

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	18/10/2024 19:30 (SGT)
Reported by	Actual Driver
Date of Accident	17/10/2024 00:30 (SGT)
Exact Location of Accident	Bef Buangkok East Dr, Singapore
Additional Location Information	OLD TAMPINES ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNS7599C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Company Reg No	2XXXXX970Z
Email Address	ARACXKY@GMAIL.COM
Mobile Phone No	(Phone) +65-96461329
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	29/08/2024
Chassis no	KMHLN41JVRU120816
Effective Date/Time of Ownership	29/08/2024 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00004652400

DRIVER

Name of Driver	ONG KAR GAY DERRICK (WANG JIA YI DERRICK)
NRIC No	SXXXX211D
Date Of Birth	14/05/1981
Occupation	Outdoor
Driving Pass Date	19/08/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90402317
Alt. Phone Number	-
Email Address	ADLINE@AUTOBAHNRENTACAR.SG
Address	BLK 302 HOUGANG AVENUE 5
Address complement	#08-453
Postcode	530302
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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 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	PROPERTY
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 KAR GAY DERRICK (WANG JIA YI DERRICK)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNS7599C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

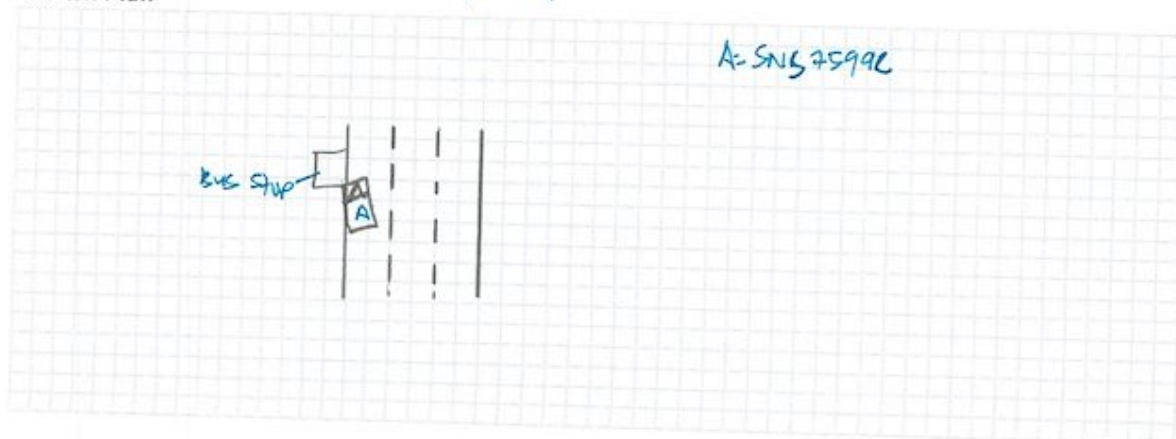
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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
18/10/2024


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report.


Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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 *18/10/2024*



 Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



G/20241017/7040

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POLICE REPORT (NP299)

Report No. G/20241017/7040

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 17/10/2024 11:48	Vide Report No.	Station Diary No.
Name Of Informant ONG KAR GAY DERRICK (WANG JIAYL DERRICK)	Address 302 HOUGANG AVENUE 5 #08-453 SINGAPORE 530302	
ID Type / ID No. NRIC NO / S8114211D	Contact No. Home/Office:	Mobile: 90402317
Nationality SINGAPORE CITIZEN	Email Address KARGAY@GMAIL.COM	
Occupation Other finance brokers	Sex Male	Age 43
	Date of Birth 14/05/1981	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 16/10/2024 00:00 - 16/10/2024 01:00	Location Of Incident OLD TAMPINES ROAD	

Brief details:

I rented a car from shariot. I drove and lost control of the car and crashed. I am unconscious till I am in hospital, I am unaware if there is any victims or witnesses

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: 17/10/2024 11:48
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	

This report is lodged at Traffic Police Kiosk 2



**SINGAPORE
POLICE FORCE**



G/20241017/7040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20241017/7040

Subjects Involved								
Victim								
Person Name	ONG KAR GAY DERRICK (WANG JIAYL DERRICK)							
ID Type	NRIC NO	ID No	S8114211D					
Gender	Male	Age	43					
Nationality	SINGAPORE CITIZEN	Race	Chinese					
Language	English	Occupation	Other finance brokers					
Address	302 HOUGANG AVENUE 5 #08-453 SINGAPORE 530302		Mobile No	90402317				
Email Address	KARGAY@GMAIL.COM		Is Informant A Victim?	Yes				
Person Name	ONG KAR GAY DERRICK (WANG JIAYL DERRICK) (Informant)							
Property Information								
S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantity	Value	Description
1	Mobile Phone or Mobile Device with IMEI Number	Stolen	Samsung	S54		1	400.00	

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: 17/10/2024 11:48
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	

This report is lodged at Traffic Police Kiosk 2