

17/18/18/VP05/020610

MCHM18063608 / Cheng Hoe Motor Pte Ltd - Yishun
 ENTRY DATE & TIME: 16/05/2018 10:25
 SUBMITTED BY: Efeeda Binte Mohamed Othman

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 16/05/2018 14:17

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	16/05/2018 10:25
Date Of Accident	13/05/2018 16:30
Exact Location Of Accident	JURONG EAST ST.24 TOWARDS JURONG EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1537L
Insured/Policyholder	
Name Of Registered Owner	ONG BOON HENG (WANG WENXING)
NRIC No	S7235375G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92744588
Alternative Phone No	OTHERS-92744588

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	PVT 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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05014783
Cover Note Number	5/8/17-4/5/18

Driver

Name of Driver	ONG CHUAN
NRIC No	S0968896Z
Date Of Birth	10/09/1943
Occupation	INDOOR
Date Of Driving Pass	09/11/1962
Driving Experience	55 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96646428
Fax Number	
Contact Number	
EMail Address	NOEMAIL

• Address BLK 116 JURONG EAST ST 13 #10-392
 Postcode 2260
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured PARENT
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 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?
 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 JURONG EAST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT ATTACHED (VEHICLE HAVE BEEN ALREADY REPAIR)

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 SHA1369E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

• No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SJY 1537 L
INSURER : LONPAC
DATE & TIME: 13 5 18

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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

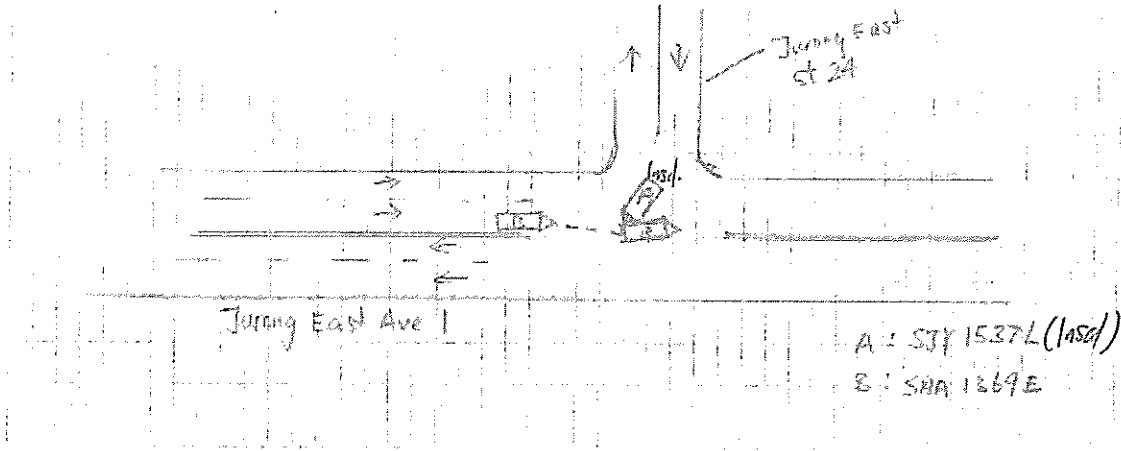
Policyholder's Signature
Date & Time

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RETURNED TO POLICE REPORT

(Vehicle have been already repair .)

Note . Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: _____

FIN Ng

() Claim Own Policy () Claim Third Party (X) Reporting Only

☐ Claim OD/TP at other workshop (_____)

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180513/2025

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180513/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2018 10:28		Vide Report No :		Station Diary No. 35
Name of Informant: ONG CHUAN		Address: APT BLK 116 JURONG EAST STREET 13 #10-392 SINGAPORE 600116		
ID Type / ID No : NRIC NO / S0968890Z		Contact No : Home/Office: Mobile: 96648428		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 74	Date of Birth: 10/09/1943	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: UNEMPLOYED		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/05/2018 04:30	Type of Location:
Location: Along Road 1 JURONG EAST STREET 24				
Along Jurong East St 24 towards Jurong East Ave 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Plate No	Vehicle Type	Driver	Passenger	Damage	Amount
SHA1369E	Car			Slightly Damaged	0
SJY1537L	Car			Seriously Damaged	0

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180513/2025

2 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No. 1800-8999999

Report No. T/20180513/2025

CONTINUATION OF REPORT

Name	ONG CHUAN	ID No.	S0968896Z
Related Vehicle	SJY1537L (Car)	Contact No.	96646428
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

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle bearing registration number SJY1537L along Jurong East St 24 as I wanted to proceed back home located at Bik 116 Jurong East St 13. As I was driving along Jurong East St 24, I stopped at the T-junction of Jurong East St 24, before I turn right into Jurong East Ave 1. I made a check for my blind spot after which I continue to turn right into Jurong East Ave 1 however I don't notice that one taxi vehicle bearing registration number SHA1369F that was travelling along Jurong East Ave 1 towards Jurong East St 21 suddenly collided onto my vehicle front bumper.

After which, both of us stopped at the road side and exchange particular with each other. This is the first time such incident happened, I wish to informed that no one was injured during the accidental and Police officer was at scene while the accidental occurred. The Police officer issued me a vide incident report : D/20180513/0033. I lodging this report for insurance claim.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180513/2025

3 of 3

Report No. T/20180513/2025

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No. 1800-8999999

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 /

Sgt 1 TAN CONG CHEN

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

13/05/2018 10:28

Officer In Charge Of Case:

TP / GIT /

SSI-TAN-CHIN-YONG

Contact No. 65476178

SN 34

Classification Of Case.

