

## 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	21/07/2018 15:41
Date Of Accident	21/07/2018 08:45
Exact Location Of Accident	CLEMENTI AVE 6 TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3395M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHENG BOO
NRIC No	S7124471G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98296688
Alternative Phone No	OFFICE-98296688

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-006732
Cover Note Number	

### Driver

Name of Driver	ONG CHENG BOO
NRIC No	S7124471G
Date Of Birth	04/07/1971
Occupation	INDOOR
Date Of Driving Pass	10/12/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98296688
Fax Number	
Contact Number	OFFICE-98296688
Email Address	NOEMAIL

Address	BLK 130 LORONG AH SOO #03-388
Postcode	530130
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	DRY

#### 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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 114 HOUGANG AVENUE 1 #01-1270 , <b>POSTCODE:</b> 530114 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2899999 - <b>FAX NO:</b> 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180721/2058

#### 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	SFT193A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OWYONG HUI WEN
NRIC/Passport Number	S9212683H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME:       :
	GENDER:     :

#### DETAILS OF INJURED PERSON 1

Name	ONG CHENG BOO
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SLU3395M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

#### 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.
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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. 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 lodging 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.

v 

Policyholder's Signature  
Date & Time:

x 

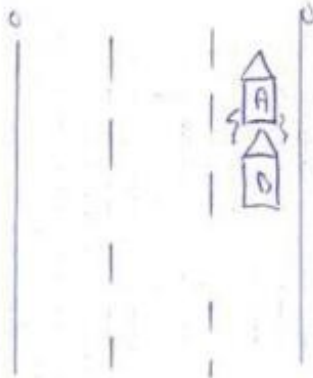
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Accident Sketch Plan

### SKETCH PLAN



Clement Ave 6

DGA: 21 | 7 | 18

A: SLU 3395 M

B : SFT 193A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## DECLARATION

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


x   
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**



TQ0180721/2058

1 of 4

Report No. T/20180721/2058

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899990

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/07/2018 12:58      Vide Report No.:      Station Diary No.: 10

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**Informant's Particulars**

Name of Informant: ONG CHENG BOO		Address: APT BLK 130 LORONG AH SOO #03-388 SINGAPORE 530130	
ID Type / ID No.: NRIC NO / S7124471G	Contact No.: Home/Office:	Mobile: 9826668	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 04/07/1971	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: SENIOR TECH	Driving Licence Information: Class: 3		Date of Expiry:

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**General Information of the Accident**

Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 21/07/2018 08:45	Type of Location: T-Junction
Location: Along Road 1 CLEMENTI AVENUE 6 CLEMENTI AVENUE 6 TOWARDS PIE			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

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**Details of Vehicle Involved**


Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFT193A	Car				Seriously Damaged	1
SLU3395M	Car	HYUNDAI	HD AVANTE 1.6 A	Blue	Slightly Damaged	0


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**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU3395M	EQ INSURANCE COMPANY LTD.	DMPPHQ17-006732	27/12/2017	26/12/2018


# Police report





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999



T/20180721/2058

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Report No: T/20180721/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	OWYONG HUI WEN	ID No.	S9212683H
Related Vehicle	SFT193A (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
<b>Driver</b>			
Name	ONG CHENG BOO	ID No.	S7124471G
Related Vehicle	SLU3395M (Car)	Contact No.	9826688
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	21/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**


On 21/07/2018 at about 0640hrs, I had just end work and was making my way to home travelling along Clementi Avenue 5 towards PIE. Upon nearing a T junction, I noticed the traffic light turned amber and I began to slow down and get ready to stop at the stop line. My vehicle managed to come to a stop but out of no where I felt an impact from the rear of my vehicle and my vehicle also skidded towards the middle of the junction.

Suddenly, a guy came to me and confronted me. He mentioned "why did I stop the car" in which I response that "I was just following the right of way shown by the traffic light". I came out of my vehicle and took some photo of both our vehicle and quickly moved my vehicle to the roadside to prevent any obstruction of traffic. After I parked my vehicle one side, I called my insurance company and they advised me to get the detail of the driver and the vehicle. My vehicle suffered a crack and dent on the rear bumper but was still able to drive off. However, the other vehicle (SF193A) suffered quite a bad damage on its front bumper and was unable to drive off from scene. After getting all the necessary information, I drove off. It was here where I start to feel pain and discomfort on my neck and as such, I made my way to Mount Alvernia Hospital to make a check and was given 5 days of MC.


As such, I decided to make my way to Paya Lebar NPP to lodge a traffic accident report. I would like to inform that both my vehicle and the other vehicle have in-vehicle camera onboard.



Police report

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CONTINUATION OF REPORT



Police report

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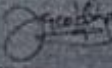


  
TQ01807210258

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Report No: TQ01807210258

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: F/ Sgt 2 KOH YEWEI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/07/2018 12:58
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65478430	Classification Of Case:  SN 085
Authentication Stamp NP158	 Signature:  Singapore Police Force

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

