

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	06/08/2024 15:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/08/2024 18:25 (SGT)
Exact Location of Accident	Sims Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR8619P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	QM MOTORS
Company Reg No	5XXX744K
Email Address	LUC_AS1996@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94763328
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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 hire
Transmission	Auto
CC	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	20004618-10

DRIVER

Name of Driver	ONG JIAN BO
NRIC No	SXXXX544A
Date Of Birth	28/11/1989
Occupation	Indoor
Driving Pass Date	29/11/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94763328
Alt. Phone Number	-
Email Address	LUC_AS1996@HOTMAIL.COM
Address	636 PASIR RIS DR 1 #13-590
Address complement	-
Postcode	510636
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 POLICE REPORT - T/20240805/7131

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS7250G
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG JIAN BO
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR8619P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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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

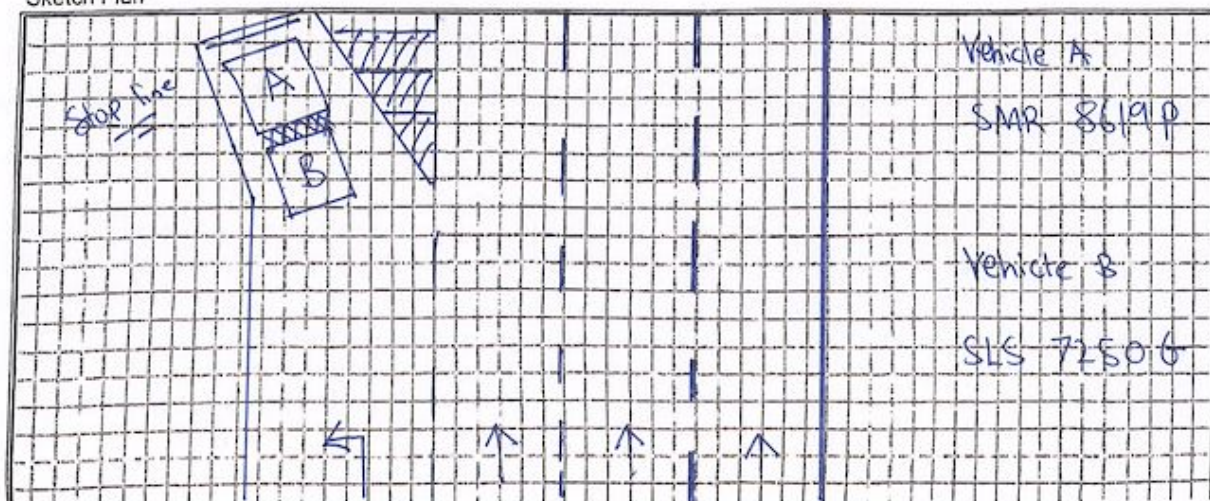
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

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

Sketch Plan

Location:
Nicde Highway
towards Sims Arc

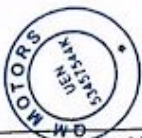
Scanned with CamScanner

Describe Circumstance of the Accident

Refer to police Report.

