SO03248T0001-01 / OPTIMA WERKZ PTE LTD
ENTRY DATE & TIME: 29/08/2024 11:22 (SGT)
SUBMITTED BY: Foo Song Jun
VERSION: 2 (05/09/2024 16:55 (SGT))

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 witholding 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 First Submission	29/08/2024 11:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/08/2024 18:00 (SGT)
Exact Location of Accident	Near Lor 6 Toa Payoh, Toa Payoh North Flyover, Singapore
Additional Location Information	ALONG BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1730D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIU YINTAO
NRIC No	SXXXX568F
Email Address	LIUYINTAO@YAHOO.COM
Mobile Phone No	(Phone) +65-94361730
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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	1797
Vehicle Fuel	Petrol-Electric
First Regisration Date	29/11/2018
Chassis no	ZWR800339497
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPCM001963

DRIVER

Name of Driver	ONG MEI REE
NRIC No	SXXXX937H
Date Of Birth	11/08/1980
Occupation	Indoor
Driving Pass Date	11/01/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93808083
Alt. Phone Number	-
Email Address	MEIREE@GMAIL.COM
Address	124 TAMPINES STREET 11
Address complement	#10-430
Postcode	S521124
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	5
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	LIU YIN TAO
Gender	Male

PASSENGER 2

Name	JAX LIU
Gender	Male

PASSENGER 3

Name	DYLAN LIU
Gender	Male

PASSENGER 4

Name	ISABELLE LIU
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

REFER TO SKETCH PLAN

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	SKR6647U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VIGNASHWARAN S/O RAJENTHERAN
NRIC No	SXXXX762E
Contact Number	(Phone) +65-81257742
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	LIU YIN TAO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG1730D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	ONG MEI REE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG1730D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	JAX LIU

Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG1730D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 4

Name of injured person	DYLAN LIU
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG1730D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 5

Name of injured person	ISABELLE LIU
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG1730D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

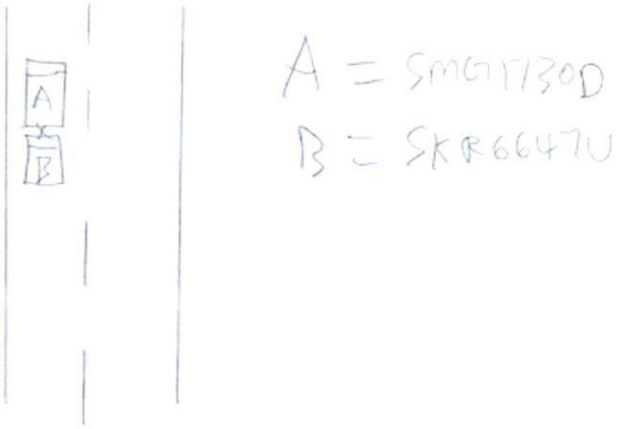
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

Refer to Police Report NO: T/2024/829/7016

*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM

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

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20240829/7016

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

Report No: T/20240829/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
29/08/2024 10:11		

Informant's Particulars

Name of Informant: ONG MEI REE			Address: 124 TAMPINES STREET 11 #10-430 SINGAPORE 521124	
ID Type / ID No.: NRIC NO / S8023937H			Contact No.: Home/Office:	Mobile: 93808083
Nationality: SINGAPORE CITIZEN			Email: MEIREE@GMAIL.COM	
Sex: Female	Age: 44	Date of Birth: 11/08/1980	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Technical/Engineering services manager (excluding transport)			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2024 18:00	Type of Location: Straight Road
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SKR6647U	Motor car	AUDI				0
SMG1730D	Motor car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20240829/7016

Report No. T/20240829/7016

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

CONTINUATION OF REPORT

Driver			
Name	ONG MEI REE	ID No.	S8023937H
Related Vehicle	SMG1730D (Motor car)	Contact No.	93808083
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/08/2024	Date Discharge	28/08/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

I was driving along Braddell Road when traffic became quite heavy, causing the driving speed to slow significantly. At times, traffic would come to a complete halt. Suddenly, we were hit from behind by another vehicle, causing us to lunge forward. All my passengers and I were shocked and shaken by the impact. Instinctively, I pressed the brakes, but shortly after, we were struck from behind again. The repeated collisions left all of us badly shaken.

After awhile , I noticed through the side mirror that the driver of the vehicle behind us had exited his car. the other driver claimed that he wasn't sure what caused his vehicle to lunge forward twice and he also said that his legs are in pain. Upon inspection, I observed that the front of his car was damaged and parts of his front part of the car had broken off , and the rear of my car had also sustained much damage. We exchanged contact information before driving off.

My family in my vehicle mention there is some pains and discomfort they were experiencing

Given the circumstances, we decided it was best to go to the doctor GP for medical checks.

SINGAPORE POLICE FORCE

T/20240829/7016

Report No. T/20240829/7016

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

CONTINUATION OF REPORT

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: 29/08/2024 10:11
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case:

NP168

SINGAPORE POLICE FORCE

T/20240905/7043

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

Report No. T/20240905/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
05/09/2024 12:19	T/20240829/7016	

Informant's Particulars

Name of Informant: ONG MER REE			Address: 124 TAMPINESE STREET 11 #10-430 SINGAPORE 521124	
ID Type / ID No.: NRIC NO / S8023937H			Contact No.: Home/Office: Mobile: 93808083	
Nationality: SINGAPORE CITIZEN			Email: MEIREE@GMAIL.COM	
Sex: Female	Age: 44	Date of Birth: 11/08/1980	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Technical/Engineering services manager (excluding transport)			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2024 18:00	Type of Location: Straight Road
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SKR6647U	Motor car					0
SMG1730D	Motor car					4

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20240905/7043

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

Report No. T/20240905/7043

CONTINUATION OF REPORT

Driver			
Name	ONG MER REE	ID No.	S8023937H
Related Vehicle	SMG1730D (Motor car)	Contact No.	93808083
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Passenger			
Name	ISABELLE LIU	ID No.	T1107770B
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Passenger			
Name	DYLAN LIU	ID No.	T0817759C
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Passenger			
Name	LIU YIN TAO	ID No.	S8075568F
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

SINGAPORE POLICE FORCE

T/20240905/7043

Report No. T/20240905/7043

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

CONTINUATION OF REPORT

Passenger			
Name	JAX LIU	ID No.	T0610922A
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Brief Details.

I was driving along Braddell Road when traffic became quite heavy, causing the driving speed to slow significantly. At time, traffic would come to a complete half. Suddenly, we were hit from behind by another vehicle, causing us to lunge forward. All my passengers and I were shocked and shaken by the impact. Instinctively, I pressed the brakes, but shortly after, we were struck from behind again. The repeated collisions left all of us badly shaken.

After awhile, I noticed through the side mirror that the driver of the vehicle behind us had exited his car, the other driver claimed that he wasn't sure what caused his vehicle to lunge forward twice and he also said that his legs are in pain. Upon inspection, I observed that the front of his car was damaged and parts of his front part of the car had broken off, and the rear of my car had also sustained much damage. We exchanged contact information before driving off.

My family in my vehicle mention there is some pains and discomfort they were experiencing.

Given the circumstances, we decided it was best to go to the doctor GP for medical checks.

SINGAPORE POLICE FORCE

T/20240905/7043

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

Report No. T/20240905/7043

CONTINUATION OF REPORT

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: 05/09/2024 12:19
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case:

NP168

GENERAL INSURANCE

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: SO03248T0001 Vehicle Registration No: SMG 1330 D

Name (as shown in NRIC): Ong Mei Dee NRIC/FIN/Passport No: S8023133H

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

Address: 124 Tampines Street 11 #10-430 Singapore (52124)

Contact (Tel): Mobile No.: 9380 8093

Email Address: meiyee@gmail.com

Date of Accident: 28 08 2024 Time of Accident: 12.00 pm

Place of Accident: Near Lor 8 Toa Payoh, Toa Payoh North Flyover along Braddell Road

Insurance Company: India International Insurance

(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:

updated Police Report - (2024/08/28)

KX

Policyholder / Driver's Signature
Date:

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