

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	12/06/2018 11:29
Date Of Accident	11/06/2018 14:55
Exact Location Of Accident	AYE TWRDS QUEENSWAY B/F CLEMENTI SWIMMING COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG3822E
Insured/Policyholder	
Name Of Registered Owner	ONG YEW JOO
Co Reg No	S0146599A
Email Address	ONG.CHEEWEI87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96489323
Alternative Phone No	OFFICE-93855258

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A 29080315 TMP
Cover Note Number	

Driver

Name of Driver	ONG CHEE WEI
NRIC No	S8738532I
Date Of Birth	01/12/1987
Occupation	INDOOR
Date Of Driving Pass	16/10/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96489323
Fax Number	
Contact Number	OTHERS-93855258
EEmail Address	ONG.CHEEWEI87@GMAIL.COM

Address	105 PAVILION CIRCLE
Postcode	658540
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALEXANDRA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4739999 - FAX NO: 64713569
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180611/2152

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA9645U
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 2

Vehicle Registration Number SJM6797H
Vehicle Make/Model/Colour TOYOTA WISH
Details Of Properties
Vehicle Category PRIVATE CAR
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 3

Vehicle Registration Number SLE638S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG CHEE WEI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SGG3822E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
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.

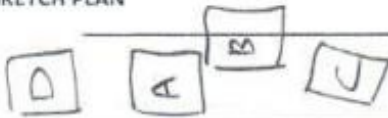
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/6/18
10:48am

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

Accident Sketch Plan

SKETCH PLAN



A: SGG3822E
B: SKA9645U
C: SJM6797H
D: SLE6385

AVE TOWARDS QUEENSWAY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note: *pls refer to Police Report 7/20/2018/2152*

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: 12/6/18 10:52am

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

12/6/2018
Rishi Nathan

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180611/2152

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

1 of 3

Report No. T/20180611/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2018 19:56		Vide Report No.:		Station Diary No.: 63
Informant's Particulars				
Name of Informant: ONG CHEE WEI		Address: 105 PAVILION CIRCLE SINGAPORE 658540		
ID Type / ID No.: NRIC NO / S8738532I		Contact No.: Home/Office: Mobile: 93855258		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 01/12/1987	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: HEALTHCARE EXECUTIVE		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/06/2018 14:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY QUEENSWAY BEFORE CLEMENTI SWIMMING COMPLEX, CLEMENTI AVENUE 3, EXIT 10B				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
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
SGG3822E	Car A				Seriously Damaged	2
SJM6797H	Car C				Seriously Damaged	0
SKA9645U	Car B				Seriously Damaged	0
SLE638S	Car D				Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180611/2152

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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Report No. T/20180611/2152

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHEE WEI	ID No.	S8738532I
Related Vehicle	SGG3822E (Car)	Contact No.	93855258
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

On the 11/06/2018 at about 1455hrs, I was driving with my vehicle SGG3822E along AYE towards City near Clementi Ave 3 on lane 1 from the right. I was driving about 2 to 3 cars length away from the front vehicle SLE638S. I saw the front car brake slowly and I followed suit and brake to slow down. However, I then felt an impact from the back and I discovered that there had been a collision of two cars behind me. The cars involved behind are SKA9645U and SJM6797H. I got down from my vehicle and went to make a check. The first vehicle SKA9645U that hit me from the rear was okay and did not require any medical assistance.

I subsequently went behind to check on the second vehicle SJM6797H. I went to speak to the driver and the driver complained of chest pain and pain on the left arm. I immediately called for police and ambulance to come down while also directing the traffic. I saw smoke coming from the engine compartment and quickly went to pull the driver out to a safe location. I wish to inform that both car that hit me had their air bag burst out.

I wish to state that there are damages on the rear of my vehicle but I am unsure of what are the damages. The first vehicle that hit me had also serious damage on the rear and serious dent marks. The second vehicle also had serious damages to it.
There was a off duty firefighter and came to assist the injured driver.

I then called the police again to check the location of the ambulance and they assured me that it is coming down. I then left the scene with the firefighter. I wish to state that I have the in car footage with me. I wish to inform that I had left thigh pain and back pain and went to Alexandra Hospital A&E for medical assistance. I was given a day of MC. I wish to inform that I do not know what happened to the other driver. I wish to inform that I did not manage to exchange any particulars with the drivers.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180611/2152

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

3 of 3

Report No. T/20180611/2152

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 2 DAMIEN LEONG JUN SIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/06/2018 19:56

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMIA41876054 Vehicle Registration No: SG43822E

Name (as shown in NRIC): CHIAI CHIAI WAI NRIC/FIN/Passport No: _____

(☒ Vehicle Driver) (☐ Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 96499328

Email Address: _____

Date of Accident: 11/06/2018 Time of Accident: 14:54

Place of Accident: AYR TAVROS QUADRANT OFF CAMPARTI SWIMMING COMPLEX

Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEH. NUMBER 20 SG43822E ON EXACT PLOA

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Phoebe Wong
NRIC/FIN No.:
Date: 29/08/2018