hrs. My Vehicle was on the middle lane while approaching the PIE (Changi) exit. I realized that traffic had build up and vehicle in front of me start to slow and stop. I applied the brake on my vehicle and finally manage to stop behind the car in front on me. Than I received an impact from the rear and realized that the Taxi behind me had crashed into my car. Accident location was near Lamp post 20/1.



**SINGAPORE
POLICE FORCE**



T/20230501/7016

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

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Report No. T/20230501/7016

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NADYA BINTE MOIDEEN
Contact No.: 65476331

NP168

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

Date/Time:
01/05/2023 13:02

Classification Of Case: