

MSME18004454 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 09/01/2018 17:28
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 09/01/2018 17:35

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 09/01/2018 17:28
Date Of Accident 05/01/2018 13:50
Exact Location Of Accident CTE TWDS SLE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP5798T
Insured/Policyholder
Name Of Registered Owner N GENERATION PTE LTD
Co Reg No 201526438Z
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-96318969

Vehicle Particulars

Manufacturer MITSUBISHI
Model CANTER
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
If No, Please state action to be taken THIRD PARTY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number SD17V03506/VCV/R00
Cover Note Number

Driver

Name of Driver ONG KIAN TIONG
NRIC No S1713406Z
Date Of Birth 15/02/1965
Occupation INDOOR
Date Of Driving Pass 06/07/1987
Driving Experience 30 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96318969
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 686D CHOA CHU KANG CRESCENT #10-268
 Postcode 684686
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 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) 3
 Passenger 1
 NAME: : AH ZIONG
 GENDER: : MALE
 Passenger 2
 NAME: : AH HUI
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CHOA CHU KANG NPC
 Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20180105/2128

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE5883K
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD6866J
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBD4877R
Vehicle Make/Model/Colour
Details Of Properties VEHICLE D
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG KIAN TIONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? YP5798T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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)
 (hereinafter, 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurer(s)"; 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 this 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 - 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.

N GENERATION

新一代桌椅出租

6 Yishun Industrial St. 1 #05-18

Northview Bizhub Singapore 768090

Tel: 8368 7460 / 0015 2333 / 8067 0790

www.facebook.com/ngen888

Email: ngeneration888@gmail.com

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

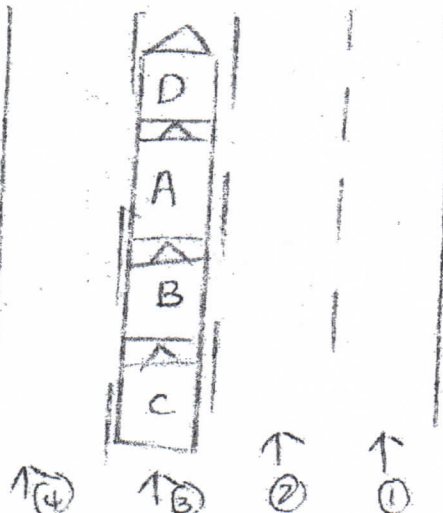
CTE Twd S SLE

A) YP5798T

B) 6BE5883K

C) GBD6866J

D) GBD4877R



Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

Refer to Police report: 7/2 0180105/2126

Declaration

We declare the foregoing particulars are true to the best of our knowledge.

Policyholder's Signature / Date & Time

NEW GENERATION
 新一代桌椅出租
 8 Yishun Industrial St 1 #05-49
 Northview Bizhub Singapore 768099
 Tel: 8366 7460 / 9015 2339 / 9067 6078
 www.facebook.com/newgen888
 Email: newgeneration888@gmail.com

Witnessed by Reporting Centre Personnel

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180105/2128

1 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180105/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2018 19:26	Vide Report No.:	Station Diary No.: 105
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Informant's Particulars

Name of Informant: ONG KIAN TIONG		Address: APT BLK 686D CHOA CHU KANG CRESCENT #10-26B SINGAPORE 684686	
ID Type / ID No.: NRIC NO / S1713406Z		Contact No.:	Mobile: 96318969
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 15/02/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2018 13:50	Type of Location: Expressway
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain-Collision			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

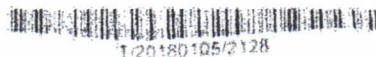
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4877R	Lorry				Slightly Damaged	0
GBD6866J	Van				Seriously Damaged	0
GBE5883K	Van				Seriously Damaged	1
YP5798T	Lorry				Seriously Damaged	2

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N P C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20180105/2128

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Report No T/20180105/2128

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved		No	
No. of Pedestrians Injured		NIL	
Use of Pedestrian Crossing		NA	
Driver			
Name	Khairrudin Bin Basari	ID No.	S9227254J
Related Vehicle	GBD6866J (Van)	Contact No.	NIL
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	NIL
Driver			
Name	Vigneshvaran S/O Kailasam	ID No.	S8537968B
Related Vehicle	GBE5883K (Van)	Contact No.	NIL
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	NIL
Driver			
Name	ONG KIAN TIONG	ID No.	S1713406Z
Related Vehicle	YP5798T (Lorry)	Contact No.	96318969
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	05/01/2018	Date Discharge	05/01/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 05/01/2018 at about 1350hrs, I was travelling along CTE towards SLE. Suddenly, the vehicle in front of me namely GBD4877R jam-braked his lorry and I managed to jam-brake in time and did not knock onto him. However, The van behind of me namely GBE5883K could not jam-brake in time thus collided onto my rear and pushed me forward. There was a van behind GBE5883K namely GBD6866J collided onto GBE5883K. Soon after, TP and Ambulance arrived and I was conveyed to Tan Tock Seng Hospital as I was having chest pain.

I wish to state that I do not have in-car camera inside my lorry.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No 1800-7659999



T/20180105/2128

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Report No T/20180105/2128

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:

J /

Sgt 2 CHUA KEE LENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Signature Of Informant:

Date/Time:

05/01/2018 19:26

Classification Of Case:

Authentication Stamp

NP168