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 witholding 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.

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 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 22/11/2024 10:28 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 21/11/2024 17:30 (SGT) Exact Location of Accident Sheares Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number **SLN9110R**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG KAR THUAN NRIC No S7515109H Fmail Address DAVEONG16@GMAIL.COM Mobile Phone No (Phone) +65-96286942 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Shuttle Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1499 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5100794086-06

DRIVER

Name of Driver ONG KAR THUAN NRIC No S7515109H Date Of Birth 19/05/1975 Occupation Indoor Driving Pass Date 17/07/2002 Driving License Pass Class Driving License Validity Valid Driving experience 22 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96286942 Alt. Phone Number Email Address DAVEONG16@GMAIL.COM Address BLK 904 SIMS AVE #10-22 Address complement Postcode 408968 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 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) 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 NG PECK IMM 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? Nο If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20241121/7101

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	SME4380X
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

SKV2159S
-
-
-
-
Private car
-
-
-
-
-
_
_
VEHICLE C
-

DETAILS OF OTHER VEHICLE PROPERTY 3

SNS3272X
-
-
-
-
Private car
-
-
-
-
-
-
-
VEHICLE D
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	_

Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 ladgement 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)

Lunderstand, 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

munc	/
Policyholder's Signature / Date &	Driver's Si
Time	& Time
2233300000000	

ignature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

	Shearus	(A) SLN91luk
	Henri	(B) SME 4380X
		(c) SKV 21593
		(6) SNS 3272X

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	Petr 16 Paice report Ho: P/2024 1/21/7/11
	ON AT THE VE ON A WORK - WAR WATER BANKEY
-	
	7
- 2	
	<i>J</i> .

Declaration

We declare the foregoing particulars are true in every respect.

Future Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



T/20241121/7101

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241121/7101

REPORT OF A TRAFFIC ACCIDENT

	e Report Ma 24 18:56	nde:	Vide Report No.:		Station Diary No.:
Informan	t's Particular	S	AND ELEVER OF THE	在为16万(a) a (a) (b)	CONTRACTOR OF STATE OF
	Informant: R THUAN	300	Address: 904 SIMS AVENUE #10-	22 SINGAPORE 40	8968
ID Type I	ID No.: 7 S7515109	ЭН	Contact No.: Home/Office:	Mobile: 9	6286942
Nationali SINGAP	ty: ORE CITIZE	N	Email: DAVEONG16@GMAIL.C	ОМ	entre entregatives et
Sex: Male	Age: 49	Date of Birth: 19/05/1975	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupati TECHNIC			Driving Licence Information Class: 3	on: Date of E	xpiry:

General Information	of the Accident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/11/2024 17:30	Type of Location: SHEARES AVENUE
Location: BAYFRONT AVEN Weather: Clear	IUE	Road Surface: Dry		SH-
Traffic Flow: One Way		Traffic Control: Not Controlled	Traf Hea	fic Valume: vy
Type of Collision: CHAIN COLLISION	1			one conveyed by ulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKV2159S	Motor car					0
SLN9110R	Motor car	HONDA	SHUTTLE 1.5G CVT	Red		Ö
SME4380X	Motor car					0
SNS3272X	Motor car	-		-		0



T/20241121/7101

/20241121/7101

2 of 3 Report No. T/20241121/7101

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

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date		
SLN9110R	NTUC Income Insurance Co-Operative Limited	5100794086-06	22/05/2024	21/05/2025		

Details of Person	Involved						
Any Pedestrian In	valved: No	17.25					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Driver							
Name	ONG KAR THUAN		ID No.		8	S7515109H	
Related Vehicle	SLN9110R (Motor car)			Contact No.		96286942	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	charge NIL			
No. of Days granted Medical Leave (MC) NIL			Degree of I	of Injury Slight			
Passenger			I EQUESTICS		Wales E		
Name	NG PECK IMM (HUANG BIYIN)			ID No.		S7611924D	
Related Vehicle	NIL			Contact No.		96829945	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge		NIL	NIL	
No. of Days granted Medical Leave (MC) NIL		E .	Degree of Injury		Slight	Slight	

Brief Details.

On 21.11.2024 at about 1730hrs, I was travelling along Sheares Avenue. The traffic was on heavy move. Upon reaching the traffic junction, the traffic turn red. I slow down and stop. While stopping and on stationary, all of a sudden a I felt an hard impact from the rear. The collision was great and make my vehicle to move forward and hit onto SKV 2159S. I alight and realised a vehicle SME 4380X had hit onto my rear. Total 4 vehicles was involved in the accident. Due to the impact, myself and my wife consult a doctor and was given an mc. That's all.

- A) SLN 9110R
- B) SME 4380X
- C) SKV 2159S
- D) SNS 3272X



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



3 of 3

Report No. T/20241121/7101

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has bee authenticated by Singpass. No signature is required.				
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2024 18:56				
Officer in Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No.: 65476030	Classification Of Case:				
NP168					