

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	25/09/2024 16:12 (SGT)
Reported by	Actual Driver
Date of Accident	24/09/2024 20:30 (SGT)
Exact Location of Accident	Rochor Rd, Singapore
Additional Location Information	BEFORE BEACH RD TO BUKIT TIMAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD2432J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG MING CHOON
NRIC No	SXXXX104D
Email Address	IRISONG88@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93857155
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1198
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116611132-04

DRIVER

Name of Driver	ONG AH CHYE
NRIC No	SXXXX913G
Date Of Birth	27/01/1967
Occupation	Indoor
Driving Pass Date	19/06/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93857155
Alt. Phone Number	-
Email Address	IRISONG88@YAHOO.COM.SG
Address	68 GEYLANG BAHRU
Address complement	#07-3247
Postcode	330068
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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)	2
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	CHIA SOO CHU
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 ATTACH

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 SJY3863G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ONG AH CHYE
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 3 DAYS MC
 Injured person in which vehicle? SJD2432J
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person CHIA SOO CHU
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 3 DAYS MC
 Injured person in which vehicle? SJD2432J
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

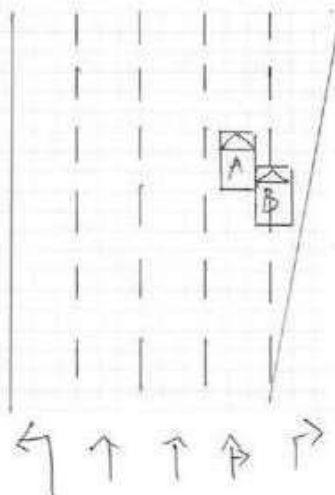
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Vehicle A: 5JD2432J
Vehicle B: 5JY3863G

Describe Circumstances of the Accident

On the stated date and time, I was driving along the stated location in my vehicle A. As there was traffic ahead, I slowed my vehicle down gradually. Suddenly, I felt a hard impact. Vehicle B had collided into my vehicle rear right portion with his vehicle front left portion.

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/20240924/7138

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

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Report No. T/20240924/7138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2024 23:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG AH CHYE			Address: 68 GEYLANG BAHRU #07-3247 SINGAPORE 330068		
ID Type / ID No.: NRIC NO / S1796913G			Contact No.: Home/Office:		Mobile: 93857155
Nationality: SINGAPORE CITIZEN			Email: IRISONG88@YAHOO.COM.SG		
Sex: Female	Age: 57	Date of Birth: 27/01/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Admin cum sales			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: 24/09/2024 20:30	Type of Location: Straight Road
Location: BEACH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD2432J	Motor car					0
SJY3863G	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/20240924/7138

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

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Report No. T/20240924/7138

CONTINUATION OF REPORT

Passenger			
Name	CHIA SOO CHU	ID No.	S1130851A
Related Vehicle	SJD2432J (Motor car)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/09/2024	Date Discharge	24/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	ONG AH CHYE	ID No.	S1796913G
Related Vehicle	SJD2432J (Motor car)	Contact No.	93857155
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/09/2024	Date Discharge	24/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 24/09/2024, at about 8.30pm, I was driving my vehicle SJD2432J along rochor road towards bukit timah road before beach road with my friend, Chia Soo Chu, who was seated on the front left passenger seat. As we were coming to a stop due to the traffic ahead, I suddenly felt a hard impact. Vehicle SJY3863G had collided into my vehicle rear right portion with his vehicle front left portion.

I later went to unihealth toa payoh where I seeked treatment for my shoulder, and waist injuries, received medication and 3 days mc.



**SINGAPORE
POLICE FORCE**

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



T/20240924/7138

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Report No. T/20240924/7138

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KAMALIAH BINTE KAMIS
Contact No.: 65476433

NP168

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

Date/Time:
24/09/2024 23:21

Classification Of Case: