

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	16/07/2018 09:43
Date Of Accident	15/07/2018 11:00
Exact Location Of Accident	CTE (CITY) BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4438U
Insured/Policyholder	
Name Of Registered Owner	JOCE MARKETING
Co Reg No	52934812L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62520838

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3085841702
Cover Note Number	

Driver

Name of Driver	ONG CHIN EIK (WANG ZHENYI)
NRIC No	S7412727D
Date Of Birth	01/05/1974
Occupation	INDOOR
Date Of Driving Pass	11/08/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94574774
Fax Number	
Contact Number	OFFICE-94574774
Email Address	NOEMAIL

Address	BLK 7 BOON KENG ROAD #35-140
Postcode	330007
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180715/2115.

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	GY5812B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEONG CHEE KEONG
NRIC/Passport Number	S8103004I
Contact Number	92474799
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	ONG CHIN EIK (WANG ZHENYI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE4438U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

CTE (city)

A: GBEV432U
B: 9Y 5812B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180715/215.

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:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180715/2115

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180715/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2018 21:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG CHIN EIK			Address: APT BLK 7 BOON KENG RD #35-140 SINGAPORE 330007		
ID Type / ID No.: NRIC NO / S7412727D			Contact No.: Home/Office: Mobile: 94574774		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 01/05/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2018 11:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY NEAR BRADDEL EXIT				
Weather: Clear		Road Surface: SLIGHT WET	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE4438U	Van				Slightly Damaged	0
GY5812B	Lorry				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180715/2115

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Traffic Police Division HQ
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Report No. T/20180715/2115

CONTINUATION OF REPORT

Driver			
Name	ONG CHIN EIK		ID No. S7412727D
Related Vehicle	NIL		Contact No. 94574774
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	LEONG CHEE KEONG		ID No. S8103004I
Related Vehicle	NIL		Contact No. 92474799
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 & LOCATION @ ABT 1100 HRS.

I WAS DRIVING MY VAN (GBE4438U) ALONG CTE ,NEAR BRADDEL EXIT.I WAS DRIVING ON THE LANE 2 OF 3 AND THE OTHER LORRY (GY5812B) WAS JUST DIRECTLY BEHIND ME. AS I WAS GOING STRAIGHT,DUE TO THE HEAVY TRAFFIC JAM, VEHICLES IN THE FRONT WERE SLOWLY DOWN.I SLOWED DOWN AND I STOPPED AS WELL

BUT UNFORTUANATLY THE LORRY DRIVER BEHIND COULDNT STOP IN TIME AND HE COLIDED ON MY VAN. IT WAS A SLIGHT HIT,BOTH THE VEHICLES HAD MINOR DAMAGES. NONE OF US WERE INJURED AFTER THE HIT,I APPROACHED THE DRIVER AND CHECKED ON HIM.WE EXCHANGED CONTACT DETAILS AND PARTICULARS.I TOOK SOME PHOTOGRAPHS OF THE DAMAGED VEHICLES.

AS THERE IS NO CONVEYANCE, WE LEFT THE PLACE AFTER THE ACCIDENT.

AFTER I REACHED HOME,AFTER SOME TIME (AROUND EVENING) I SUFFERED FROM BODY PAIN.

I WENT TO THE HOSIPITAL TO DO A CHECK ON MY INJURIES AND I WAS TOLD THAT MY PRESURE IS NOT NORMAL.IT HAS RISE UP DUE TO THE ACCIDENT. I WAS GIVEN 3 DAYS OF MEDICAL LEAVE.

THATS ALL

Police Report



**SINGAPORE
POLICE FORCE**

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T/20180715/2115

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Report No. T/20180715/2115

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20180715/2115

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Report No. T/20180715/2115

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Tel No: 65470000

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/07/2018 21:56

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

Accident Photo



Accident Photo



Accident Photo



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