

## 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 Authorised 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 ability.
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 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 Report	06/11/2017 16:45
Date Of Accident	04/11/2017 11:00
Exact Location Of Accident	PIE TWDS CHANGI AFTER STEVENS RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKL236T
Insured/Policyholder	
Name Of Registered Owner	ONG WEI KEE
NRIC No	S1746888Z
Email Address	ADMIN@CINEGEAR.BIZ
Mobile Phone No	(LOCAL) +65-98755750
Alternative Phone No	OTHERS-98755750
Vehicle Particulars	
Manufacturer	AUDI
Model	A4
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 your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000002885-00-000
Cover Note Number	
Driver	
Name of Driver	ONG RANJIE
NRIC No	S9450003F
Date Of Birth	14/01/1994
Occupation	INDOOR
Date Of Driving Pass	13/03/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98755750
Fax Number	
Contact Number	OTHERS-98755750
EEmail Address	ADMIN@CINEGEAR.BIZ

Address	BLK 8 EMPRESS ROAD #11-33
Postcode	260008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 DUKE ROAD , <b>POSTCODE:</b> 268914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4629999 - <b>FAX NO:</b> 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171106/2073

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT5311J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
------	--

Phone Number

Email Address

DETAILS OF INJURED PERSON 1	
Name	ONG RANJIE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKL236T
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

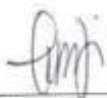
#### IMPORTANT NOTICE


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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 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 (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.
- (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.

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.:

# Sketch Plan #2

## SKETCH PLAN

PIE Towards Chang; after Stevens Rd.



A - SKL236T  
B - SKT5311J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20171106/2073

## 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:

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

6/11/2017

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171106/2073

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

2 of 3

Report No. T/20171106/2073

#### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG RANJIE	ID No.	S9450003F
Related Vehicle	SKL236T (Car)	Contact No.	98755750
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	06/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	GIDEON NEO HONG KAI	ID No.	S9542831F
Related Vehicle	SKT5311J (Car)	Contact No.	93287158
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

#### Brief Details.

On the above mentioned date, time, location I was driving at PIE towards Changi after Stevens Rd on the most right lane. A unknown vehicle plate number in front of me, a white Mitsubishi Attrage, had used his brakes, which caused me to also brake when a vehicle (SKT5311J) had collided into the rear of my vehicle (SKL236T).

I managed to exchange particulars with the driver at the expressway before moving off. Once I reached home, I felt a strain on my neck but I believed that by resting the pain will subside. Today at about 0000hrs I went to Mount Elizabeth Orchard Hospital to seek medical attention as the strain on my neck did not subside.

I wish to state that I have an in-car camera in my vehicle facing the front and rear of the vehicle. I was given 4 days of medical leave from work MC No: MEH2017099429001. I am lodging this report for insurance claims and for record purpose.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





Accident Photo





Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171106/2073

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

1 of 3

Report No: T/20171106/2073

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2017 12:39	Vide Report No.:	Station Diary No.: 42
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### Informant's Particulars

Name of Informant: ONG RANJIE	Address: APT BLK 8 EMPRESS ROAD #11-33 SINGAPORE 260008		
ID Type / ID No.: NRIC NO / S9450003F	Contact No.: Home/Office: Mobile: 98755750		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 23	Date of Birth: 14/01/1994	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Admin Operations	Driving Licence Information: Class: 3,4		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2017 11:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Changi after Stevens Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SKL236T	Car	AUDI	A4	White	Seriously Damaged	0
SKT5311J	Car	TOYOTA	Harrier	Black	Seriously Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL236T	GREAT AMERICAN INSURANCE COMPANY			

## Police Report



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T/20171106/2073

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### CONTINUATION OF REPORT

Details of Person Involved			
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No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
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Related Vehicle	SKL236T (Car)	Contact No.	98755750
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	06/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	GIDEON NEO HONG KAI	ID No.	S9642831F
Related Vehicle	SKT5311J (Car)	Contact No.	93287158
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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T/20171106/2073

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Tel No: 1800-4629999

3 of 3

Report No. T/20171106/2073

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
E /  
Sgt 2 LAM YU FEI, DARYL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/11/2017 12:39

Officer In Charge Of Case:

TP / AEP /  
SSI KASSAMUITE SAMIAN  
Contact No: 179

Signature:

SN 179

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force