

SW0H248A0001 / Woon Meng Motor Pte Ltd [659578]
 ENTRY DATE & TIME: 10/08/2024 15:37 (SGT)
 SUBMITTED BY: Heng Sew Sow
 VERSION: 1 (10/08/2024 15:37 (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 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	10/08/2024 15:37 (SGT)
Reported by	Actual Driver
Date of Accident	07/08/2024 18:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1387B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Sheng Siong Supermarket Pte Ltd
Company Reg No	198304925E
Email Address	lin.zk@shengsiong.com.sg
Mobile Phone No	(Phone) +65-96908216
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVC000009679-00-000

DRIVER

Name of Driver	Ong Qi Wei
NRIC No	S1722623A
Date Of Birth	02/09/1965
Occupation	Outdoor
Driving Pass Date	28/05/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96908216
Alt. Phone Number	-
Email Address	lin.zk@shengsiong.com.sg
Address	278 Yishun Street 22, #09-284
Address complement	-
Postcode	760278
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 police report no.: T/20240807/7118.

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	FBD1953Z
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

SKETCH PLAN

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7. By the lodgment 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 (POPA)**
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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

昇菴 耀 蝦 市 場 私人有限公司
 SHENG SIONG SUPERMARKET PTE LTD
 6 MANDALAY LINK
 SINGAPORE 728652
 TEL: 68951888 FAX: 62690265
 REG NO: 198304925E

Policyholder's Signature _____ Date & Time: _____
 Driver's Signature _____ (If driver is not the policyholder) Date & Time: _____
 Reporting Centre Personnel's Signature _____ Name: _____ NRIC/FIN No.: _____

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.
☐ Claim Own Damage ☐ Claim TP ☒ Reporting Only ☐ Claim OD/TP at other workshop

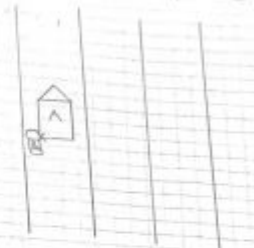
10/08/24

SKETCH PLAN #2

SKETCH PLAN

Pan Island Expressway

A - GBJ138TB
B - FBD1953Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was driving straight on left most lane at Pan Island Expressway, a motorcycle from behind hit against rear left of my vehicle. As a result, the motorist was injured and ambulance sent him to the hospital. My vehicle was slightly damaged with some scratches on the side.

DECLARATION

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

HENG SIONG SUPERMARKET PTE LTD
6 MANDAI LINK
SINGAPORE 728652
TEL: 62951555 FAX: 62598265
REG NO: 198304925E

Date & Time:

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

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

10/08/24

IMAGES



IMAGES #2



IMAGES #3



IMAGES #4



IMAGES #5



IMAGES #6



IMAGES #7



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20240807/7118

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

1 of 3

Report No. T/20240807/7118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2024 21:44		Vide Report No.: E/20240807/0096		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG QI WEI			Address: 278 YISHUN STREET 22 #09-284 SINGAPORE 760278		
ID Type / ID No.: NRIC NO / S1722623A			Contact No.: Home/Office: Mobile: 96908216		
Nationality: SINGAPORE CITIZEN			Email: ONGLYETHIAM@GMAIL.COM		
Sex: Male	Age: 58	Date of Birth: 02/09/1965	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: delivery driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/08/2024 18:40	Type of Location: expressway
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD1953Z	Motorcycle		DUCATI	White	Slightly Damaged	0
GBJ1387B	Motor van	TOYOTA		Blue	Slightly Damaged	0

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

POLICE REPORT #2



**SINGAPORE
POLICE FORCE**



T/20240807/7118

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

2 of 3

Report No. T/20240807/7118

CONTINUATION OF REPORT

Driver			
Name	ONG QI WEI		ID No. S1722623A
Related Vehicle	GBJ1387B (Motor van)		Contact No. 96908216
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.

On 7 August about 1840pm, I was on the exit from Toa Payoh to PIE. Just as I was on the expressway on the left most lane, a motorbike came on my left at the back and knocked against van. The motor bike was damaged at the front and the rider was left lying on ground unable to move. Ambulance came and sent the injured rider to the hospital. My van was slightly damaged with some scratches on the side. I was not injured.

POLICE REPORT #3

**SINGAPORE
POLICE FORCE**

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



T/20240807/7118

3 of 3

Report No. T/20240807/7118

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

This report is lodged at Rochor NPC Kiosk 1
NP168

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

Date/Time:
07/08/2024 21:44

Classification Of Case:

POLICE REPORT #4

OTHER DOCUMENTS



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T
 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
 SINGAPORE 039190
 TEL: +65 6804 6000
 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
 - Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number	: MOMVC000009679-00-000	Cover	: Commercial Vehicle (Third Party Only)
Policyholder Name	: Sheng Siong Supermarket Pte Ltd	Chassis Number	: JTFAT35Y30K211894
NCD Entitlement	: 20% Fleet Discount	Engine Number	: 1KD2832015
Hire Purchase	: N/A	Registration Number	: GBJ1387B
Period of Insurance	: From 01/04/2024 (00:00) To 31/03/2025 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) Any person who is driving on the Policyholder's order or with their permission
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

- a) Use in connection with Policyholder's business
 b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business
 This Policy does not cover:
 a) Use for Hire and Reward
 b) Use for racing, pace making, reliability trial or speed testing

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

Excess (Section 1) : N/A
 Excess (Section 2) : N/A
 Windscreen Excess : N/A

Driver Details

Named Driver 01 : Any person who is driving on the policyholder's order or with their permission

Name of Intermediary : LCH Insurance Brokers Pte. Ltd.
 Date of Issue : 15/04/2024

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of
 Great American Insurance Company

Authorised Signatory
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