Authentication Stamp

NP158

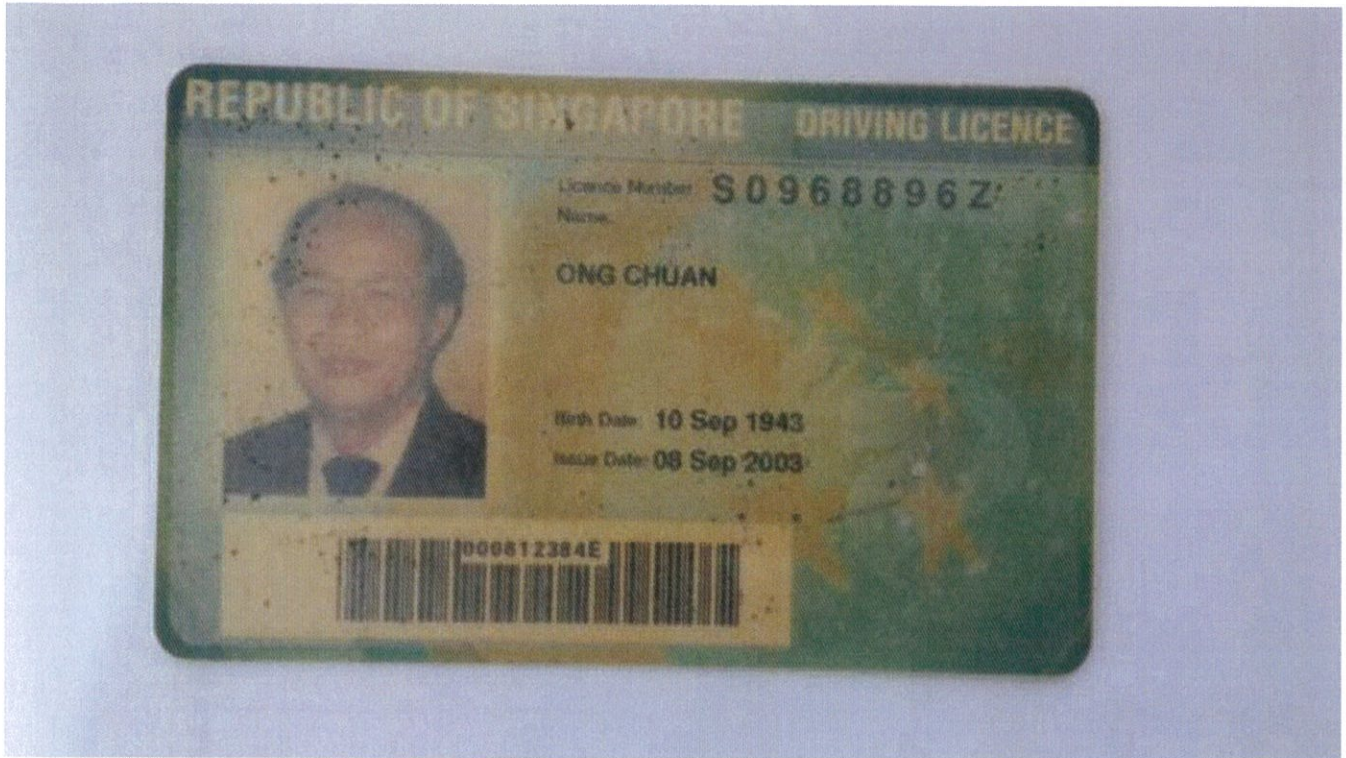
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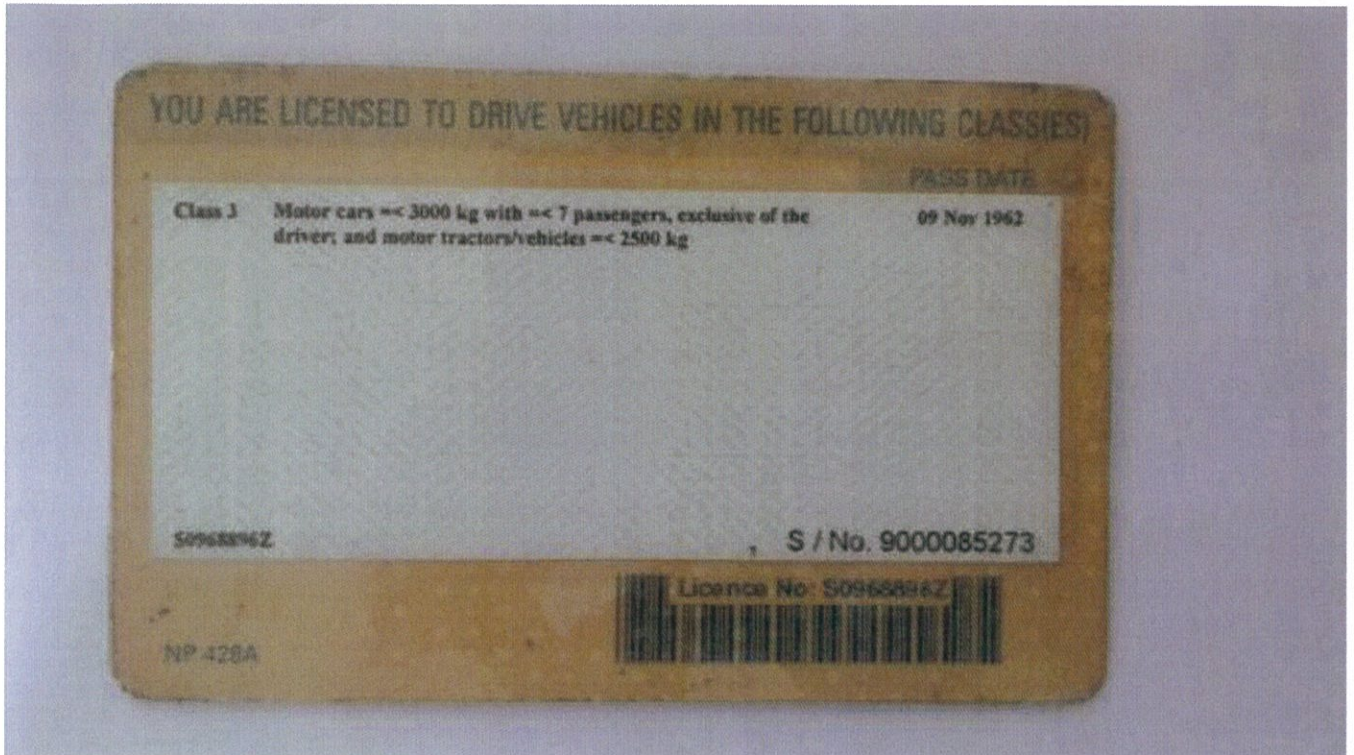


DR IC



DR LIC





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

