MPA218014322 / Progressive Automotive Re Ltd - HQ ENTRY DATE & TIME 29/01/2018 17:23 SUBMITTED BY: Lily Lim

### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 policyliability 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/01/2018 17:23
Date Of Accident	28/01/2018 16:55
Exact Location Of Accident	SEMBAWANG AVE TO SEMBAWANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU1283R
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN HOWE
NRIC No	S7639131I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84984988
Alternative Phone No	Others-84984988
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS ALPHA
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700074535
Cover Note Number	
Driver	
Name of Driver	ONG CHIN HOWE

 Name of Driver
 ONG CHIN HOWE

 NRIC No
 \$7639131I

 Date Of Birth
 10/12/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 01/07/1997

Driving Experience 20 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84984988

Fax Number

Contact Number OTHERS-84984988

EMail Address NOEMAIL

Address BLK 586 WOODLANDS DRIVE 16 #02-108

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

-

NO

NO

### **General Information of the Accident**

Type Of Accident COLLISION - HEAD ON COLLISION

Weather Conditions RAINING
Road Surface WET

## Other Information

Was any foreign vehicle involved in this accident?

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.

Number of Passengers (Including Driver) 4

Passenger 1 Name: : CHIA YANN JIUAN

Gender: : Female

Passenger 2 Name: : ONG YUN WEI

Gender: : Male

Passenger 3 Name: : ONG YUN YI

Gender: : Male

## **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name KEBUN BARU NPP

Police Station Address ROAD: 111 ANG MO KIO AVE 4, POSTCODE: 560111, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

## Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

NO

## Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REQUEST FROM OWNER

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLP581M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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 CHIN HOWE

Approximate Age

Injuries Sustain NECK PAIN
Injured person in which vehicle? SLU1283R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address Postcode

#### Sketch Plan

#### SKETCH PLAN

#### 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
- 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
- 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:

doah.

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

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

		Sembawang Road	
SKETCH PLAN		1	
←	B		A: SLU 1283 R B: SLP 581 M.
canberra Rd.	1 1 1	Sembawang Ave	
ESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT		
ECLARATION			<i>v</i>
We declare the foregoing particu	lars are true in every respect.		
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policy Date & Time:	holder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
20/1/18			

On 28/1/2018 @1653hrs, I was driving in my Vehicle SLU1283R Black Toyota Prius Alpha, along Sembawang Ave to Sembawang Road. My wife, Chia Yann Jiuan F/39yrs, Second Son Ong Yun Wei M/14yrs and youngest son Ong Yun Yi M/8yrs were sitting inside the car.

It was raining heavily. With low visibility, thus my vehicle head light & hazard light was on to alert others road user. I was travel on the left lane, moving ard 40plus KM/Hr. When reaching the Junction of Canberra Road, it was green light, I drove slowly across the junction.

Suddenly, a vehicle SLP581M BMW Black, cut into my path. When I saw it, I brake, but still collided onto the said vehicle. The said vehicle was travelling from Sembawang Road toward Sembawang Ave the other side, the vehicle was making a right turn into Canbarra Road.

After the accident, as it was still raining heavily, I ask the driver to follow my car into Blk 306B Canberra Road MCST to ascertain injuries & particulars. We parked at Blk 306B Canberra Road MSCP.

After we got down from the vehicle, 1 male driver & male passenger (in their twenties) approach me asking me why I did not give way to his car and accelerated to hit onto his car. Fearing for my safety of myself & my family, I decided not the talk to them. There are also 3 others female passenger in the said vehicle.

After the accident, I sustained shape pain on my neck(back). My wife face was crashed onto the back of my seat causing reddishness. My second son head was also knocked onto the back of the passenger seat causing slight bruises. My youngest son face sustained slight bruises and his spectacle was bended after his spectacle fly off.

My front right of the vehicle was badly damaged due to the head on inpact. The other vehicle front left was also damaged.

I have recording on the whole incident.

I went Khoo Teck Puat hospital @ 2100hrs, after my neck pain did not stop. I was given Five Days of Medical Leave.

I wish to state that the driver was not remorseful of what has happened. His dangerously act had caused the accident. We are fortunate that my speed at that time of accident was low. That is all.

29/1/2018





Police Station Of Origin: Kebun Baru NPP

111 Ang Mo Kio Avenue 4. SINGAPORE

560111

Tel No: 1800-4589999

1 of 4 Report No. T/20180129/2050

## REPORT OF A TRAFFIC ACCIDENT

29/01/2018 12:52		Vide Report No.:	Station Diary No.:		
Informati	ශීය Pendled	las .	THE STATE OF THE S		PARKETS AND SOUTH STREET
	Informant: IN HOWE		Address: APT BLK 586 WOO 730586	DLANDS	DRIVE 16 #02-108 SINGAPORE
Nationalit	/ S763913		Contact No.: Home/Office: Email:		Mobile: 84984988
Sex: Male	Age: 41	Date of Birth: 10/12/1976	Type of Informant: Driver		
Race: . Chinese			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Info	mation:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: . No	Date/Time of Accident: 28/01/2018 16:5	Type of Location: Straight Road
SEMBAWAN				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		 Traffic Control: Traffic Light - Working		Traffic Volume: Light
	ion:			Anyone conveyed by

Vehicle No.	Two	Make	Medal	Color	Condition	ide of Passanga
SLP581M	Car				Slightly Damaged	4
SLU1283R	Car	TOYOTA	PRIUS ALPHA HYBRID 1.8S AT ABS AIRBAGS	Black	Slightly Damaged	3





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 2 of 4 Report No. T/20180129/2050

Tel No: 1800-4589999

CONTINUATION OF REPORT

Details of Va	chicle hisurance			<b>新聞報報報酬</b>
Vehiele No.	Insurance Company	Insurance No	Effective	Expliny Date:
SLU1283R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700074535	23/11/2017	22/11/2018

Any Pedestrian Ir						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	<b>1730、在275周以前386</b> 00	THE REAL PROPERTY.	語的經濟學	<b>经租留</b>		MANAGEMENT OF THE PARTY.
Name	ONG CHIN HOWE			ID No		S7639131I
Related Vehicle	SLU1283R (Car)			Conta	ct No.	84984988
Hospital/Clinic	KHOO TECK PHUAT			Class Driving Licence Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL		
No. of Days granted Medical Leave 05			Degree of		Slight	

## Brief Details. ·

On 28/1/2018 at about 1653 hours I was driving my vehicle(SLU1283R) along Sembawang ave towards Sembawang road. My wife, Chia Yann Jiuan, my second son Ong Yun Wei and youngest son Ong Yun Yi were sitting in my car.

It was raining heavily and there was low visibility thus my vehicle headlight and hazard light was on to alert other road users. I was travelling on the left most lane on four lane road at around 40km/hr. When reaching the junction of Canberra road, it was green light. So I drove slowly across the junction.

Suddenly a vehicle(SLP581M, Black BMW) from the opposite lane turned right even though I had the right of way. When I saw it approaching I stepped on my brake but still collided onto the said vehicle. As it was still raining heavily I asked the BMW driver to follow my car into Blk 306B Canberra road MSCP to access the damages and to exchange particulars.

After I got down from my vehicle the driver of the BMW and another passenger got out and approached me and asked why I did not give way to his car and accelerated to hit onto his car. Fearing for the safety of myself and my family I decided not to talk to them and left.

After the accident I sustained a sharp pain on the back of my neck. My wife's face smashed onto the back of my seat causing reddishness. My second son's head was also knocked onto the back of the passenger seat causing slight bruises. My youngest son face sustained slight bruises and his spectacle was bended after his spectacle flew off.

The front right of my vehicle was badly damaged due to the head on impact. The other vehicle front was also damaged.

I then went to Khoo Teck Phuat Hospital at 2100 hours as my neck pain did not stop. I was given 5 days





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999 3 of 4 Report No. T/20180129/2050

CONTINUATION OF REPORT

of Medical leave. My wife and kids did not go to the doctor.

I wish to state I have an in car camera that recorded the entire incident. The driver was not remorseful of what happened. His dangerous act caused the accident. We are fortunate that my speed at the time of the accident was low. That's all.





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999 4 of 4 Report No. T/20180129/2050

CONTINUATION OF REPORT

Sketch I	Plan			/	21/	
Informar	nt is not abl	e to pre	ovide sketch p	tarn 1	y .	
Pls	Nefer	to	s ketch	plan	Attached.	,a.

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 SHOBAN KUMAR S/O SELVARAJAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time:
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
Authentication Stamp	























