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	25/08/2018 09:14
Date Of Accident	24/08/2018 21:15
Exact Location Of Accident	BEDOK RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM3522D
Insured/Policyholder	
Name Of Registered Owner	ONG BENG KEONG
NRIC No	S8105076G
Email Address	VINONG02@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88082490
Alternative Phone No	OTHERS-88082490
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098273936
Cover Note Number	
Driver	
Name of Driver	ONG BENG KEONG
NRIC No	S8105076G

NRIC No S8105076G

Date Of Birth 20/02/1981

Occupation OUTDOOR

Date Of Driving Pass 02/04/2015

Driving Experience 3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88082490

Fax Number

Contact Number OTHERS-88082490

EMail Address VINONG02@GMAIL.COM

BLK 13 BEDOK SOUTH ROAD Address

#07-607

Postcode 460013

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

CHAIN COLLISION 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180825/2015

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SFY6739K Vehicle Registration Number Vehicle Make/Model/Colour **TOYOTA**

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver TAN PANG KIAT NRIC/Passport Number S1822559Z **Contact Number** 96777778

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLD4346M Vehicle Make/Model/Colour **HYUNDAI**

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver **KUEK SUYEN MICHELLE**

NRIC/Passport Number S8021955E 92376155 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

ONG BENG KEONG Name

Approximate Age

SLIGHT Injuries Sustain Injured person in which vehicle? SJM3522D

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.
- 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 liability.
- 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.
- 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.
- 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:
 - 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:
 - 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:

250818

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

A - SIM35 22 2

B - SFY 6739 K

(-SCD 4346M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s rep	to the police report	: 1/20180825/2015
		,*

DECLARATION

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

Policyholder's Signature

Date & Time: 25 08 /8

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Jym 25/08/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Report No. T/20180825/2015

3 of 4

CONTINUATION OF REPORT

Brief Details.

On 24/08/2018 at about 2115hrs, I was working as Grab driver and driving my car, SJM3522D along Bedok Road with one Chinese female passenger seated at the rear seat heading to 104 Bedok Ria Crescent. I fetch my passenger at LTA building, Kampong Java Road.

While I was driving my car along Bedok Road, there was a car infront of slowing down as such I also slow down when suddenly my car was hit with a vehicle from my rear car side. The impact caused my car to moved forward and hit to the front car and stopped. I asked my passenger and she informed that she was alright as such I get out from my car to make a check.

I discovered that a car had hit my rear side and the driver had get down to check also. I also check on the front car which was hit by me and the female driver informed that she had her baby seated on the rear side in the baby seat. She informed that presently all was fine, no visible injuries however she need to bring her baby for check up.

The male driver informed me that he wish to settle the matter privately however I informed that I am working and there is a passenger in my car.

My female passenger got out from my car and she might want to see the doctor later to check if any injuries. She also did not continue the journey as I was involved in the accident.

As such all the 3 drivers exchange particulars and took photos.

No ambulance or police was called. No visible injuries among us and no government property involved. My car install CCTV facing the front view only. I noticed that the front car had install camera front and rear view while the rear car had install front view.

Afterwhich I went back home and proceed to Central 24-HR Clinic (Bedok) and was given 3 days MC (25/08/2018 to 27/08/2018).































T/20180825/2015

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Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

1 of 4 Report No. 1/20180825/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2016 01:45		/lade:	Vide Report No.:	Station Diary No.: 21	
Informa	nt's Partic	ulars			
	finformant ENG KEON		Address: APT BLK 13 BEDOK SOUTH ROAD #07-807 SINGAPO 460013		
ID Type / ID No.: NRIC NO / S8105076G			Contact No.: Home/Office:	Mobile: 88082490	
National SINGAR	illy: ORE CITIZ	EN.	Email:		
Sex: Male	Age: 37	Date of Birth: 20/02/1981	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2018 21:15	Type of Location Straight Road	
Location: Along Road 1 BEDOK ROAD Bedok Road no	ear next to Eastwo	od Road			
Weather; Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h	
Traffic Flow		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Two Way		THE PARTY OF THE PARTY OF THE PARTY		The state of the s	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFY6739K	Car	TOYOTA		Black	Slightly Damaged	0
SJM3522D	Car	HYUNDAL	HD AVANTE 1.6 A	Silver	Slightly Damaged	1
SLD4346M	Car	HYUNDAI		Blue	Seriously Damaged	1

Details of V	ehicle insurance		The State of the S	and the second
Vehide No.	Insurance Company	Insurance No	Effective	Expiry Date



Details of Vehicle Insurance

Date Treatment NIL

No. of Days granted Medical Leave



Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 2 of 4 Report No. T/20180825/2015

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance N	Jo I	Effective	Expiry Date
SJM3522D	NTUC Income insurance Co-Operativ Limited	ve 509827393	8	21/02/2018	29/12/2018
	erson involved		S. 150	B) (7) (5)	
Any Pedestri	an Involved: No	na na manananana			
No. of Pedes	trians Injured: NIL	Use of Pedest	rian Cros	sing: NA	
Driver					
Name	TAN PANG KIAT	ID	No.	S1822559Z	
Related Veh	de SFY6739K (Car)	Co	ontact No.	96777778	
Hospital/Clini		Dr Lk	ass of lying cence & piry Date	Class: NIL Date of Expry: NIL	
Date Treatme		Date Dischard	e NIL	-	
No. of Days g	ranted Medical Leave NIL	Degree of Inju		t e	
Driver		1113		the state of the state of	
Name	ONG BENG KEONG	ID.	No.	58105076G	
Related Vehi	ole SJM3522D (Car)	Co	intact No.	88082490	
Hospital/Clini	CENTRAL 24-HR CLINIC (BEDC	Dr Lie	ass of iving ence & pry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatme		Date Dischard	scharge 25/08/2018		
	ranted Medical Leave 03	Degree of Inju			
Driver			anton de		
Name	KUEK SUYEN MICHELLE	ID	No.	88021955E	
Related Vehi-	de SLD4346M (Car)	Co	ntact No.	92376155	
Hospital/Clini	o NIL	Dr. Lie	ass of ving ence & piry Date	Class: NIL Date of Exp	iry: NIL
Centre Transferre	of MIII	Page Olevens	San		

NIL

Date Discharge NIL

Degree of Injury Slight





100019060500015

Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. 7/20180825/2015

3 of 4

CONTINUATION OF REPORT

Brief Details.

On 24/08/2018 at about 2115hrs, I was working as Grab driver and driving my car, SJM3522D along Bedox Road with one Chinese female passenger seated at the rear seat heading to 104 Bedox Ria Crescent. I fetch my passenger at LTA building, Kampong Java Road.

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Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1500-2449999 4 of 4 Report No. 7/20180625/2015

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: G / Sr Staff Sgt ZULKANAIEN BIN ENDRA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2018 01:45
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	CE PORICE