

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	23/04/2018 10:56
Date Of Accident	21/04/2018 17:45
Exact Location Of Accident	ALONG PIONEER CIRCUS AFTER JLN AHMAD IBRAHIM EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE5525A
Insured/Policyholder	
Name Of Registered Owner	ONG TZE HAO (WANG ZHIHAO)
NRIC No	S8212043B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96232485
Alternative Phone No	OFFICE-96232485

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V13471/VPC/R00
Cover Note Number	-

Driver

Name of Driver	ONG TZE HAO (WANG ZHIHAO)
NRIC No	S8212043B
Date Of Birth	16/04/1982
Occupation	INDOOR
Date Of Driving Pass	19/07/2004
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96232485
Fax Number	
Contact Number	OFFICE-96232485
Email Address	NOEMAIL

Address	BLK 376 CLEMENTI AVE 4 #06-120
Postcode	120376
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JFF3868 (MOTORCYCLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JFF3868
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

WONG BOON LONG

NRIC/Passport Number

F0330550M

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

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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.

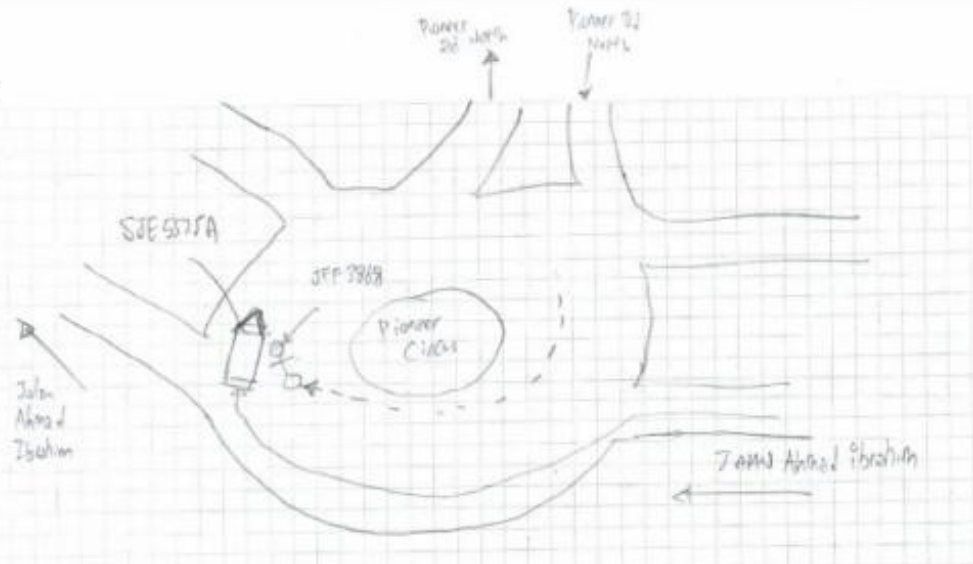
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

GZ

Policyholder's Signature
Date & Time:

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

H

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180421/2181

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180421/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2018 22:08	Vide Report No.:	Station Diary No.: 194
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Informant's Particulars

Name of Informant: ONG TZE HAO			Address: APT BLK 376 CLEMENTI AVENUE 4 #06-120 SINGAPORE 120376		
ID Type / ID No.: NRIC NO / S8212043B			Contact No.: Home/Office: Mobile: 96232485		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 16/04/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FACILITIES ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 21/04/2018 17:45	Type of Location: Roundabout
Location: Along Road 1 PIONEER CIRCUS				
Along Pioneer Circus Roundabout just after Jalan Ahmad Ibrahim exit beside Pioneer Hub				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JFF3868	Motorcycle				No Damage	0
SJE5525A	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Black	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180421/2181

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180421

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE5525A	LIBERTY INSURANCE PTE LTD	SD17V13471/VPC/R00	29/11/2017	28/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	WONG BOON LONG		ID No.	F0330550M
Related Vehicle	JFF3868 (Motorcycle)		Contact No.	-
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 TZE HAO		ID No.	S8212043B
Related Vehicle	SJE5525A (Car)		Contact No.	96232485
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 21/04/18 at about 1745hrs, I was driving my black colour Honda Vezel car - SJE5525A with my 3 passengers and was heading towards Pioneer Road North. While I was driving along Pioneer Circus roundabout after Jalan Ahmad Ibrahim exit near to Pioneer Hub, a Malaysian registered motorcycle - JFF3868 collided onto the right side of my car.

The collision caused some scratches and dent on the front and rear side doors. No one was injured and I have the accident footage from my in-car cameras. I had also taken photos following the accident. The rider decline to give his contact number but provided his work permit. He refused to take my particulars. I wish to state that I was driving in my lane on the left.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180421/2181

3 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180421/2181

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:

D /

Sr Staff Sgt SUZIANNA BINTE ZAINAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/04/2018 22:08

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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