



## 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	18/08/2018 12:00
Date Of Accident	17/08/2018 14:45
Exact Location Of Accident	SLIP RD AYE (TUAS) TWDS CLEMENTI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8546K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OMNITEC SERVICES PTE LTD
Co Reg No	200401083D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63445737

### Vehicle Particulars

Manufacturer	RENAULT
Model	KANGOO DCI70
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	M495463
Cover Note Number	

### Driver

Name of Driver	ONG PENG BOON
NRIC No	S1311436F
Date Of Birth	23/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93878708
Fax Number	
Contact Number	OFFICE-93878708
EMail Address	NOEMAIL

Address	BLK 279 TAMPINES STREET 22 #02-224
Postcode	520279
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO STATEMENT.

### 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	SJR4270Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HUI KOON JASMINE (CHEN HUIJUAN JASMINE)
NRIC/Passport Number	S7419485J
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 PENG BOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBA8546K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.

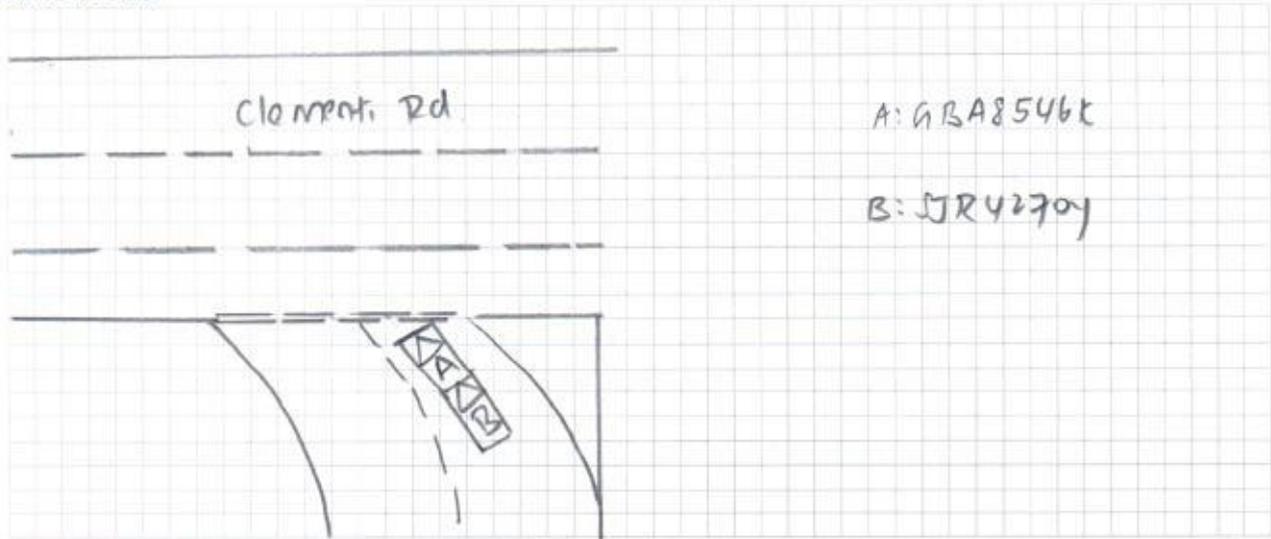
**UMNITEC SERVICES PTE LTD**  
180 Tanjong Katong Road  
Singapore 436892  
Tel: (65) 63449377 Fax: (65) 63449376

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

OMNITEC SERVICES PTE LTD  
190 Tanjong Katong Road  
Singapore 436982

Tel: 65 63782787 Fax: (65) 63448378

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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG LANE 1 SLIP RD AYE (TUAS) TWDS CLEMENTI RD AS THERE WAS INCOMING VEHICLES ALONG MAIN RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHLCE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: (17/8/18) (DD/MM/YYYY), TIME: (14:45) (HH:MM)

LOCATION: Ngap Slip Rd A/E (7003) towards Clementi Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: NDA85461C  
b) INSURANCE COMPANY: 332  
c) POLICY NUMBER: M495463  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: AB Omnitech Services Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 63445777  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: ong Peng Boon (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S171436E CONTACT: 97875708  
c) ADDRESS: 11c 279 Tampines Street 20 #02-224 (520279)

\*d) DATE OF BIRTH: (27/9/1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 29/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRY  
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY  
6. WAS ANYBODY INJURED (YES / NO) NO  
7. a) REPORTED TO POLICE (YES / NO) NO  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5J242201 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Tan Hui Kuan Jalmine (chen Huihan Jalmine)  
c) NRIC/FIN/PASSPORT: S341948JJ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

email = uemotor@hotmail.com

fax =

video =

REPUBLIC OF SINGAPORE

License Number: **S1311436F**

Name: **ONG PENG BOON**

Birth Date: **23 Sep 1958**

Issue Date: **29 Jul 2003**

0006947238




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1311436F**

Name: **ONG PENG BOON**

Race: **CHINESE**

Date of Birth: **23-09-1958** Sex: **M**

Country of Birth: **SINGAPORE**



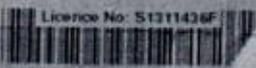


ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS 3 - Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **15 Sep 1978**

License No: **S1311436F**

04552

Barcode

NRIC No: **S1311436F**

Blood Group: **O+** Date of Issue: **01-08-1992**

APT BLK 279 TAMPINES STREET 22 #02-224  
SINGAPORE 520279

NRIC No: **S1311436F** Date: **09-09-2000** No: **3864287**



INDIA INTERNATIONAL INSURANCE PTE LTD.

Co. Reg. No. 190703192K | GST Reg. No. M2-0078806-X  
64 Cecil Street #04/ #05/ #06-02 IOB Building Singapore 049711  
Office (65) 63476100 Email insure@ii.com.sg  
Fax (65) 62244174 Website www.ii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory insurance. The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: 87396SE Third Party Only Excess: Nil Young &/or Inexperience Drivers Excess: S\$2500/- Sect II for age <21 years or > 65 years &/or S'pore D.L. < 2 years

CERTIFICATE NO. M495463

1. Index Mark and Registration Number of Vehicle: GBA 8546 K

2. Name of Policy Holder: Omnitee Services Pte Ltd

3. Effective date of the commencement of Insurance for the purposes of the Act: 01<sup>st</sup> March 2018

4. Date of Expiry of Insurance: 28<sup>th</sup> February 2019

5. Persons or Classes of Persons entitled to drive\*  
Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*  
(1) Use in connection with the Policyholder's business.  
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.  
(3) Use for social, domestic and pleasure purposes.  
The Policy does not cover:  
(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.  
(2) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*Limitations imposed imperatively by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue: SJ/19.01.2018

for India International Insurance Pte. Ltd.  
(APPROVED INSURERS)

M. 2. 100C (GOODS CARRYING)  
PRIVATE TYPE

Authorized Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act. Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189). The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDOUBTED LIABILITY.

Agent/Insurer Name: Sumtex