

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	11/11/2024 11:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/11/2024 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PORTSDOWN FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4203E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG KIM SING
NRIC No	S7578508I
Email Address	oks2192@yahoo.com
Mobile Phone No	(Phone) +65-92971030
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10311321R04

DRIVER

Name of Driver	ONG KIM SING
NRIC No	S7578508I
Date Of Birth	09/07/1975
Occupation	Indoor
Driving Pass Date	06/08/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92971030
Alt. Phone Number	-
Email Address	oks2192@yahoo.com
Address	138C LORONG 1A TOA PAYOH #29-36
Address complement	-
Postcode	313138
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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 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	GBK7417D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMU1580X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMD3486A
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)	-

Describe Circumstance of the Accident

DOA: 11 NOV 24
 TIME: 0650hr
 LOCATION: Portsmouth Flyover.

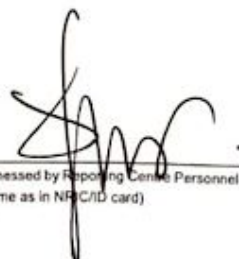
While approaching traffic light junction, the traffic light just turned green, a lorry behind me just bang on my back and causing my car move forward and hit the car in front of me, that end out chain collision happened.

While approaching traffic junction, the traffic light just turned green, while waiting the cars to move, suddenly a lorry behind bang on my back and causing chain collision.

Declaration
 I/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
 (Name as in NR/C/D card)

SKETCH PLAN

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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

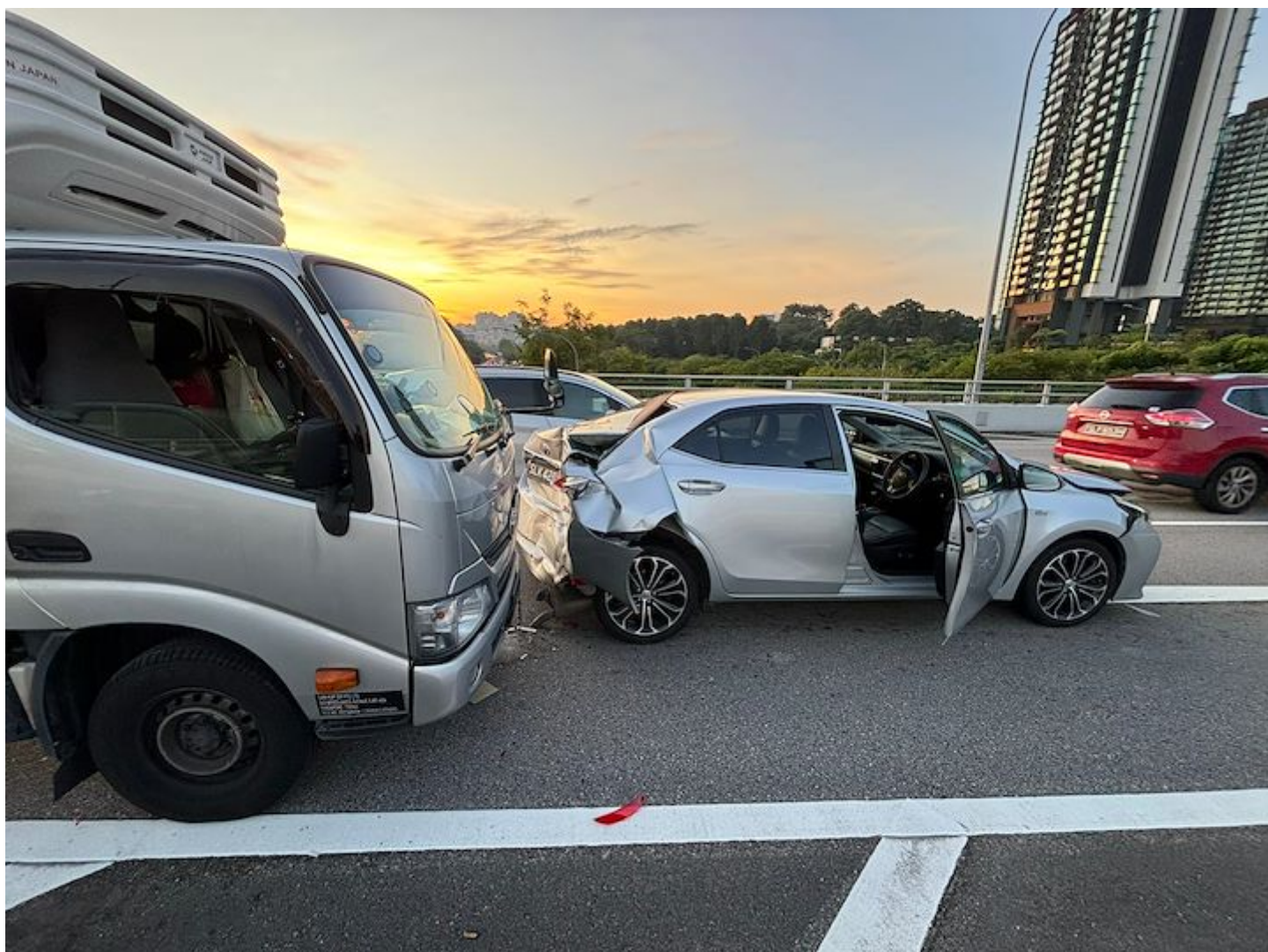
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

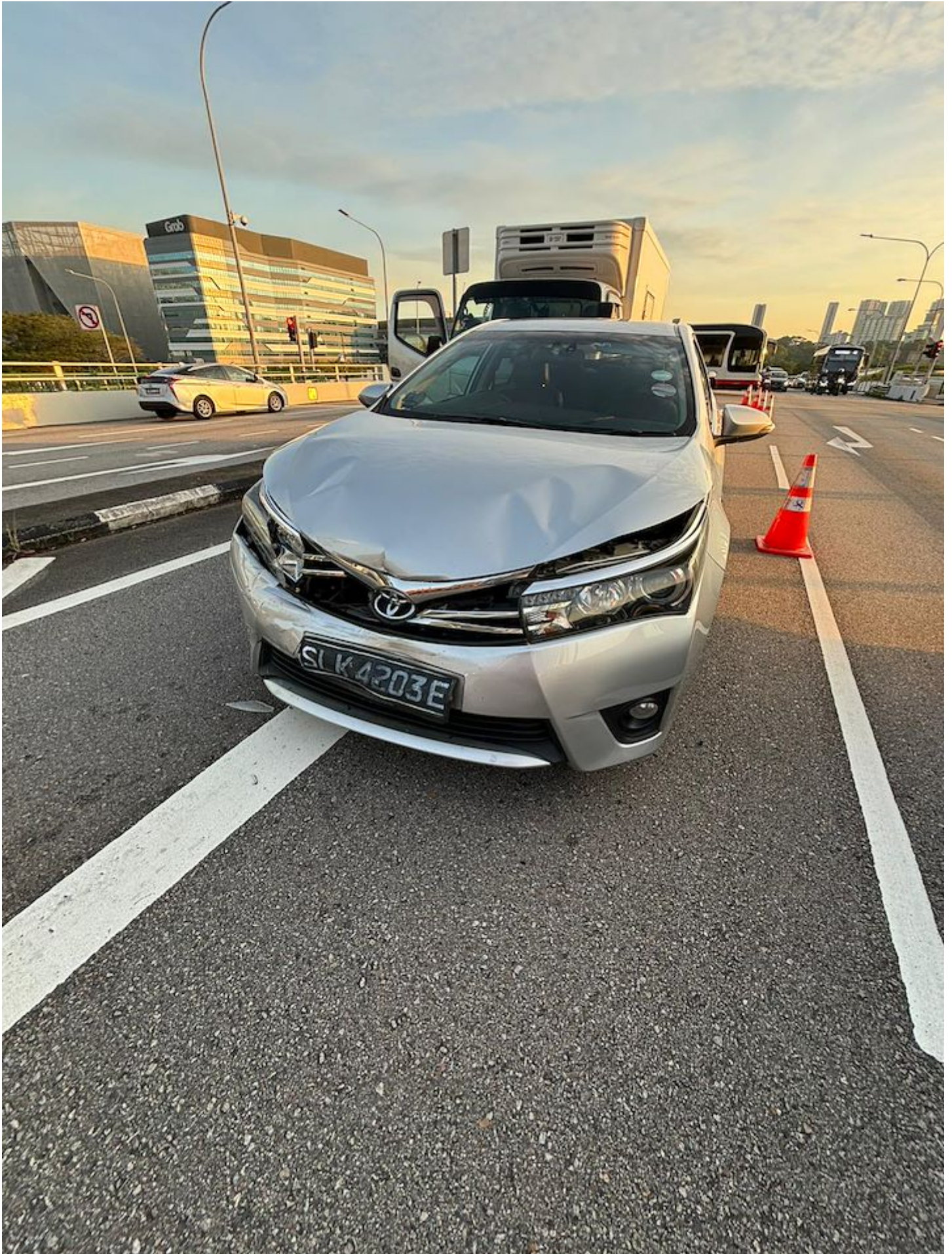
Sketch Plan

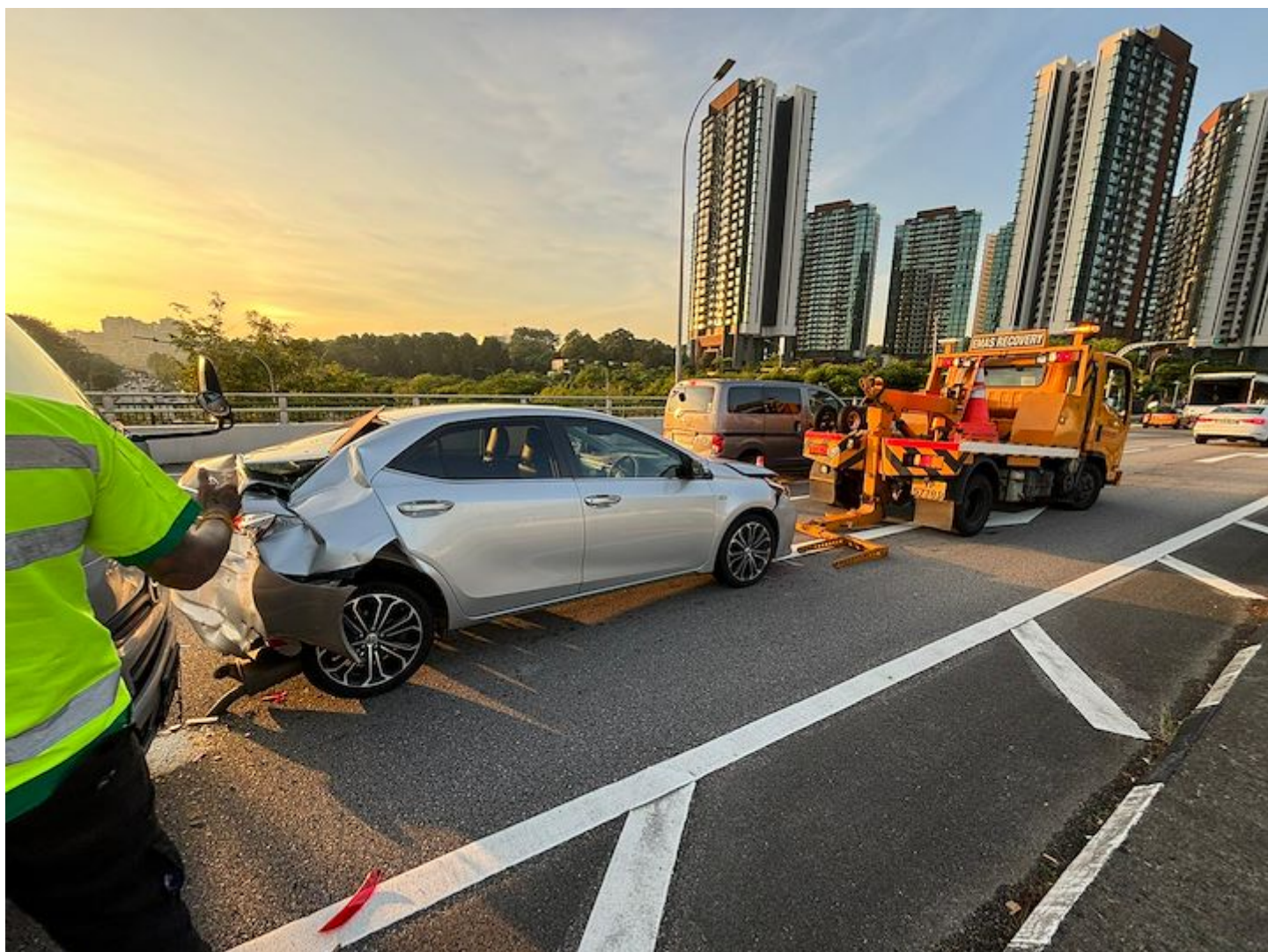
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				B: GBK7417D
				C: SMU1580X
				D: SMD3486A

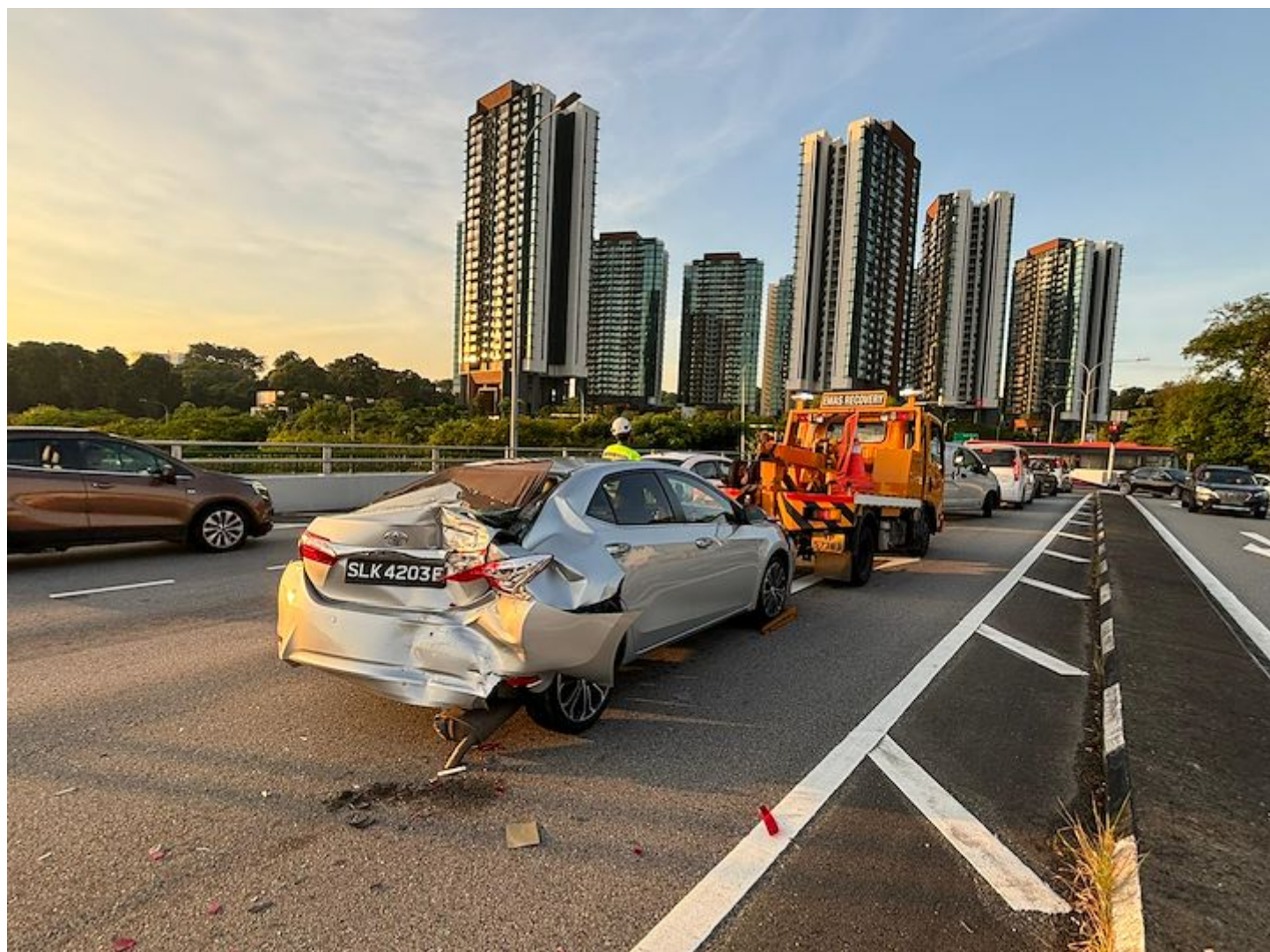


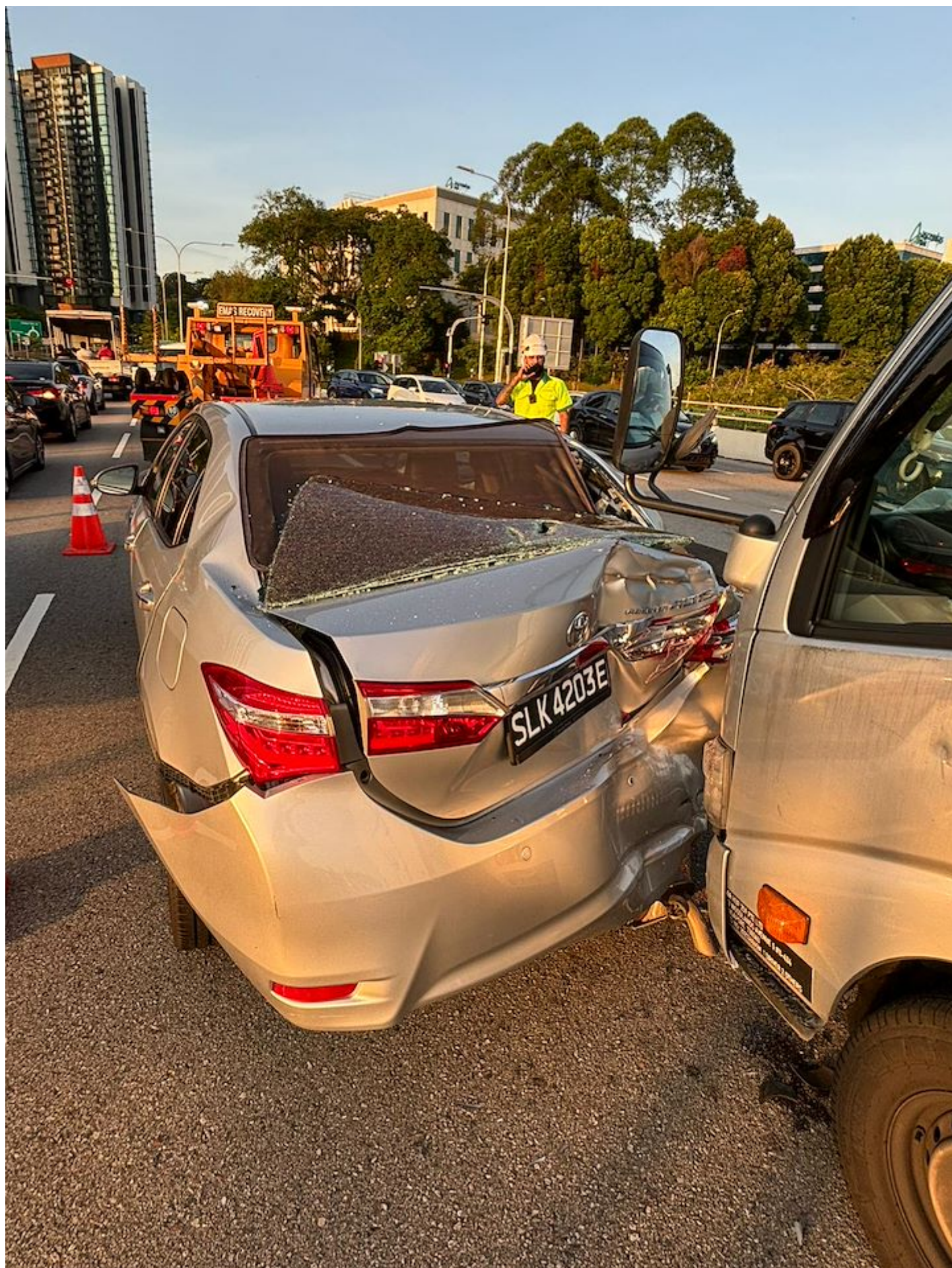




















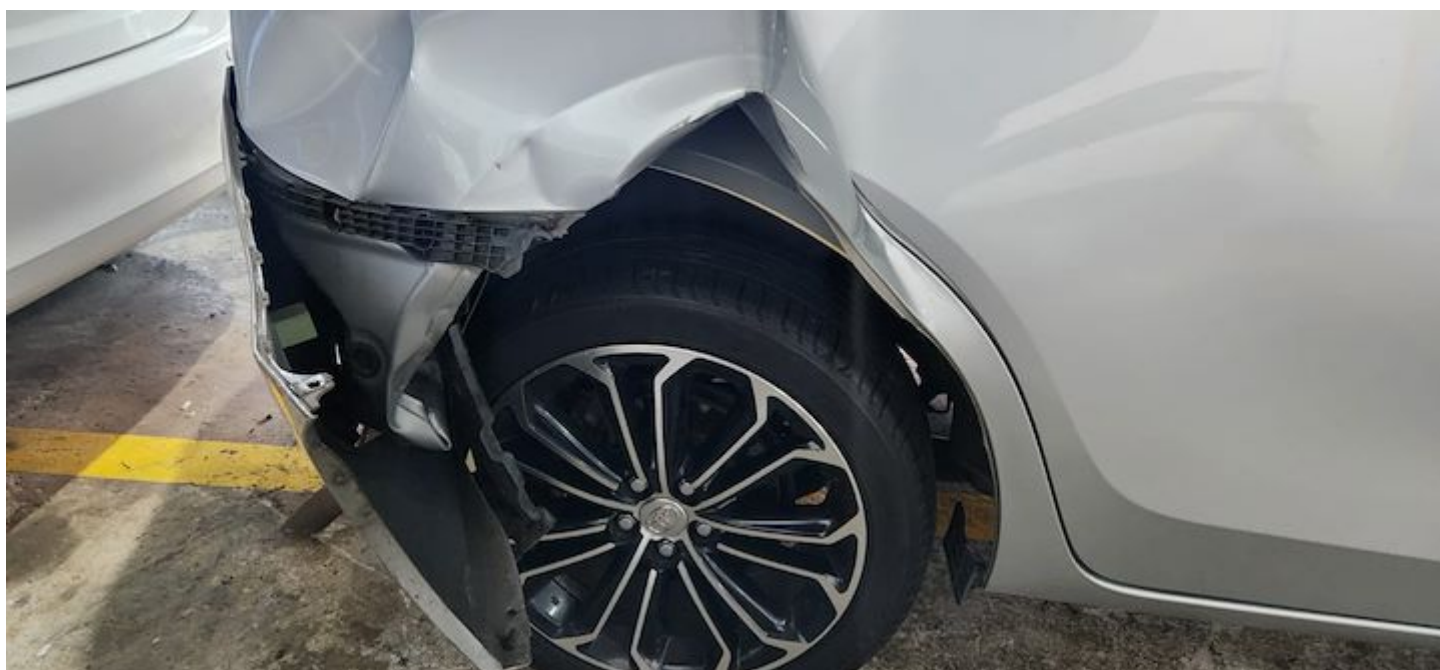
