

## 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	26/06/2023 14:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/06/2023 07:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TPE TOWARDS CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6522B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KAR YEEN
NRIC No	SXXXX283E
Email Address	KARYEEN_NG@SINGAPOREAIR.COM.SG
Mobile Phone No	(Phone) +65-98274368
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS 1.6L CVT
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114648088-03

#### DRIVER

Name of Driver	NG KAR YEEN
NRIC No	SXXXX283E
Date Of Birth	19/02/1965
Occupation	Indoor

Date Of Driving Pass .....	14/05/1988
Driving experience .....	35 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98274368
Alt. Phone Number .....	-
Email Address .....	KARYEEN_NG@SINGAPOREAIR.COM.SG
Address .....	BLK 362 WOODLANDS AVE 5 #10-414
Address complement .....	-
Postcode .....	S730362
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 .....	Raining
Road Surface .....	Wet

#### 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 .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER POLICE REPORT : F/20230626/7015

#### 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 .....	SLD511D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MUHAMMAD EFFIE MIRZAWYN BIN EFFENDY
NRIC No .....	TXXXX289E
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 KAR YEEN
Gender .....	Male
Phone No .....	(Phone) +65-98274368
Address .....	BLK 362 WOODLANDS AVE 5 #10-414
Address Complement .....	-
Post Code .....	S730362
Approximate Age Years Old .....	58
Injuries Sustained .....	NECK AND SHOULDER
Injured person in which vehicle? .....	SKQ6522B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


**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.

Policyholder's Signature / Date & Time  
  
 26/6/23 10am  
 Sketch Plan

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

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

		Vehicle A: SKQ6522B	
		Vehicle B: SLD511D	
		A	
		B	

Describe Circumstance of the Accident

As per police report.

Declaration

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

Policyholder's Signature / Date & Time  
 26/6/23 10am

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**



F/20230626/7015

1 of 1

**POLICE REPORT (NP299)**

Report No. F/20230626/7015

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 26/06/2023 10:27	Vide Report No.	Station Diary No.
Name Of Informant NG KAR YEEN	Address 362 WOODLANDS AVENUE 5 #10-414 SINGAPORE 730362	
ID Type / ID No. NRIC NO / S1697283E	Contact No. Home/Office:	Mobile: 98274368
Nationality SINGAPORE CITIZEN	Email Address karyeen_ng@singaporeair.com.sg	
Occupation Aeronautical engineer	Sex Male	Age 58
Institution/School Name	Date of Birth 19/02/1965	Race Chinese
Date/Time Of Incident 26/06/2023 07:35	Location Of Incident TPE 8KM	

**Brief details.**

On 26 June 2023 at about 7.35am, I was driving in my vehicle A (SKQ6522B) along TPE towards Changi while on the way to work at lane 1. There's a heavy traffic and moving slow. The traffic slow down and came into a stop and I follow suit. Suddenly vehicle B (SLD511D), hit onto the rear of my vehicle. I am not feeling well on the neck and shoulder after the incident and will seek medical advice.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/06/2023 10:27
Officer In-Charge Of Case:	Classification Of Case: