

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 liability.
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	28/11/2018 12:46
Date Of Accident	06/11/2018 22:00
Exact Location Of Accident	ALONG MOSQUE STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1789A
Insured/Policyholder	
Name Of Registered Owner	ONG HOCK LENG
NRIC No	S1190191C
Email Address	JOE_ONG88@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96217267
Alternative Phone No	OTHERS-96217267

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	REPORTING ONLY
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	5092525093-01
Cover Note Number	

Driver

Name of Driver	ONG HOCK LENG
NRIC No	S1190191C
Date Of Birth	21/08/1955
Occupation	INDOOR
Date Of Driving Pass	23/06/1981
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96217267
Fax Number	
Contact Number	OTHERS-96217267
Email Address	JOE_ONG88@HOTMAIL.COM

Address	BLK 202 BUKIT BATOK STREET 21 #09-98
Postcode	650202
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

Type Of Accident	NO COLLISION
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20181107/7006

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	SMF3333J
Vehicle Make/Model/Colour	ROLLROYCE
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)

Accident Sketch Plan

SKETCH PLAN

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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:

28/11/18 - 1124

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/11/2018

Reski Hartono

Accident Sketch Plan

SKETCH PLAN

*NO COLLISION
REFER TO PHOTO*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/2018 1107/7006*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 28/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: *[Signature]*

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181107/7006

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

1 of 3

Report No. T/20181107/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2018 10:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG HOCK LENG			Address: APT BLK 202 BUKIT BATOK STREET 21 #09-98 SINGAPORE 650202		
ID Type / ID No.: NRIC NO / S1190191C			Contact No.: Home/Office: Mobile: 96217267		
Nationality: SINGAPORE CITIZEN			Email: joe_ong88@hotmail.com		
Sex: Male	Age: 63	Date of Birth: 21/08/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Hydrographic surveyor			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/11/2018 22:00	Type of Location: Car Park
Location: MOSQUE STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: no contact				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMF3333J	Car					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181107/7006

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

2 of 3

Report No. T/20181107/7006

CONTINUATION OF REPORT

Driver			
Name	ONG HOCK LENG	ID No.	S1190191C
Related Vehicle	SMF3333J (Car)	Contact No.	96217267
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 6Nov18 at 2200 hours, at Mosque Road.

I was looking for a car park.

Most car park are occupied along the road.

I saw a lot in between a black car and police vehicle.

Its was narrowed due to the size of the other vehicle SMF3333J as the front acceded beyond the car park lot.

When I reverse back to park, a man tapped on my window that my back bumper came in contact with the black car.

However, when I disembarked and check, there was no sign of any damage on the car and my back bumper.

The man, including 3 others, wearing blue t-shirts, I supposed belongs to the same company, was very threatening and ask me

why I don't park somewhere else.

I appears to me that they don't want anybody to park there due to the space constraint, for reason, i don't know.

As far as I am concerned, there is no bump and no sign of any damages to the vehicle concerned or mine.

Eventually, I parked at Temple Road.

At 2330 hours, an officer from TP called me about the accident.

Insp Fadzly, arrived at 0030 hours to inspection and found no sign of any dent or scratches on my car back bumper.

He said it was a Hit and Run accident lodged by the,i supposed, vehicle owner.

This is obviously NOT a hit and run accident.

It's a false allegation and need further investigation.

In fact, it doesn't fall into any category from your recommendation to lodge an accident report.

Because, there was NONE.

That's all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181107/7006

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

3 of 3

Report No. T/20181107/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65476355

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/11/2018 10:29

Classification Of Case:

