

## 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	13/12/2017 09:08
Date Of Accident	11/12/2017 11:15
Exact Location Of Accident	JLN BT MERAH TWDS CTE AT THE SLIP RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9196J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FUSION AIR-CON ENGINEERING PTE LTD
Co Reg No	200005101E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64566919

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078861707-01
Cover Note Number	-

### Driver

Name of Driver	ONG SEOK BEE
NRIC No	S7172131J
Date Of Birth	24/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	03/11/1993
Driving Experience	24 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82826919
Fax Number	
Contact Number	
Email Address	FUSIONAIRCON@YAHOO.COM.SG

Address	BLK 758 WOODLANDS AVE 6 #07-42
Postcode	730758
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 321 ANG MO KIO STREET 31 , <b>POSTCODE:</b> 560321 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4599999 - <b>FAX NO:</b> 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH4770A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SEE KIAN HUAT
NRIC/Passport Number	S6932205J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1	
Name	ONG SEOK BEE
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	GBE9196J
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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 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.:

## Accident Sketch Plan

### SKETCH PLAN

CTE (SLE/TPE)

A = G8E 9196 J  
B = SLH 4770A

Jln Bukit Merah


### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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 & Time:

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



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171212/2139

1 of 4

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20171212/2139

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2017 17:22			Vide Report No.:		Station Diary No.: 42
<b>Informant's Particulars</b>					
Name of Informant: ONG SEOK BEE			Address: APT BLK 758 WOODLANDS AVENUE 6 #07-42 SINGAPORE 730758		
ID Type / ID No.: NRIC NO / S7172131J			Contact No.: Home/Office: Mobile: 82826919		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 46	Date of Birth: 24/09/1971	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SALE MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2017 11:15	Type of Location: SLIP ROAD
Location: Along Road 1 JALAN BUKIT MERAH				
CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: STATIONARY VEHICLE. FRONT TO REAR				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9196J	Van	TOYOTA	HIACE DX 3.0 A	Silver	Slightly Damaged	0
SLH4770A	Car	MINI	COOPER S HATCHBAC K 3DR LED DSC NAV	Orange	Slightly Damaged	0

## POLICE REPORT



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T/20171212/2139

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560321  
Tel No: 1800-4599999

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Report No. T/20171212/2139

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG SEOK BEE	ID No.	S7172131J
Related Vehicle	GBE9196J (Van)	Contact No.	82826919
Hospital/Clinic	HK FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/12/2017	Date Discharge	11/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	See Kian Huat	ID No.	S6932205J
Related Vehicle	SLH4770A (Car)	Contact No.	91093332
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	NIL	Degree of Injury	Slight

**Brief Details.**

On 11/12/2017 at about 1115hrs while I(GBE9196J) was traveling along Jalan Bukit Merah at the lane 1 towards CTE. I was the first vehicle at the sliproad going towards CTE. As there is vehicle in front of me at Jalan Bukit Merah turning right into CTE. As such I stopped my vehicle at the stop line to allow those turning right vehicle to turn first. Approximately 5 second after I stopped my vehicle, I felt a collision from the rear. I got out of my vehicle and discovered that the vehicle behind mine collided onto the rear of my vehicle. The damage to my vehicle was the rear of the van was dented. There is no passenger in both vehicles. The driver of SLH4770A also mentioned that he did not notice my vehicle.

We exchanged particulars and left the scene. No ambulance and TP attend to us. There are no visible injuries on both parties.

After the accident, I felt a sharp pain at my backside area and stiffness at the neck and also irregular heartbeat. As such I visited a clinic at Blk 410 Ang Mo Kio (HK Family Clinic & Surgery) and received 3 days MC from 11/12/2017 to 13/12/2017. The MC number is MC/80222.

There is camera in my car however the accident was not capture.

Particular of the other parties:  
Car plate: SLH4770A



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171212/2139

3 of 4

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560321  
Tel No: 1800-4599999

Report No. T/20171212/2139

CONTINUATION OF REPORT

HP:91093332



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171212/2139

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Police Station Of Origin:  
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321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20171212/2139

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:  
F /  
Sgt 2 TAY YU ZHI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt LEE SOON LYE  
Contact No.: 65476239

Authentication Stamp



Signature Of Informant:

Date/Time:  
12/12/2017 17:22

Classification Of Case:

SN 085

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



