



## 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
<b>Insured/Policyholder</b>	
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	

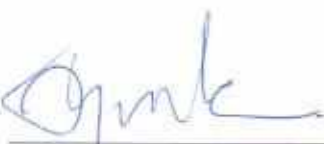
## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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

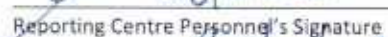
Date & Time:

28/11/18 - 124

Driver's Signature

(If driver is not the policyholder)

Date & Time:



28/11/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Keshi Lina

SKETCH PLAN

*NO COLLISION  
REFER TO PHOTO*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*QIS REFER TO P.I.C. 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: *[Signature]*  
NRIC/FIN No.:



**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.:	
<b>Informant's Particulars</b>					
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



**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.



**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:

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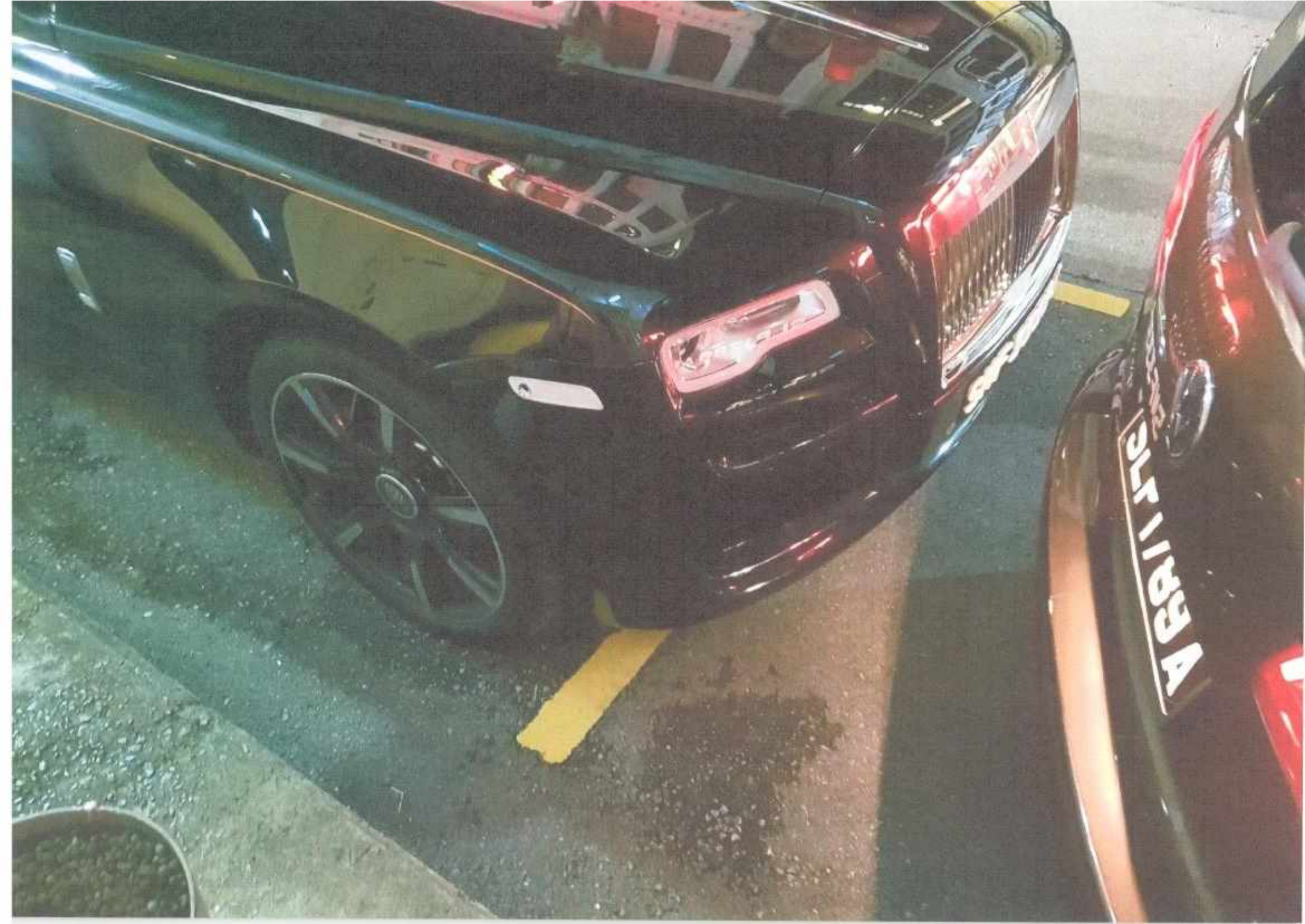
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## Claim Handling