ATTACHMENT

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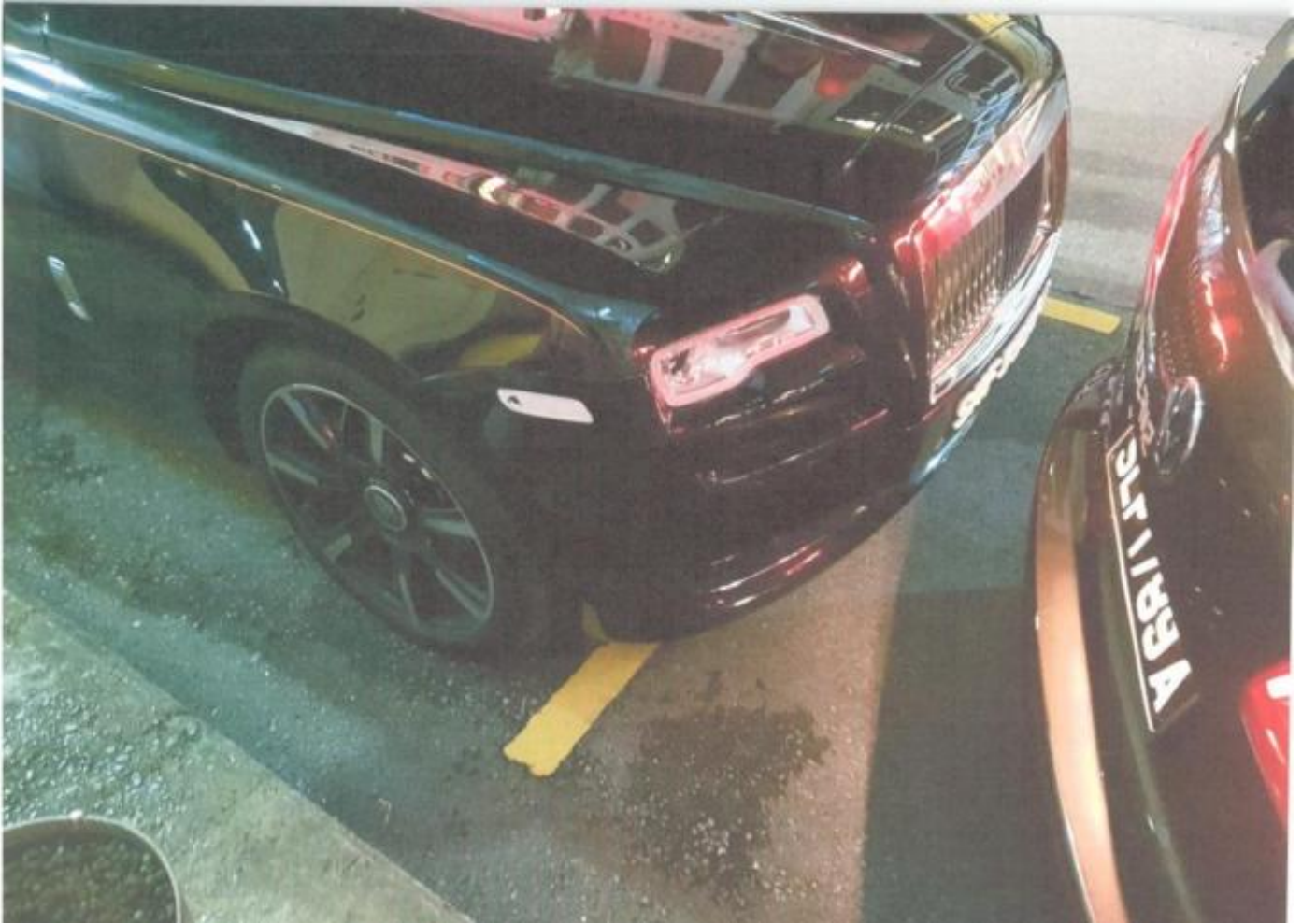
Because, there was NONE.

That's all.

ACCIDENT SCENE



ACCIDENT SCENE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S663300200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA418154102 Vehicle Registration No : SLP 1789A
Name (as shown in NRIC) : OHN HOON LAM NRIC/FIN/Passport No : S1190191C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96217267
Email Address : _____
Date of Accident : 06/4/2018 Time of Accident : 22:00
Place of Accident : ALONG MCGUIRE STREET
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED HANDPHONE NUMBER 96217267

Policyholder / Driver's Signature
Date:

28/4/2018
Reporting Centre Personnel's Signature
Name: KEEL LINTOR
NRIC/FIN No.:
Date: