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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/08/2018 13:17
Date Of Accident	17/08/2018 20:40
Exact Location Of Accident	PENANG ROAD & SOMERSET ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK6365G
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98593351
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101532017
Cover Note Number	
Driver	
Name of Driver	ONG YONG HAO
NRIC No	S9418938A

 Name of Driver
 ONG YONG HAC

 NRIC No
 \$9418938A

 Date Of Birth
 28/05/1994

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/10/2014

Driving Experience 3 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98593351

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 825 WOODLANDS ST 81 #03-44 Address

SINGAPORE

Postcode 730825

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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 YES ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1 NAME: : NA

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

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 SJX7228U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver TAN CHEE KIANG

NRIC/Passport Number S7232273H **Contact Number** 96988594

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NA(PASSANGER)

Approximate Age

Injuries Sustain REFER POLICE REPORT

Injured person in which vehicle? SJK6365G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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 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:

201611813

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN SOMERSET The state of RD PENANG DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Blice DECLARATION I/We declare the foregoing particulars are true in every respect. (2016118130 Policyholder's Signature Reporting Centre Personnel's Signature Driver's Signature Date & Time: (If driver is not the policyholder) Name:

Date & Time:

GJARMC SketchPlanForm_V3

NRIC/FIN No.:

Accident Sketch Plan Pg. 1





T/20180818/2018

Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

1 of 3 Report No. T/20180818/2018

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 1/08/2018 03:15		Vide Report No.: E/20180817/0116	Station Diary No.: 39	
Informant	's Particul	ars			
Name of Informant:			Address:		
ONG YONG HAO			APT BLK 825 WOODLANDS STREET 81 #03-44 SINGAPORE		
			730825		
ID Type / ID No.:			Contact No.:		
NRIC NO	/ S941893	3A	Home/Office:	Home/Office: Mobile: 98593351	
Nationality:			Email:		
SINGAPORE CITIZEN					
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	24	28/05/1994	Driver		
Race:			Language:	Institution / School Name:	
Chinese			Chinese		
Occupation:		Driving Licence Information:			
GRAB DRIVER			Class: 3	Date of Expiry:	

Seneral IIII OIII	nation of the Accident					
Type of Non-Injury		Drink	Date/Time of		Type of Location:	
Accident:	Attended by Police	Drive:	Accident:		Straight Road	
7 (00)40111.		No	No 17/08/2018 20:40			
Location:						
Along Road 1	Traveling Toward Road	12				
PENANG ROAD						
SOMERSET F	ROAD					
Weather:		Road Surface:		Roa	Road Speed Limit:	
Cloudy		Dry			·	
Traffic Flow:		Traffic Control:		Traffic Volume:		
One Way		Traffic Light - Working		Mod	Moderate	
Type of Collision:			Any	one conveyed by		
Between Moving Vehicles - Head To Rear				ambulance:		
, and the second						

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJK6365G	Car				Seriously	1
					Damaged	
SJX7228U	Car				Seriously	0
					Damaged	

Accident Sketch Plan Pg. 1





/20180818/2018

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

Report No. T/20180818/2018

2 of 3

CONTINUATION OF REPORT

Brief Details.

On 17/08/2018 at about 2040hrs, I was fetching my passenger from Changi Airport to somerset 313. I was travelling along Penang road towards somerset road. While I was along somerset road, out of a sudden a vehicle from my rear collided on to my vehicle. The collision caused a huge impact. Subsequently, I made a check at the passenger and she said that she is fine but she wants to stay inside my vehicle. I told her not to stay inside my vehicle as it might have another accident will occur and she comply. After making a check on my passenger, I made a search on vehicle. And I saw that the left rear of my vehicle was totally damaged. As for the other parties his front side of vehicle was dented.

Subsequently, me and the other parties exchanged particulars. The other particular (Tan Chee Kang, S7232273H). After exchanging particulars, my passenger insists of calling the ambulance and I called for her. Ambulance and traffic police came down to scene and my passenger were conveyed by the ambulance. I wish to informed that the traffic along the road, there is CCTV camera.

Accident Sketch Plan Pg. 1





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 3 Report No. T/20180818/2018

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:	Signature Of Informant:
Sgt 2 DESMOND ANG JUN HAO	
Signature Of Interpreter:	Date/Time:
Not applicable	18/08/2018 03:15
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	
SI NORASHIKIN BINTE DAUD	
Contact No.: 65476439	
Authentication Stamp	
NP168 3	
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