

# 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 .....	24/06/2024 13:20 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	22/06/2024 04:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ORCHARD ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNE9881Y
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	JACK CARS LEASING & RENTAL PTE LTD
Company Reg No .....	201505043G
Email Address .....	THANA@JACKCARS.COM.SG
Mobile Phone No .....	(Phone) +65-91701900
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2007118719

### DRIVER

Name of Driver .....	DARRALL ONG CHENG YU
NRIC No .....	S9406276D
Date Of Birth .....	19/02/1994
Occupation .....	Outdoor

Driving Pass Date .....	07/10/2014
Driving experience .....	9 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89262422
Alt. Phone Number .....	-
Email Address .....	DARRALL@LIVE.COM.SG
Address .....	510B YISHUN STREET 51 #13-591
Address complement .....	-
Postcode .....	762510
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	UNKNOWN
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

PLEASE REFER TO POLICE REPORT NO. T/20240622/7023

#### 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 .....	SHA1369E
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 .....	DARRALL ONG CHENG YU
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNE9881Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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 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 &amp; Time :

Driver's Signature (If driver is not the policyholder)

Date &amp; Time :

Witnessed by Reporting Centre  
Personnel**Sketch Plan**

Refer to Attachment.

Page 5 of 21

DATE: 22/06/24.

TIME: 0430 hrs.

LOCATION: Orchard Road.

VEHICLES INVOLVED:

VEHICLE A:	SNE 9881 Y	VEHICLE B:	
VEHICLE C:	SHA 1369 E	VEHICLE D:	

NO. OF PASSENGERS: 1

CIRCUMSTANCES OF ACCIDENT:

Refer to Police Report.

We declare the foregoing particulars are true in every respect.

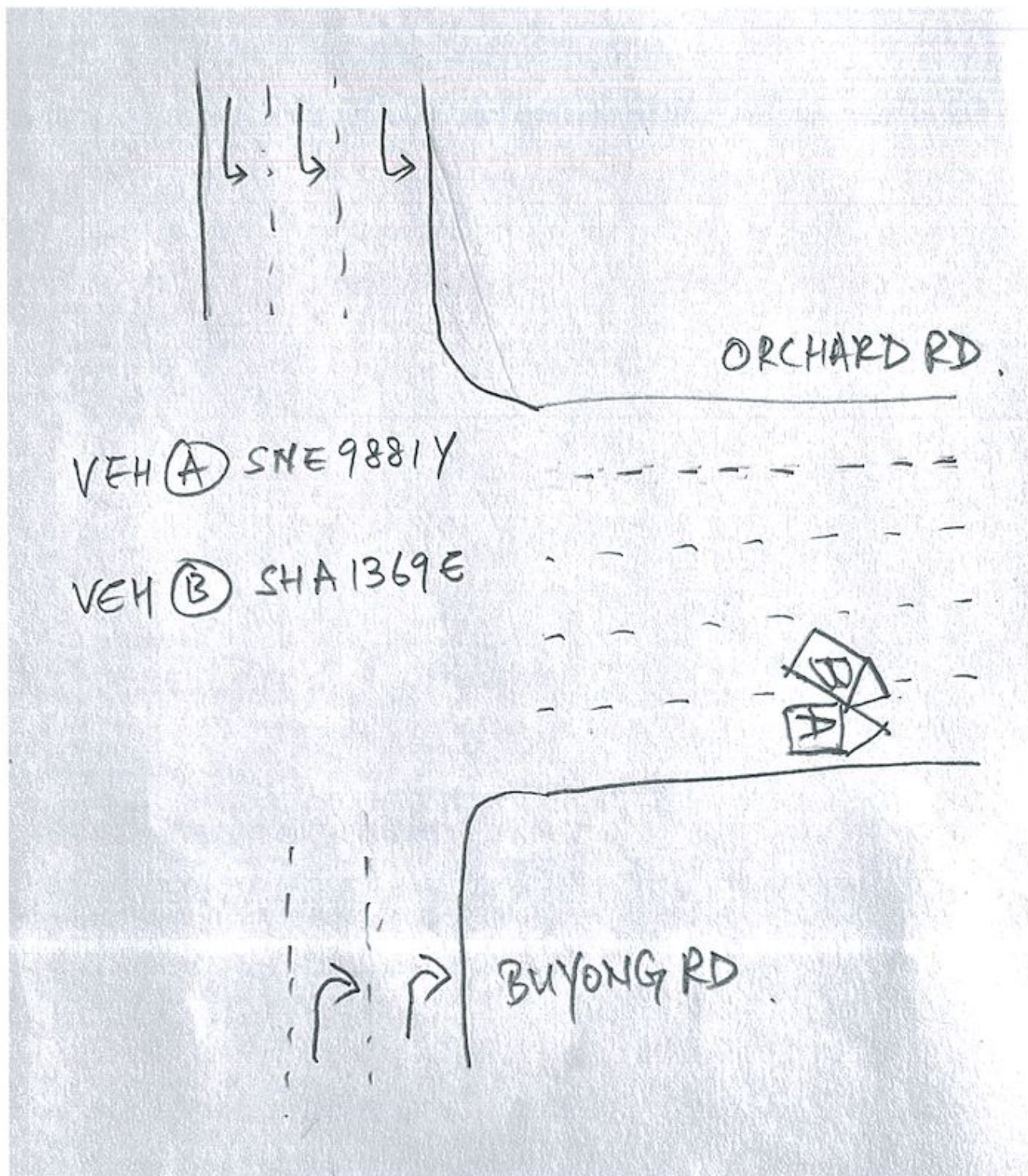


Signature (If driver is not the owner)



Witnessed by Reporting Centre  
Personnel







**SINGAPORE  
POLICE FORCE**



T/20240622/7023

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

1 of 3

Report No. T/20240622/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/06/2024 11:52		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: DARRALL ONG CHENG YU			Address: 510B YISHUN STREET 51 #13-591 SINGAPORE 762510		
ID Type / ID No.: NRIC NO / S9406276D			Contact No.: Home/Office: Mobile: 89262422		
Nationality: SINGAPORE CITIZEN			Email: DARRALL@LIVE.COM.SG		
Sex: Male	Age: 30	Date of Birth: 19/02/1994	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2024 04:30	Type of Location:
Location:  ORCHARD ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNE9881Y	Motor car					1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**

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



T/20240622/7023

2 of 3

Report No. T/20240622/7023

CONTINUATION OF REPORT

Driver			
Name	DARRALL ONG CHENG YU		ID No. S9406276D
Related Vehicle	SNE9881Y (Motor car)		Contact No. 89262422
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)	05	Degree of Injury	Serious

**Brief Details.**

On the stated date and time, I was driving SNE9881Y along Buyong Road towards CTE.

I had stopped along the extreme right lane of Buyong Road.

When the traffic light turned green, I proceeded to turn right onto the extreme right lane of Orchard Road.

After completing the turn, I was travelling straight when SHA1369E, which was initially along the opposite direction of Buyong Road, swerved into my vehicle's path and slammed against the the front left portion of my vehicle.

Said Taxi had made too wide a left turn as said Taxi should have turned towards the middle of 5 lanes instead of the extreme right lane, thus resulting in the accident.

The impact was huge and as my vehicle jerked violently sideways, I knocked my left knee against the centre console of my car.

The following morning, I woke up with aches over my neck, shoulders, lower back and right wrist areas.

The pain in my left knee had also gotten worse.

As such, I proceeded to seek treatment at Loh & Loh Haig Road and was given 5 days MC for injuries caused by the accident.

I was ferrying a female passenger when the accident but I am unsure if she was injured.





**SINGAPORE  
POLICE FORCE**

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



T/20240622/7023

3 of 3

Report No. T/20240622/7023

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

NP168

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

Date/Time:  
22/06/2024 11:52

Classification Of Case: