

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 First Submission	23/09/2024 10:59 (SGT)
Reported by	Actual Driver
Date of Accident	20/09/2024 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SORBY ADAMS DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5253H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GREEN COSMOS MAKETING PTE LTD
Company Reg No	199706320R
Email Address	GERALDOCY@GMAIL.COM
Mobile Phone No	(Phone) +65-96311017
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5015282

DRIVER

Name of Driver	GERALD ONG CHUAN YEH
NRIC No	S8909579D
Date Of Birth	17/03/1989
Occupation	Indoor
Driving Pass Date	21/03/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96311017
Alt. Phone Number	-
Email Address	GERALDOCY@GMAIL.COM
Address	420A NORTHSHORE DR #22-615 S821420
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

REFER TO ATTACHED REPORT

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	FBV7562J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

SKETCH PLAN

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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.



[Signature] 23/09/2024

[Signature] 23/09/2024



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<div style="position: relative;"> <div style="position: absolute; top: 10px; right: 10px; border: 1px solid black; padding: 2px;">A</div> <div style="position: absolute; top: 30px; right: 10px; border: 1px solid black; padding: 2px;">A</div> <div style="position: absolute; top: 50px; right: 10px; border: 1px solid black; padding: 2px;">A</div> <div style="position: absolute; top: 70px; right: 10px; border: 1px solid black; padding: 2px;">B</div> </div>	<p>A-SNA5253H</p> <p>B-FBV7562J</p>
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Describe Circumstances of the Accident

Refer To Police Report

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



[Signature]

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20240920/7098

1 of 3

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

Report No. T/20240920/7098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2024 22:19		Vide Report No.: F/20240920/0149		Station Diary No.:	
Informant's Particulars					
Name of Informant: Gerald Ong Chuan Yeh			Address: 420A Northshore Drive #22-615 SINGAPORE 821420		
ID Type / ID No.: NRIC NO / S8909579D			Contact No.: Home/Office:		Mobile: 96311017
Nationality: SINGAPORE CITIZEN			Email: geraldocy@gmail.com		
Sex: Male	Age: 35	Date of Birth: 17/03/1989	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Business development executive			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2024 18:00	Type of Location: Flyover
Location: SORBY ADAMS DRIVE				
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: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBV7562J	Motorcycle	YAMAHA		Red	Seriously Damaged	0
SNA5253H	Motor car	MERCEDES BENZ		Blue	Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20240920/7098

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

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Report No. T/20240920/7098

CONTINUATION OF REPORT

Rider			
Name	AMIRUL HAFIZ BIN AZMAN		ID No. T0606438D
Related Vehicle	FBV7562J (Motorcycle)		Contact No. NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		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)	NIL	Degree of Injury	Serious
Driver			
Name	Gerald Ong Chuan Yeh		ID No. S8909579D
Related Vehicle	SNA5253H (Motor car)		Contact No. 96311017
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

I am travelling along CTE (city-bound and past Braddell) at around 6pm, the traffic was slow moving and my speed was approximately 50km/hr. I was in the first lane. All of a sudden, I felt a huge impact on my rear and instantly I saw a motorcyclist rolled down from my front windscreen and bonnet, and ended up on the road in front of me. I applied emergency brake immediately to avoid going over him. I on my hazard lights, went into park mode, then went down to assist the motorcyclist. Ambulance, traffic police and EMAS arrived on site shortly. I have videos and photos (all exceeding 2MB) that the motorcyclist was travelling at high speed and rear-ended me. My car was badly damaged with multiple dents and cracks on the boot, top and front.



**SINGAPORE
POLICE FORCE**

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



T/20240920/7098

3 of 3

Report No. T/20240920/7098

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
YAN MINGSHENG DANIEL
Contact No.: 65476252

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

Date/Time:
20/09/2024 22:19

Classification Of Case:

NP168