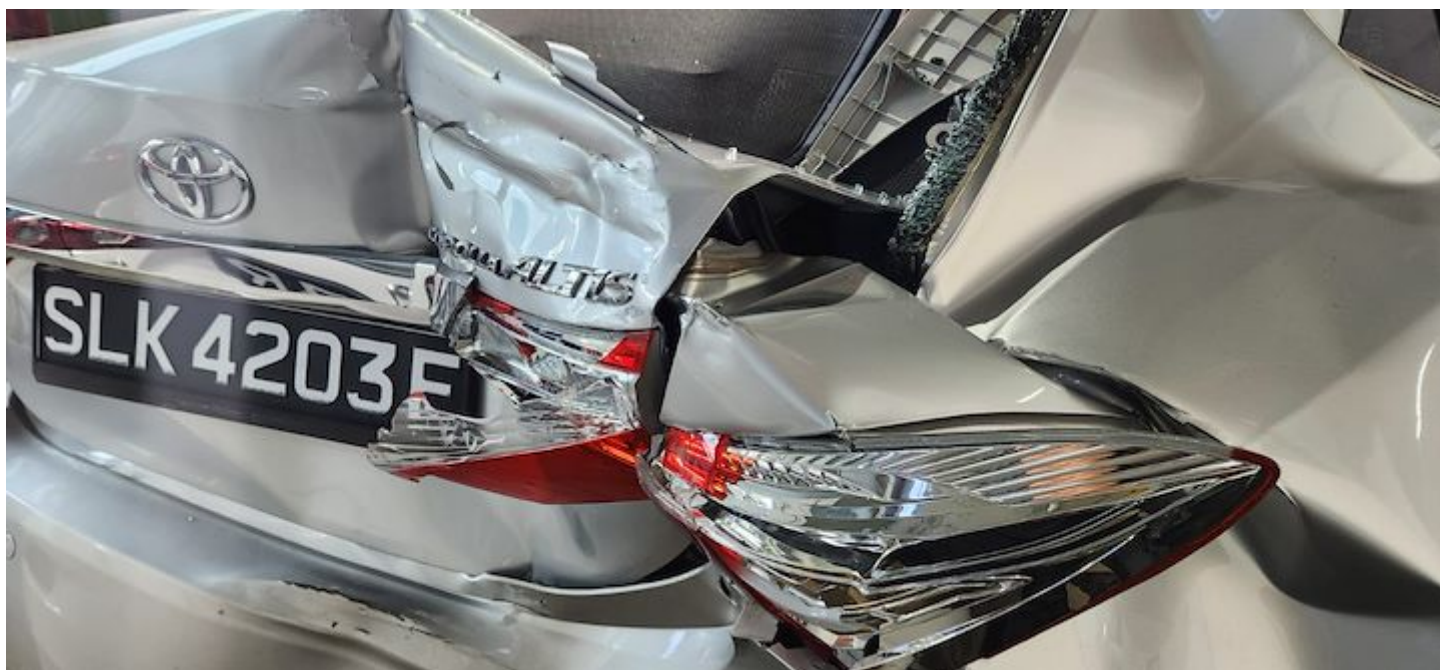




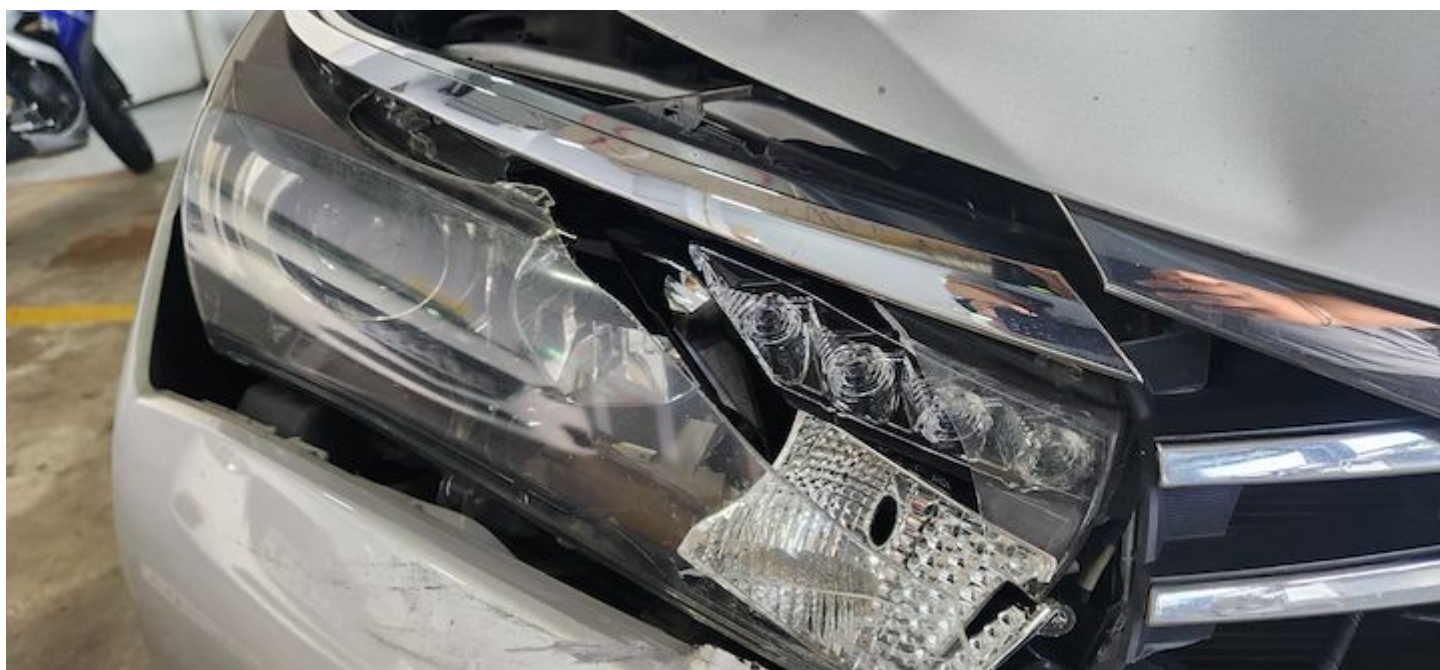






















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**SINGAPORE
POLICE FORCE**

T/20241111/7084

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

3 of 3

Report No. T/20241111/7084

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

NP168

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

Date/Time:
11/11/2024 14:54

Classification Of Case:



SINGAPORE POLICE FORCE



T/20241111/7084

1 of 3

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

Report No. T/20241111/7084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2024 14:54		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: ONG KIM SING		Address: 138C LORONG 1A TOA PAYOH #29-36 SINGAPORE 313138		
ID Type / ID No.: NRIC NO / S7578508I		Contact No.: Home/Office: Mobile: 92971030		
Nationality: MALAYSIAN		Email: OKS2192@YAHOO.COM		
Sex: Male	Age: 49	Date of Birth: 09/07/1975	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Production Team Leader (Petrochemical plant)		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: 11/11/2024 06:45	Type of Location: Flyover
Location: SCIENCE PARK DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK7417D	Lorry			Silver		0
SLK4203E	Motor car	TOYOTA	COROLLA ALTIS 1.6 CVT	Silver		0
SMU1580X	Sports utility car					0
SND3486A	Sedan car					0



**SINGAPORE
POLICE FORCE**



T/20241111/7084

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

2 of 3

Report No. T/20241111/7084

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLK4203E	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10311321R04	17/01/2024	16/01/2025

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	GARDI BIN BANDI	ID No.	S7736873F
Related Vehicle	GBK7417D (Lorry)	Contact No.	81966552
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

Driver

Name	ONG KIM SING	ID No.	S7578508I
Related Vehicle	SLK4203E (Motor car)	Contact No.	92971030
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/11/2024	Date Discharge	11/11/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

I was driving towards Portsdown Ave traffic junction intend to turn right to enter AYE to continue my journey to Jurong Island for work. When approaching traffic light junction, while waiting for the green light, suddenly a lorry bangs me from behind and causes my car to move forward and hit the front car, the front car hit another car in front of her. Initially I felt concussion and slight neck pain, I didn't not request for medical attention. Thereafter I felt my neck getting more painful and seek medical attention at Mount Alvernia A & E. I was given 5 days MC due to my neck and back pain.

I have video and pictures for the accident.



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: SA1T24BB0003 Vehicle Registration No: SLK4203E
 Name (as shown in NRIC): ONG KIM SING NRIC/FIN/Passport No: SXXXX508I
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 138C LORONG 1A TOA PAYOH #29-36 Singapore ()
 Contact (Tel): _____ Mobile No.: 92971030
 Email Address: oks2192@yahoo.com
 Date of Accident: 11/11/2024 Time of Accident: 06:50HR
 Place of Accident: PORTSDOWN FLYOVER
 Insurance Company: Auto&General Insurance(Singapore)Pte.Limited.

(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:

UPLOAD OF POLICE REPORT

ONG KIM SING

Policyholder / Actual Driver's Signature
Date:

RAYNA

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: