

## 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             | 29/08/2018 16:32                      |
| Date Of Accident           | 17/08/2018 15:15                      |
| Exact Location Of Accident | BAYFRONT AVE SLIP RD INTO RAFFLES AVE |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GBC4652C                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | SIANG HOCK HOLDING PTE LTD |
| Co Reg No                   | -                          |
| Email Address               | NOEMAIL                    |
| Mobile Phone No             |                            |
| Alternative Phone No        | OFFICE-91454797            |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | CABSTAR            |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING            |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                 |
| If No, Please state action to be taken                                       | REPORTING ONLY     |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                                |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage          | COMPREHENSIVE                  |
| Fleet Policy              | NO                             |
| Policy Number             | D-18090247MFCV/5               |
| Cover Note Number         | -                              |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ONG KONG HUAT         |
| NRIC No              | S8857244J             |
| Date Of Birth        | 23/11/1988            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 10/09/2008            |
| Driving Experience   | 9 YEARS AND 11 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-86112435  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|   |                            |
|---|----------------------------|
| Address   | BLK 142 LOR AH SOO #03-257 |
| Postcode  | 530142                     |
| 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

|                    |                          |
|--------------------|--------------------------|
| 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?   | NO                                |
| Was any injured conveyed to hospital by ambulance?  |                                   |
| 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)   | 2                                 |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : MALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | CENTRAL POLICE DIVISIONAL HQ (A DIVISION)  |
| Police Station Address                    | <b>ROAD:</b> 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2240000 - <b>FAX NO:</b> 62200877  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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 | SLM304M      |
| Vehicle Make/Model/Colour   |              |
| Details Of Properties       |              |
| Vehicle Category            | PRIVATE CAR  |
| Name of Driver              | SIM GUAY HUA |
| NRIC/Passport Number        | S2003250B    |
| Contact Number              |              |
| Address                     |              |
| Postcode                    |              |

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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#### **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/PIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Raffles Ave

A = GBC 4652 C

$D = 56M\ 304\ M.$



Bayfront Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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:

Reporting Centre Personnel's Signature  
Name \_\_\_\_\_  
NRIC/ID No. \_\_\_\_\_

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



A/20180825/7011

1 of 2

## POLICE REPORT (NP299)

Report No. A/20180825/7011

Police Station Of Origin  
Central Police Divisional HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

|  |   |                     |
|--|---|---------------------|
| Date/Time Report Made<br>25/08/2018 16:58                    | Vide Report No.   | Station Diary No.   |
| Name Of Informant<br>ONG KONG HUAT                           | Address<br>APT BLK 142 LORONG AH SOO #03-257 SINGAPORE 530142 |                     |
| ID Type / ID No.<br>NRIC NO / S8857244J                      | Contact No.<br>Home/Office:                                   | Mobile:<br>86112435 |
| Nationality<br>MALAYSIAN                                     | Email Address<br>jamesong@profoto.com.sg                      |                     |
| Occupation<br>Advertising salesman                           | Sex<br>Male   | Age<br>29           |
| Institution/School Name                                      | Date of Birth<br>23/11/1988                                   | Race<br>Chinese     |
| Date/Time Of Incident<br>17/08/2018 15:15 - 17/08/2018 15:15 | Location Of Incident<br>BAYFRONT AVENUE                       |                     |

### Brief details.

On 17/08/18 at about 1515hrs, I was driving my Company rented lorry(Registration No. GBC4652C) along Bayfront Avenue when I arrived at the X-junction of Bayfront Avenue and Raffles Avenue wanting to "Turn Left to Raffles Avenue. There was another car(Registration No. SLM304M) in front of me which I notice the driver has moved off. I then move in a crushing speed and was checking right for on-coming traffic and suddenly when I turned back, the other car was still in front of me even though the traffic is clear and my car's slightly collided onto the car's rear. Both of us is not injured and we alighted from our vehicle, took photos, exchange particulars, agree on private settlement and left the scene.

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>25/08/2018 16:58   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



A/20180825/7011

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180825/7011

On 20/08/18 at about 1530hrs, I met up with the driver at his Motronic Motor Works Pte Ltd workshop and cost of damage quotation is \$1600-\$1800. I then informed the other driver ok however I will be travelling overseas on 21/08/18 and will settle it when I come back on 25/08/18. I later got to know that the other driver has gone back on his words and make a Insurance Claim against me. I have proceeded to my Insurance Company under Robinson Car Rental however they informed I may be liable for Insurance excess of \$4000/- for late report.

I am lodging this Police report for my own record purposes for Insurance Claims.

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>25/08/2018 16:58   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp



SCOOT

Name: Ong/Kong Huat

Fit: TR 265

Depart: Surabaya 1015

Seat: 14F

Arrive: Singapore 1330

Gate: 09

Boarding Time: 0930

Date: 25Aug18

Class: H1TRA

Seq No: 73

Please be at the boarding gate  
60 Min before departure time  
SSR: BG20 STY4

PNR: X4JHGV



9

Visa/Visas

Visa/Visas

8





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

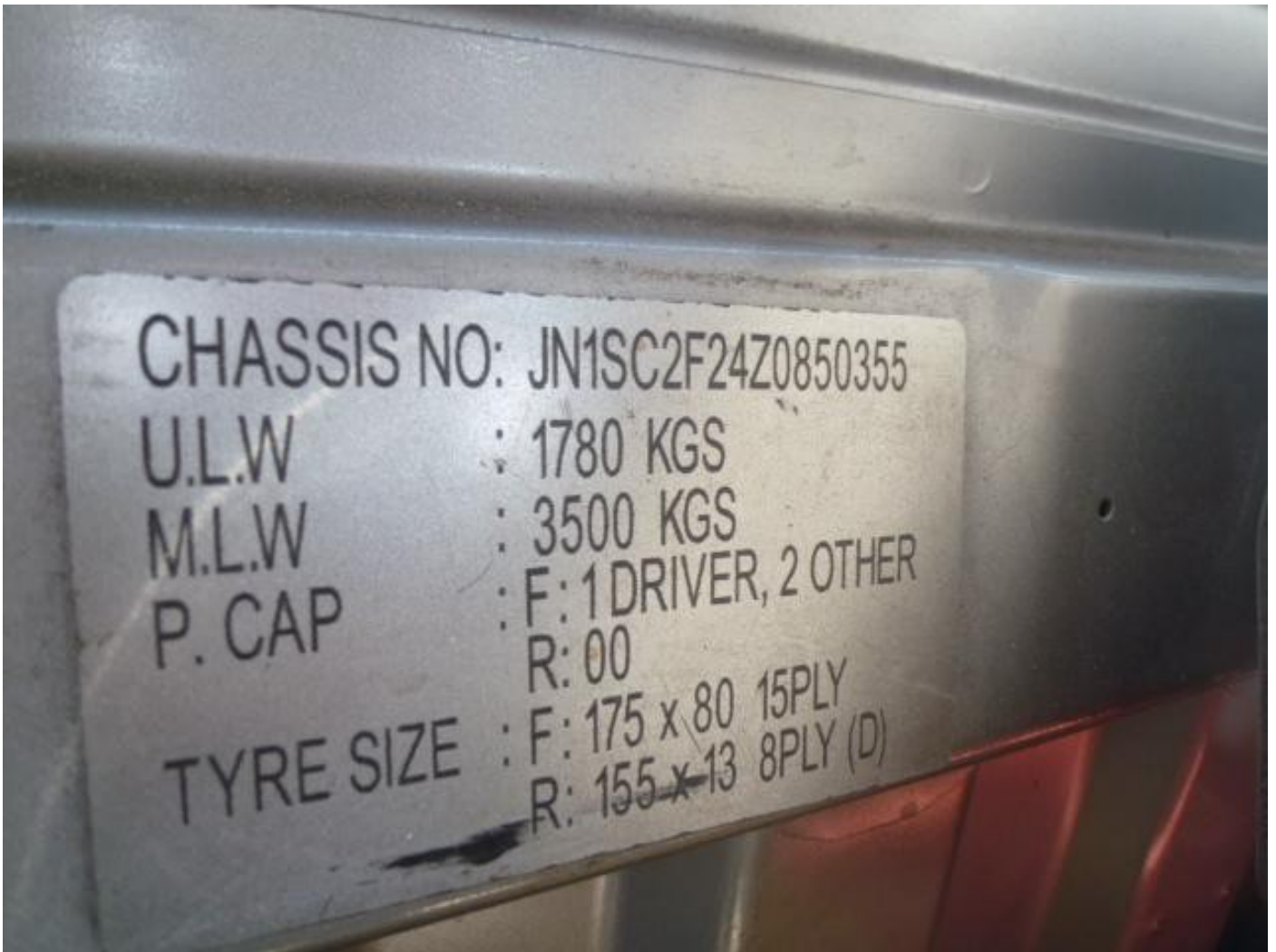


Accident Photo



Accident Photo





CHASSIS NO: JN1SC2F24Z0850355

U.L.W : 1780 KGS

M.L.W : 3500 KGS

P. CAP : F: 1 DRIVER, 2 OTHER  
R: 00

TYRE SIZE : F: 175 x 80 15PLY  
R: 155 x 13 8PLY (D)