

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	08/08/2018 17:05
Date Of Accident	02/08/2018 14:45
Exact Location Of Accident	ALONG JURONG EAST ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK5371E
Insured/Policyholder	
Name Of Registered Owner	CHEW CHONG CHOON
NRIC No	S1294272I
Email Address	WENDYCHNG.TRAVCOACH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81014381
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA051703
Cover Note Number	

Driver

Name of Driver	ONG KOK WAH
NRIC No	S1815162F
Date Of Birth	25/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1988
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82771733
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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
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/20180803/2117. VEHICLE AT TP COMPOUND.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT6403X
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 KOK WAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGK5371E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.:

I AM AWARE THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

GIA/RAIC Sketch Plan Form 23

SKETCH PLAN



A - SGKS371E
 B - SKT6403X

Jurong East St 21

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20180863/2117

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:

☒ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop _____
☐ For record purpose

Policy No. GAB51703
Insurer AXIA Veh.No. SGK5511E

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180803/2117

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

1 of 3

Report No. T/20180803/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2018 18:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG KOK WAH			Address: APT BLK 208 JURONG EAST ST 21 #03-181 HDB JURONG EAST SINGAPORE 600208		
ID Type / ID No.: NRIC NO / S1815162F			Contact No.: Home/Office: Mobile: 98151001		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 25/10/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OPERATION			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/08/2018 14:45	Type of Location: Straight Road
Location: Along Road 1 JURONG EAST STREET 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK5371E	Car				Slightly Damaged	0
SKT6403X	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180803/2117

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

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Report No. T/20180803/2117

CONTINUATION OF REPORT

Driver			
Name	ONG KOK WAH	ID No.	S1815162F
Related Vehicle	NIL	Contact No.	98151001
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	02/08/2018	Date Discharge	02/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION @ ABOUT 1445 HRS,

I WAS DRIVING MY CAR ALONG JURONG EAST STREET 21, I WAS ON THE SECOND LANE OF 2. THE OTHER DRIVER WAS IN FRONT OF ME. AS I WAS GOING STRAIGHT, I NOTICED A POLICE CAR ON THE RIGHT LANE, I HAD A FEELING THAT THE POLICE CAR WAS COMING AFTER ME. I WAS CONCENTRATING ON THE POLICE VEHICLE. THE CAR IN FRONT OF ME JAM BRAKED DUE TO A HUMP. I TRIED TO BRAKE BUT COULDN'T ON TIME. UNFORTUNATELY I COLLIDED ON THE CAR.

AFTER THE HIT,
AMBULANCE AND TOWING CREW WAS CALLED AND THEY ARRIVED @ SCENE.
I WAS CONVEYED TO NTFGH, ADMITTED AND DISCHARGED ON THE SAME DAY WITH 3 DAYS OF MEDICAL LEAVE.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20180803/2117

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

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Report No. T/20180803/2117

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 / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

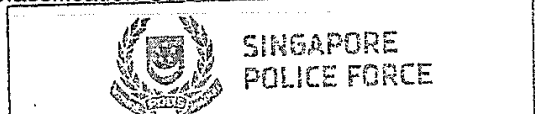
Authentication Stamp
NP168

Signature Of Informant:

(Handwritten signature)

Date/Time:
03/08/2018 18:00

Classification Of Case:



Signature: *(Handwritten signature)*