

## 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	29/05/2018 15:11
Date Of Accident	28/05/2018 23:10
Exact Location Of Accident	ALONG SIMS AVE EAST>NEAR KEMBANGAN MRT STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2929D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHIN CHOO
NRIC No	S2020771Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93835373
Alternative Phone No	OFFICE-93835673

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 200 KOMPRESSOR

Exact Purpose for which vehicle was being used at time of accident

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	5096273232 (CLASSIC)
Cover Note Number	

### Driver

Name of Driver	ONG CHIN CHOO
NRIC No	S2020771Z
Date Of Birth	19/01/1943
Occupation	INDOOR
Date Of Driving Pass	11/10/1966
Driving Experience	51 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93835373
Fax Number	
Contact Number	OFFICE-93835673
Email Address	NOEMAIL

Address	41A BEDOK RIA CRESCENT #01-29
Postcode	S489929
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 - 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?	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)	2
Passenger 1	NAME: : MUNA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20180529/2079 (ATTENDED BY IFAH)

#### 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	SLV2850S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOW WEIYA, JASON
NRIC/Passport Number	S8214732B
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver JEFFREY JOLANDO SIM KEE CHOON  
NRIC/Passport Number S7029533D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ONG CHIN CHOO  
Approximate Age  
Injuries Sustain PAIN ON BODY,3 DAYS MC  
Injured person in which vehicle? SJU2929D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN


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#### 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.

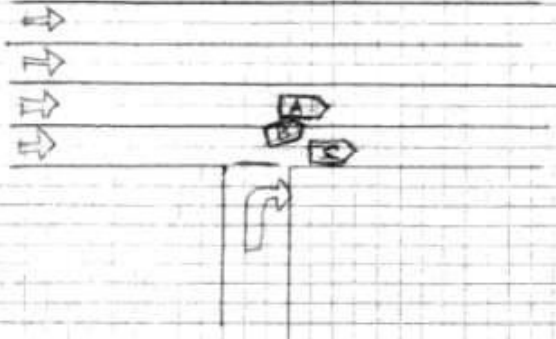
  
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten signature in the top left corner of the description area.

REFER TO POLICE REPORT  
T/20180529/2019

Handwritten signature in the bottom right corner of the description area.

DECLARATION

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

Policyholder's Signature  
Date & Time

*ccy*

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

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



Police Report Pg. 1



SINGAPORE  
POLICE FORCE



T/20180529/2079

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Report No T/20180529/2079

Police Station Of Origin  
Bishan N.P.O  
20 Bishan Street 23 SINGAPORE 579757  
Tel No. 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 29/05/2018 16:42		Vide Report No.,		Station Diary No. 110
<b>Informant's Particulars</b>				
Name of Informant: ONG CHIN CHOO		Address: 41A BEDOK RIA CRESCENT #01-29 SINGAPORE 489929		
ID Type / ID No. NRIC NO / S2020771Z		Contact No. Home/Office:		Mobile: 93835373
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 75	Date of Birth: 19/01/1943	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Shop Assistant		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/05/2018 23:10	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE EAST				
Sims Ave East heading towards Changi				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJU2929D	Car	MERCEDES BENZ	C 200 KOMPRESS OR	Silver	Slightly Damaged	1
SLV2850S	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJU2929D	NTUC Income Insurance Co-Operative Limited	5096273232	29/11/2017	23/01/2019



SINGAPORE  
POLICE FORCE



T/20180529/2079

Police Station Of Origin  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579767  
Tel No: 1800-5529699

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Report No: T/20180529/2079

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ONG CHIN CHOO	ID No	S2020771Z
Related Vehicle	SJU2929D (Car)	Contact No	93935973
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	29/05/2018	Date Discharge	29/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	TOW WEIYA, JASON	ID No.	S8214732B
Related Vehicle	SLV2850S (Car)	Contact No.	NIL
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 28.5.18 at about 2310hrs, I was travelling along Sims Ave East heading towards Changi. I was on the 2nd lane from the right when there was a vehicle which came out from Lor Mydin. While the said vehicle was moving out from Lor Mydin, a vehicle bearing SLV2850S which was travelling fast had steered his vehicle into my lane as he wanted to avoid colliding with the said vehicle. Due to that, SLV2850S side swipe my vehicle causing damages to the right portion of my vehicle.

Traffic police and ambulance was at scene however I refused to be conveyed as I was still able to drive back home. Today, I still felt pain on my body so I went to see the doctor and was given 3 days medical leave.

I do not have any in built camera installed in my vehicle however the driver of SLV2850S told me that he has an in built camera and manage to capture the incident. I am lodging this report for insurance claim purposes

## Police Report Pg. 1



SINGAPORE  
100-000000

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Report No. T/20180529/2079

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:  
E /  
Sgt 3 LIYANA BINTE MOHD RAZALI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/05/2018 16:42

Officer In Charge Of Case:  
TP / GIT /  
SSI TAN CHIN YONG  
Contact No : 65476178

### Classification Of Case

Authentication Stamp  
NP162

SM/ES1

SIGNATURE