

## 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	20/04/2018 15:31
Date Of Accident	19/04/2018 12:40
Exact Location Of Accident	JUNC OF CENTRAL BLVD & MARINA WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9726B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NETWORK PRINTING & ENTERPRISE
Co Reg No	44025600C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96190802

### Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY 658 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5099873967
Cover Note Number	-

### Driver

Name of Driver	ONG FOONG LENG
NRIC No	S1246979I
Date Of Birth	19/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96190802
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 2D UPP BOON KENG RD #10-656
Postcode	384002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE PROPRIETOR
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?	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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 72 GEYLANG BAHRU #01-3038 , <b>POSTCODE:</b> 330072 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2969999 - <b>FAX NO:</b> 62937659
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:	HAVENT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC2060E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOSEPH GAN CHER CHUEN
NRIC/Passport Number	S7730515G
Contact Number	97999164
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ONG FOONG LENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBA9726B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### 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 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.

NETWORK PRINTING & ENTERPRISE

Policyholder's Signature  
Date & Time:

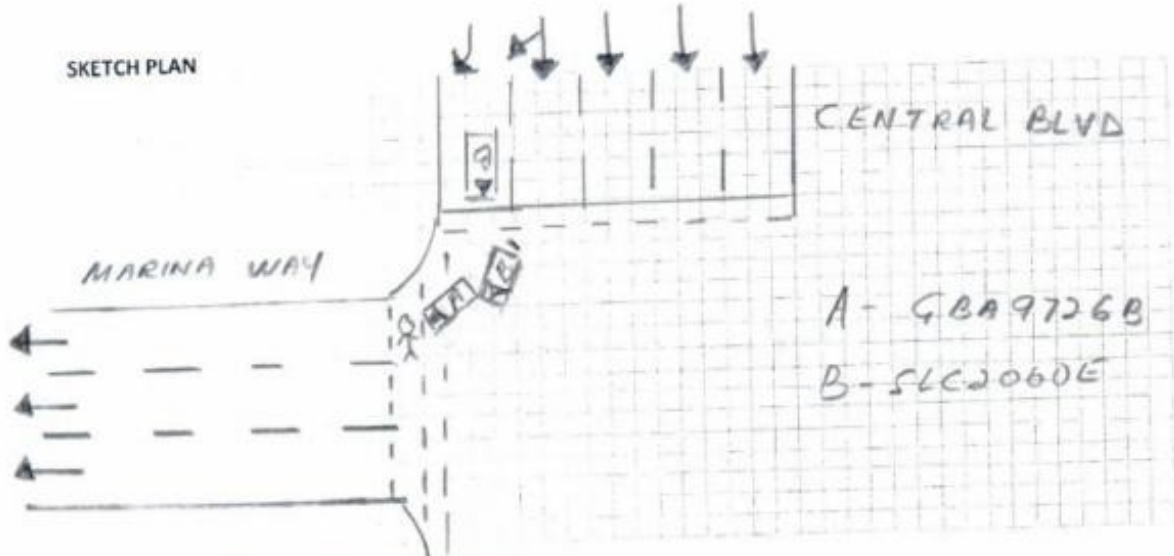
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

19/4/18

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

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

DECLARATION

NETWORK PRINTING & ENTERPRISE



Policyholder's Signature

Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time:

*19/4/18*

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

## Accident Sketch Plan

I WAS TRAVELLING FROM CENTRAL BOULEVARD TURNING RIGHT TO MARINA WAY ON THE EXTREME RIGHT LANE. WHILE MAKING A RIGHT TURN, I STOPPED MY VEH COZ THERE WAS PEDESTRIAN CROSSING AT THE TRAFFIC LIGHT JUNCTION. SUDDENLY VEH(B) FROM MY REAR TRY TO OVERTAKE ME FROM MY LEFT AND HIT ONTO MY LEFT REAR PORTION OF MY VEH.

NETWORK PRINTING & ENTERPRISE

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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180419/2164

1 of 3

Police Station Of Origin: Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20180419/2164

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2018 21:26	Vide Report No.:	Station Diary No.: 64
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### Informant's Particulars

Name of Informant: ONG FOONG LENG			Address: APT BLK 2D UPPER BOON KENG ROAD #10-656 SINGAPORE 384002	
ID Type / ID No.: NRIC NO / S1246979I			Contact No.:	Mobile: 9619 0802
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 60	Date of Birth: 19/06/1957	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

General Information Of The Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2018 12:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CENTRAL BOULEVARD MARINA WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA9726B	Van				Slightly Damaged	0
SLC2060E	Car				Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180419/2164

2 of 3

Police Station Of Origin: Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20180419/2164

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ONG FOONG LENG	ID No.	S1246979I
Related Vehicle	GBA9726B (Van)	Contact No.	9619 0802
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/04/2018	Date Discharge	19/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	JOSEPH GAN CHER CHUEN	ID No.	S7730515G
Related Vehicle	SLC2060E (Car)	Contact No.	9799 9164
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 19/04/2018 at about 1240hrs, I was driving my van (GBA 9726 B) along Central Boulevard at the right most lane, wanting to turn into Marina Way.

In the midst of me turning (the light was green in my favour), I stopped at the pedestrian crossing as there was a lady crossing the road. While I was stationary, I got rear ended by a car behind me. When I got out of my van, an MPV (SLC 2060 E) had crashed into the rear of my van.

Both I and the other driver got out to examine the damage however the other driver mentioned that he was in a rush as he claimed he had a meeting. Both of us exchanged particulars and we then parted ways. My van sustained a dented left bumper and broken left tail light whereas the other car sustained dents/scratches to his right front bumper and broken right headlight.

After the accident, I drove back home as I felt very giddy. I went to Shenton Family Medical Clinic @ Towner and I was given MC for 3 days (from 19/04/2018 till 21/04/2018).



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180419/2164

3 of 3

Police Station Of Origin: . . .  
Kalam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20180419/2164

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:

A /  
Sgt 2 MUHAMMAD ALIF ABDULLAH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/04/2018 21:26

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 YEO KIA HUAT  
Contact No.: 65476325

Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

