#### 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 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

aforesaid.	ion to the dronwing of this report at the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/05/2018 17:12
Date Of Accident	28/05/2018 14:25
Exact Location Of Accident	BALESTIER RD HEADING TWDS LAVENDER STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ9382T
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN MENG
NRIC No	S8224826I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91195647
Alternative Phone No	OTHERS-91195647
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO 1.5X 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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096080880
Cover Note Number	
Driver	
Name of Driver	ONG CHIN MENG

Name of Driver

NRIC No

S8224826I

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

O7/02/2017

Driving Experience

1 YEAR AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91195647

Fax Number

Contact Number OTHERS-91195647

EMail Address NOEMAIL

Address BLK 470C UPPER SERANGOON CRESCENT

#04-352 533470

M 1: 1 (II ) NO NO

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

isdiance company of briver's own vertice

**General Information of the Accident** 

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Postcode

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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

YES

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name GEYLANG N.P.C

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

**SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT: T/20180528/2100

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGW5098G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 22

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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)
  - (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
- (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
- 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.

## Sketch Plan #2

SKETCH PLAN ALESTIER RD ADING				
WARDS	1.1	1		
VENDER	1 1 1	1 1		
TREET	4	7,1-1		
	JA	19 B	1	A -S9293
			1	B-SGW50
- 1			1	D-79470
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
			n'Ch	
			Sed,	2
		Olice	13/0	
		Ao,	8/	
	, XV	50/802		
	10	0/80		
	der 1	2		
016				
1				
DECLARATION		VASS		
DECLARATION I/We declare the foregoing pa	ticulars are true in every resp	pect.		1 30/5/2018

Date & Time:

NRIC/FIN No.:

#### Sketch Plan #3





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

2 of 3 Report No. T/20180528/2100

CONTINUATION OF REPORT

Any Pedestrian	Involved: No				COURTER OF	Defenden Branch
No. of Pedestria Driver	ns Injured: NIL		Use of Pe	edestria	n Cross	sing: NA
Name		DOMEST AND				arig. NA
ivaille	ONG CHIN MENG		ID No	0.	S8224826I	
Related Vehicle	SGZ9382T (Car)			Cont	act No.	01105017
11				Conta	act NO.	91195647
Hospital/Clinic	NIL			Class Drivin Licen	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL				Date	
No. of Days grant	ted Medical Leave	NIL	Date Disc	harge	NIL	
		THE	Degree of	Injury	NIL	

## Brief Details.

On 28/05/2018 at around 1425hrs, I was driving my vehicle, SGZ9382T along Balestier Road heading towards Lavender Street. While I was driving along the road on the middle lane, the traffic was coming to a stop. I started to slow down my vehicle. At this point of time, there was one vehicle, SGW5098G which was travelling on the right lane had hit my vehicle's right side mirror. This caused it to be damaged. The vehicle had seemed to pause to a second or two.

However, the other vehicle then proceed to speed off even when I horned at him. I am not injured. I am lodging this report to claim insurance against the other driver.





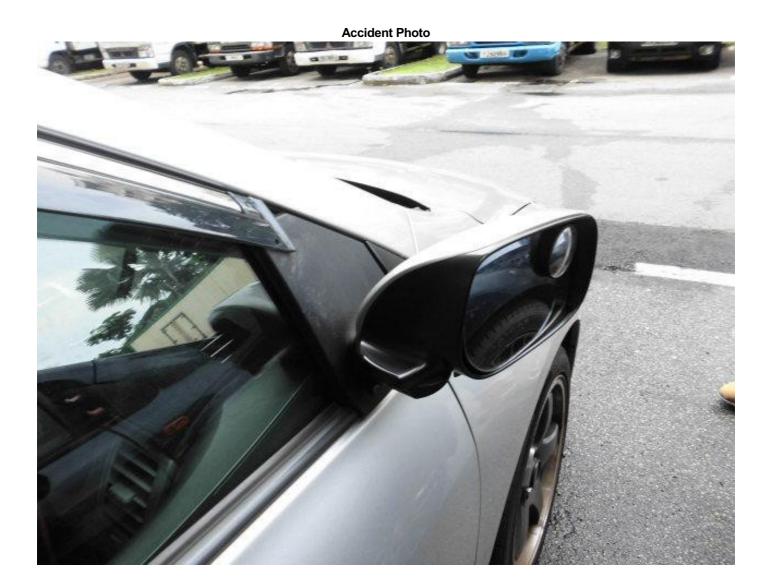










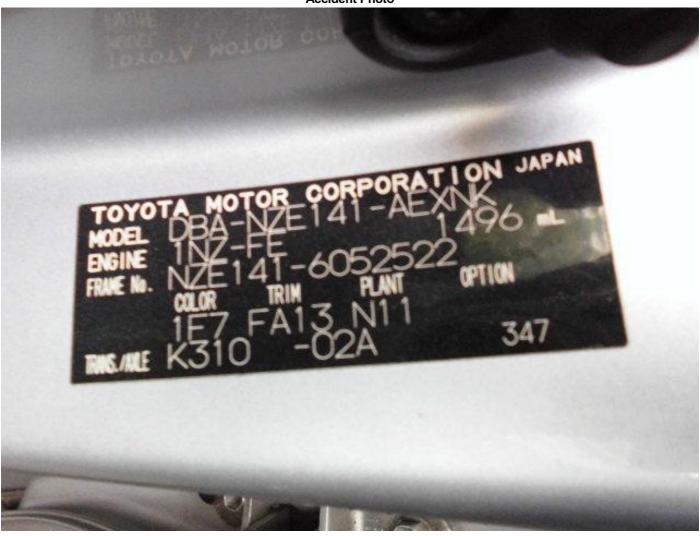












## **Police Report**

Vide Report No.:



REPORT OF A TRAFFIC ACCIDENT

One Way

Type of Collision:

HIT THE RIGHT SIDE MIRROR - SAME DIRECTION



1 of 3

Report No. T/20180528/2100

Station Diary No.:

Anyone conveyed by

ambulance:

No

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Date/Time Report Made: 28/05/2018 17:11		Vide Re	eport No.:			103		
nforman	t's Particu	ilars						
Name of Informant: ONG CHIN MENG		Address APT BL SINGA	s: _K 470C UP PORE 5334	PER SERA 70	NGOON CF	RESCENT #04-352		
ID Type / ID No.: NRIC NO / S8224826I		Contact No.: Home/Office: Mobile			Mobile: 91	91195647		
Nationali		EN	Email:					
Sex:	Age:	Date of Birth: 09/08/1982	Type of Informant: Driver			Institution	/ School Name:	
Race: Chinese		Language.			mstitution			
Occupat	Occupation: OUTDOOR SALES		Driving Licence Information: Class: 3 Date of			Date of E	f Expiry:	
General	Informatio	on of the Acciden	i.	Drink Date/Time of		me of	Type of Location	
W 1	Type of Accident: Non-Injury Hit and Run			Drive: No	Accider 28/05/2	nt: 018 14:25	Straight Road	
DOMESTICAL STATE	Road 1 TIER ROA NG TOWA	D RDS LAVENDER	Noak	d Surface:			Road Speed Limit:	
Clear			Dry Traff	ic Control:			Traffic Volume:	
Tramic	I IOW.							

Details of Ve	ehicle Invo	lved	late del	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	COIO		0
SGW5098G						
	TOYOTA COROLLA		Silver Slightly	Slightly	0	
SGZ9382T	Car	TOYOTA	AXIO 1.5X A	0	Damaged	i

	ehicle Insurance	Insurance No	Effective	Expiry Date	
Vehicle No.	Insurance Company		21/11/2017	22/11/2018	
SGZ9382T	NTUC Income Insurance Co-Operative	5096080880	21/11/2017	San Control of the Co	

#### **Police Report**





Police Station Of Origin: Geylang N.P.C 132 Paya Leber Board St

2 of 3 Report No. T/20180528/2100

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

Details of Perso	on Involved	DARKERSE		W.F. W	et Hall to	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Driver		15 SEC. 30	030 017 0	destra	101088	ang. NA
Name	ONG CHIN MENG		ID No	).	S8224826I	
Related Vehicle	SGZ9382T (Car)			Contact No.		91195647
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

#### Brief Details.

On 28/05/2018 at around 1425hrs, I was driving my vehicle, SGZ9382T along Balestier Road heading towards Lavender Street. While I was driving along the road on the middle lane, the traffic was coming to a stop. I started to slow down my vehicle. At this point of time, there was one vehicle, SGW5098G which was travelling on the right lane had hit my vehicle's right side mirror. This caused it to be damaged. The vehicle had seemed to pause to a second or two.

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#### **Police Report**





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

Report No. T/20180528/2100

3 of 3

Tel No: 1800-8486999

CONTINUATION OF REPORT

## Sketch Plan

NP168

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: G / Staff Sgt MUHAMMAD HAZWAN BIN ADNAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/05/2018 17:11
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	