Declaration

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



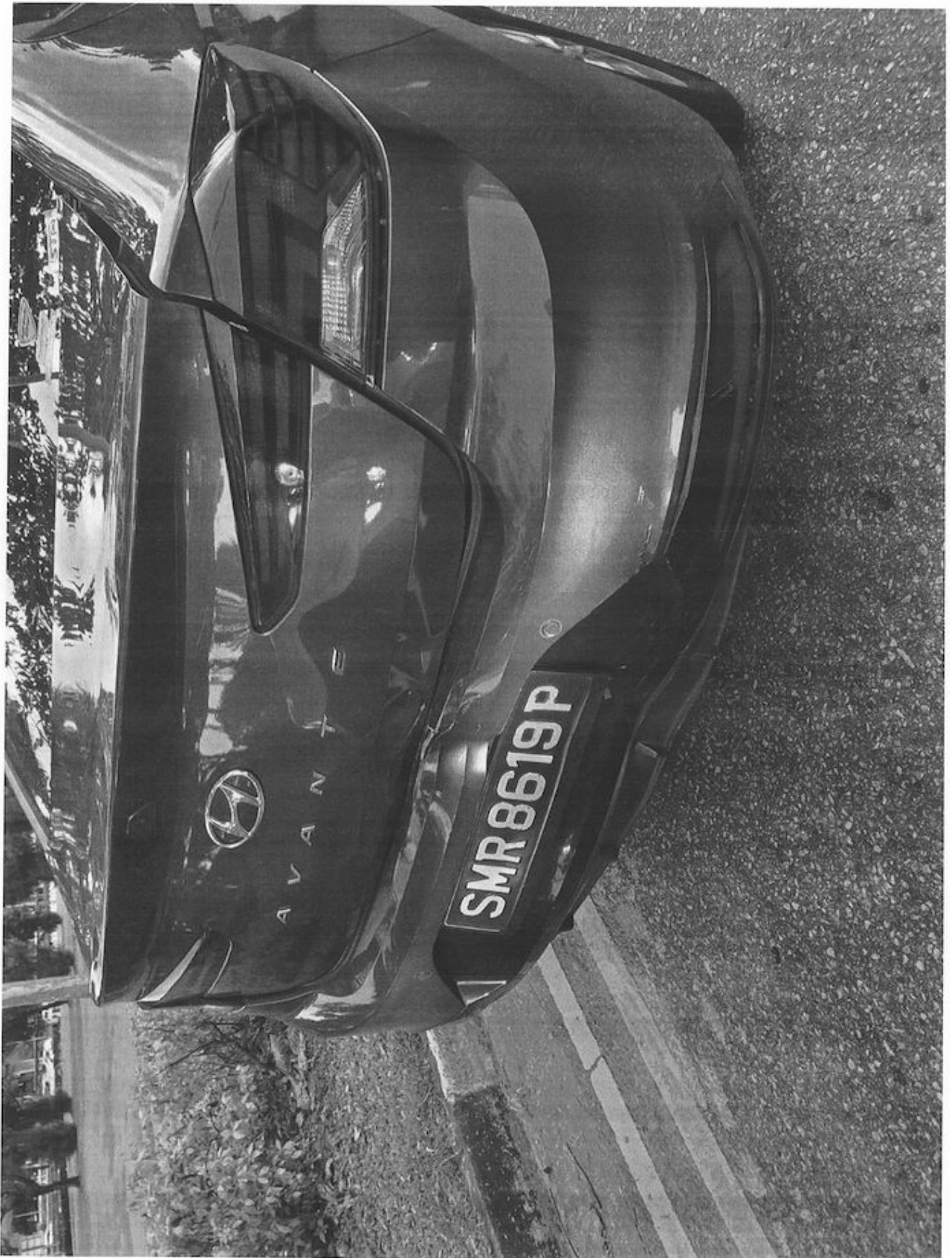
Policyholder's Signature / Date & Time

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

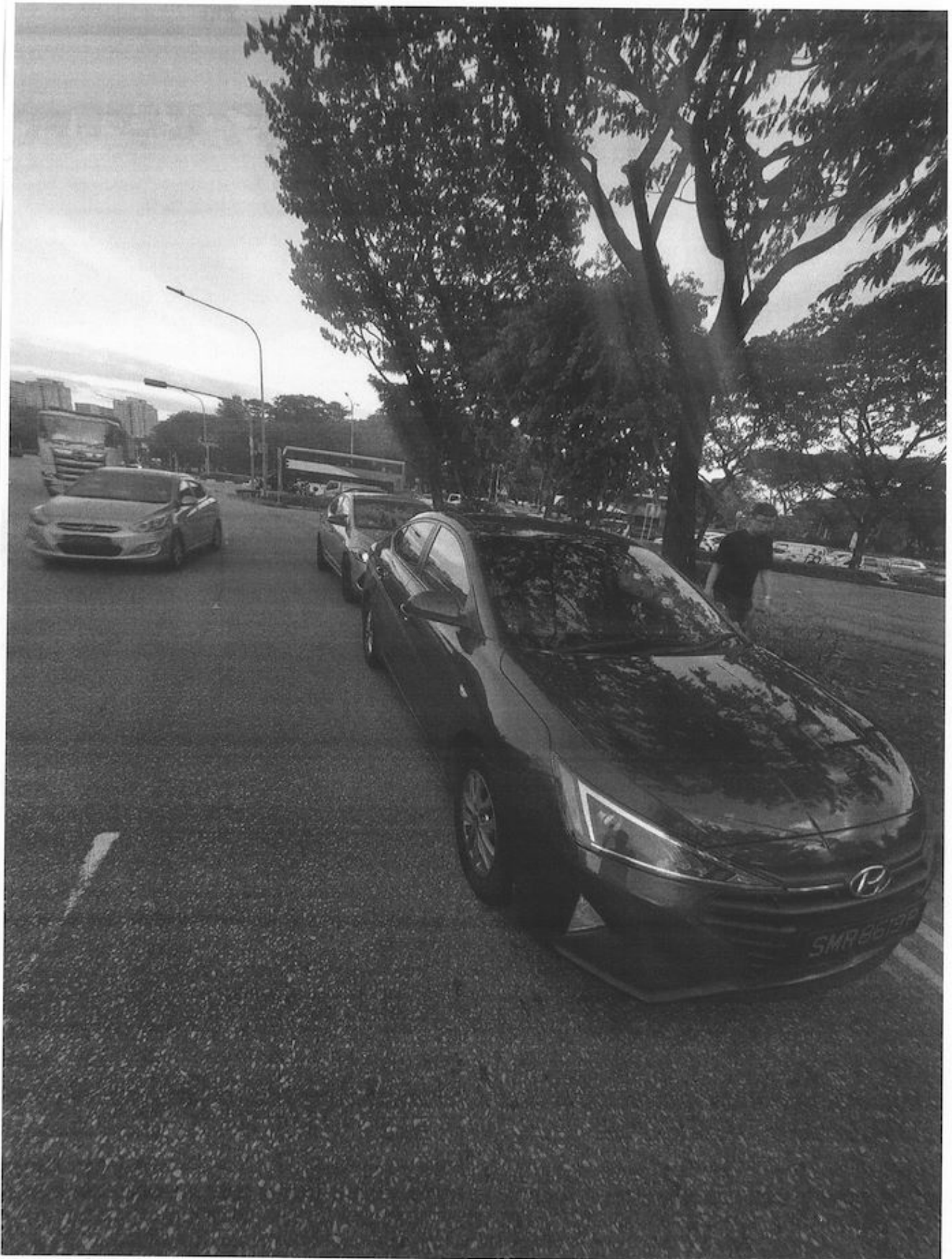
Witnessed by Reporting Centre Personnel

Scanned with CamScanner































**SINGAPORE
POLICE FORCE**



T/20240805/7131

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

1 of 3

Report No. T/20240805/7131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2024 19:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG JIAN BO			Address: 636 PASIR RIS DRIVE 1 #13-590 SINGAPORE 510636		
ID Type / ID No.: NRIC NO / S8942544A			Contact No.: Home/Office: Mobile: 85997495		
Nationality: SINGAPORE CITIZEN			Email: RICHARDONGJB@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 28/11/1989	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRE			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: 05/08/2024 18:25	Type of Location: Bend
Location: SIMS WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS7250G	Motor car				Seriously Damaged	0
SMR8619P	Motor car	HYUNDAI	Avante	Grey	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240805/7131

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

2 of 3

Report No. T/20240805/7131

CONTINUATION OF REPORT

Driver			
Name	ONG JIAN BO	ID No.	S8942544A
Related Vehicle	SMR8619P (Motor car)	Contact No.	85997495
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/08/2024	Date Discharge	05/08/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE PLATE NUMBER SMR 8619 P WAS TRAVELING ALONG NICOLE HIGHWAY EXIT SIMS AVE STATIONARY WAITING FOR THE MAIN ROAD TO CLEAR SUDDENLY I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE.

I CAME DOWN AND CHECK VEHICLE PLATE NUMBER SLS 7250 G REAR ENDED MY VEHICLE.

AFTER THE ACCIDENT I WENT TO CARE DOC MEDICAL CLINIC AND CONSULT DOCTOR CAUSE I FELT PAIN ON MY NECK , BACK , CHEST AND GIVEN 5 DAYS MC

**SINGAPORE
POLICE FORCE**

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



T/20240805/7131

3 of 3

Report No. T/20240805/7131

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
PHNG KAR SOON
Contact No.: 65476439

NP168

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

Date/Time:
05/08/2024 19:54

Classification Of Case:



GENERAL
INSURANCE
ASSOCIATION

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: SS2X24860009 Vehicle Registration No: SMR 8619P

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 5/8/24 Time of Accident: 6.25

Place of Accident: _____

Insurance Company: Singlife

(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:

To upload Rental agreement .

Policyholder / Driver's Signature
Date:

6/8/24 3.08 pm

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



Singapore Life Ltd, 4 Shenton Way, #01-01 SGC Centre 2, Singapore 068802 Tel: (65) 68279133 singlife.com

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION
(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

CERTIFICATE NUMBER: 20004618-10

1) VEHICLE REGISTRATION NO.

SMR8619P

2) NAME OF INSURED

COMPANY NAME

QM MOTORS

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT

26/10/2023 00:00hours

4) DATE OF EXPIRY OF INSURANCE

25/10/2024 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

This policy only covers driver(s) between 22 to 75 years of age and has minimum driving experience of 2 years.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the motor vehicle described above or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the motor vehicle.

And provided further that the motor vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been canceled at the time of accident or loss.

Please refer to the policy document for full terms and conditions.

6) LIMITATIONS AS TO USE*

Use for social, domestic and pleasure purposes and for use in connection with the Policyholder's own business. The policy is extended to cover carrying of passengers for hire and reward. The policy does not cover use for (i) racing, pace making, reliability trials or speed testing, (ii) driving tuition or tests, (iii) carriage of goods (other than samples) in connection with any trade or business, (iv) any purpose in connection with the motor trade.

* 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.

7) FINANCE COMPANY

AUTOTRUST CREDIT PTE LTD

8) SPECIAL CLAUSE

This policy only covers driver(s) between 22 to 75 years of age and has minimum driving experience of 2 years. The young and/or inexperienced driver excess of S\$2,500.00 in Section 1 and 2 of the policy booklet does not apply.

I/ We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 19/10/2023 01:43:08 PM

Singapore Life Ltd.

IMPORTANT NOTE:

- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You MUST report all accidents to us within 24 hours of the occurrence regardless of whether you intend to claim on your own policy or not, or whether your car is damaged or not. Should you fail to do so, your No Claims Discount could be affected and your claim may be prejudiced.

Pearlyn Phau
Chief Executive Officer

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours)

ORIGINAL

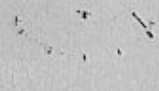
Internal

**QM MOTORS**

25 Kaki Bukit Rd 4 #06-42,
Synergy @KB, Singapore 417800
Tel: +65 8751 9813
Co. Register no: 53457544K
Email: qmmotors22@gmail.com

VEHICLE RENTAL AGREEMENT

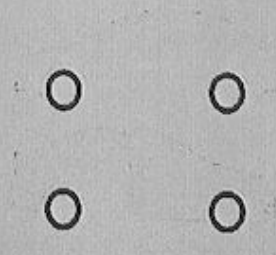
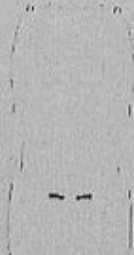
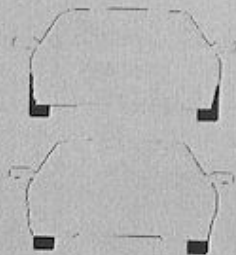
No. 12

Hirer Name: ONG JIAN BO	
NRIC: S8942544A	Contact Number: 8599 7495
Bank A/C No: N/A	Email: richardongjb@gmail.com
Address: BLK 636 Pasir Ris Drive 1 #13-590	
Vehicle Registration No: SMR8619R	Make & Model: HYUNDAI AVANTE 1.6
Commencing Date: 14 October 2023	Contract End Date: 14 October 2024
Rental (\$\$): \$1860 nett per month	Deposit Amount: \$500
Fuel: 	Vehicle Mileage: 80,000km
	Time Out: 0000hrs
In Car Camera Recorder: YES	Next of Kin: Brian Ong
Car Keys / Remote: YES	Contact No: 88939399
QM Sticker on front windscreen: YES	DECAL FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/>

FRONT

TOP

LEFT



REAR

RIGHT

D = Dent S = Scratches C = Chips R = Rust M = Missing