

## 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 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	18/01/2018 09:42
Date Of Accident	18/01/2018 08:05
Exact Location Of Accident	PASIR RIS DR.1 SLIP RD TWDS PASIR RIS DR.8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9996U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG YEONG LEE EVELYN
NRIC No	S2565150B
Email Address	EVELYNONGYL@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91515389
Alternative Phone No	OTHERS-91515389

### Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.5 A
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPCSN3041011700
Cover Note Number	25/05/2017 - 24/05/2018

### Driver

Name of Driver	ONG ZHENG HAO NOEL
NRIC No	S9247724Z
Date Of Birth	25/12/1992
Occupation	INDOOR
Date Of Driving Pass	12/03/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92727990
Fax Number	
Contact Number	
EEmail Address	NOELZHENGHAO@GMAIL.COM

Address	BLK 418 PASIR RIS DRIVE 6 #10-303
Postcode	510418
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Dry weather, morning. Driving along from Pasir Ris Dr.1 to Pasir Ris Dr.8 along slip road, taxi SHC2312B stop in front of zebra crossing, could not stop on time due to taxi braking hard. No injury.

#### 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	SHC2312B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM AH KUAN
NRIC/Passport Number	S1206869G
Contact Number	91524323
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SLT 99964  
INSURER : China Taiping  
DATE & TIME: 18/1/18 @ 8:05am

### 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 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 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.

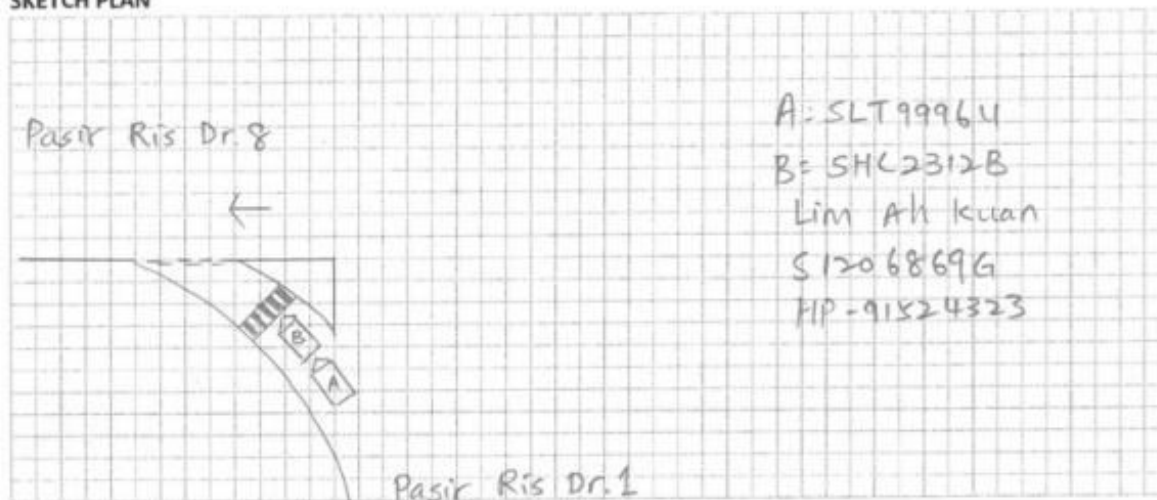
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: CYS  
NRIC/FIN No.: 18/1/18

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Sun Dry weather, morning.
- Driving along from Pasir Ris Dr 1 to Pasir Ris Dr 8 along slip road taxi SHC232B stop in front of Zebra crossing, could not stop on time due to taxi braking hard.
- No injury.

## 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: (45)  
NRIC/FIN No.

( ) Claim Own Policy      ( ) Claim Third Party      (✓) Reporting Only  
( ) Claim OD/TP at other workshop (\_\_\_\_\_)

DRIVER IC-DL

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9247724Z



Name  
ONG ZHENG HAO, NOEL

洪正浩

Race  
CHINESE

Date of birth 25-12-1992 Sex M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9247724Z



Name  
ONG ZHENG HAO, NOEL

Birth Date 25 Dec 1992

Issue Date 12 Mar 2013

002160165F



415 2449



NRIC No. S9247724Z



Date of issue  
28-12-2007

Address

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg	12 Mar 2013

NP 428A

Licence No. S9247724Z



OWNER IC

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S2565150B**



Name

**ONG YEONG LEE EVELYN**



**王 雍 丽**

Race

**CHINESE**

Date of Birth

**21-04-1961**

Sex

**F**

Country of Birth

**MALAYSIA**



3 2 9 6 6 2 7



NRIC No. **S2565150B**



Blood Group

-

Date of issue

**23-01-2003**

Address

**APT BLK 433 PIONEER DRIVE 3**  
**11-303**  
**SINGAPORE 590432**

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