Accident MT/1020730

Policy No.	3092525093-01	Vehicle No.	SLP1789A	GST Registration No.	
Certificate No.					
Policyholder Name	DNG HOCK LENG			Policyholder NRIC	S1196191C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Not available

## Accident Details

Report Date	21/11/2018 12:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Ro
Date of Accident	06/11/2018	Time of Accident hh:mm	21:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOSQUE STREET				

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 203 #09-98	Address 2	BUKIT BATOK STREET 21	Address 3	SINGAPORE 650202
Address 4		Address Type	Singapore address	Post Code	650202
Unit No.		Related Policy Number	3092525093-01		

## OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	DNG HOCK LENG	Insured NRIC	S119
Contact No.(Mobile)	98217267	Contact No.(Home)	85642574	Contact No.(Office)	
Email Address		Vehicle Number	SLP1789A	TP Vehicle Number	SMF
Claim Description	SLP1789A / SMF3333J ON 6 Nov 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Denial No.	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	28/11/2018 12:43	Date Received	28/11
Report Taken By		Workshop Repairer	ROSLI WAHAB	Total Loss But Repaired	

Print .KK letter

Save Submit

## Attachment

Accident No.	MT/1020730	Claim No.	002
Last Doc. Received	Yes No	Upload Date	28/11/2018 14:58
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Message Read		Clear Please Select	NO Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 14:58		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-28
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 14:58		SAS	Normal	SAS 2018-11-28

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 12:44	Photos	Normal	Photos 2018-11-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 12:44	Photos	Normal	Photos 2018-11-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 12:44	Photos	Normal	Photos 2018-11-28
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 12:43	Photos	Normal	Photos 2018-11-28
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Nov 2018 12:43	Photos	Normal	Photos 2018-11-28
Video List				
Uploaded By/Date	Folder Data	File Name		Source
<div>Display in New Window</div> <div>Scan and uploading</div>				

MT/1020730-002

POLICE REPORT

## ACCIDENT STATEMENT

ACCIDENT DATE: (06/11/18) (DD/MM/YYYY), TIME: (22:00) (HH:MM)

LOCATION: Mugni Road.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP 1789A  
 b) INSURANCE COMPANY: Indane  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VW TARRAN  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: ONG HOCK LANG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1190191C CONTACT: 9047202  
 c) ADDRESS: Blk 302 Ruler (Rafik St 3)  
H 09-98 (Grosor)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AS BROOK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF 3333J MODEL: Roll Royce  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
( )

\* No of passenger  
 (Including driver)  
( )

Email = Joe\_0988@hotmail.com  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1190191C



Name

ONG HOCK LENG

Race

CHINESE

Date of birth

21-08-1955

Country/Place of birth

SINGAPORE

Sex

M



5699899



NRIC No: S1190191C



Date of issue

23-01-2017

Address

APT BLK 202 BUKIT BATOK STREET 21  
#09-98  
SINGAPORE 650202

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1190191C

ONG HOCK LENG

Birth Date: 21 Aug 1955

Issue Date: 23 Jan 2017



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	04 Mar 1978
Class 2A	Motorcycles between 201 cc and 400 cc	04 Mar 1978
Class 2	Motorcycles > 400 cc	04 Mar 1978
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	23 Jun 1981

NP 428A



Licence No: S1190191C

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/11/2018 11:16"/>
Vehicle No.(For Motor)	<input type="text" value="SLP1789A"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092525093-01		ONG HOCK LENG	S1190191C	GPC	drive CLASSIC	SLP1789A	SLP1789A	25/09/2018	24/09/2019

**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) : ONG HOCK 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 : 06/11/2018 Time of Accident : 22:00  
Place of Accident : Along MacS@re 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:

28/11/2018  
Reporting Centre Personnel's Signature  
Name: Boon Lim  
NRIC/FIN No.:  
Date: