

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	03/04/2018 15:28
Date Of Accident	03/04/2018 07:15
Exact Location Of Accident	PIE TOWARDS TUAS AFTER EXIT 35 KJE (BKE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5612L
Insured/Policyholder	
Name Of Registered Owner	ONG ZHI JIE
NRIC No	S9208287C
Email Address	OBENNY533@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97514599
Alternative Phone No	OTHERS-97514599

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6

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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05017285
Cover Note Number	27/01/2018 TO 26/01/2019

Driver

Name of Driver	ONG ZHI JIE
NRIC No	S9208287C
Date Of Birth	12/03/1992
Occupation	INDOOR
Date Of Driving Pass	25/09/2012
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97514599
Fax Number	
Contact Number	OTHERS-97514599
EMail Address	OBENNY533@GMAIL.COM

Address	APT BLK 3 JOO CHIAT RD #11-1179 (S) 420003
Postcode	
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with police report t/20180403/2043

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	SLC2399D
Vehicle Make/Model/Colour	HYUNDAI ELANTRA AD 1.6 GLS AT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NELSON
NRIC/Passport Number	
Contact Number	94310009
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM1018H
Vehicle Make/Model/Colour	NISSAN QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONARD
NRIC/Passport Number	
Contact Number	97808981
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PA9375P
Vehicle Make/Model/Colour	TOYOTA HIACE HIGHROOF AUTO 14 SEATER
Details Of Properties	
Vehicle Category	BUS
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 4

Vehicle Registration Number	SGQ7870L
Vehicle Make/Model/Colour	HONDA AIRWAVE 1.5A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SONG
NRIC/Passport Number	
Contact Number	96967949
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG ZHI JIE / S9208287C
Approximate Age	
Injuries Sustain	TAN TOCK SENG HOSPITAL - 3 DAYS MC
Injured person in which vehicle?	SJW5612L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan Pg. 1


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 Authorized 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:

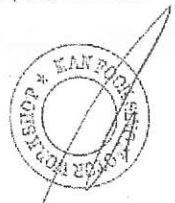
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

X


Policyholder's Signature
Date & Time:

X

03/04/18
15:19

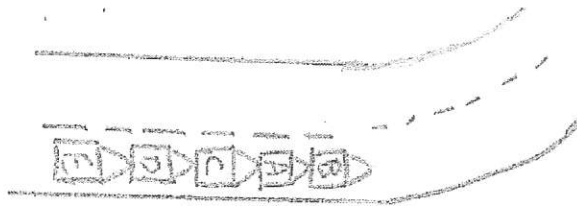
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



Along Road 1

P1E

Towards TUGS, after Exit SS KJE (BKE) at the Bend

A: SJW 5612L

B: SLC 2399D

C: SLM 1618 L

D: PA 9375P

E: SGO 7870L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

Insurance Co.	Longway Insurance Ltd
Vehicle No.	SJW 5612L / Date 3/4/18
<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Own Damage Claim
<input checked="" type="checkbox"/>	Third Party Claim
<input checked="" type="checkbox"/>	Other Workings
Sgt. M. J. S.	

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.:



SINGAPORE
POLICE FORCE



T/20180403/2043

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 5

Report No. T/20180403/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2018 13:02	Vide Report No.: J/20180403/0080	Station Diary No.: 356
--	-------------------------------------	---------------------------

Informant's Particulars				
Name of Informant: ONG ZHI JIE		Address: APT BLK 3 JOO CHIAT ROAD #11-1179 SINGAPORE 420003		
ID Type / ID No.: NRIC NO / S9208287C		Contact No.: Home/Office: Mobile: 97514599		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 26	Date of Birth: 12/03/1992	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: ARMY REGULAR		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2018 07:15	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Tuas. after exit 35 KJE (BKE). at the bend				
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: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
PA9375P	Bus/Coach/Mi nibus	TOYOTA	TOYOTA HIACE HIGHROOF AUTO 14 SEATER	White		0
SGQ7870L	Car	HONDA	AIRWAVE 1.5 A	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date