

## 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	24/12/2018 17:18
Date Of Accident	22/12/2018 15:15
Exact Location Of Accident	ALONG CLAYMORE HILL TOWARDS DRAYCOTT DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3717G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OHK LIMO
Co Reg No	53375438X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86132212

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097109133
Cover Note Number	

### Driver

Name of Driver	ONG HAN KOK(WANG HANGUO)
NRIC No	S7512889D
Date Of Birth	09/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86132212
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 751 #11-186 YISHUN STREET 72 NEE SOON CENTRAL GREEN
Postcode	760751
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20181223/2035

#### 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	SLF4385P
Vehicle Make/Model/Colour	JAGUAR XJ 3.0S/C TSS LWB SR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S2207016I
Contact Number	96732293
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ONG HAN KOK(WANG HANGUO)
Approximate Age	43
Injuries Sustain	
Injured person in which vehicle?	SJW3717G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 751 #11-186 YISHUN STREET 72 NEE SOON CENTRAL GREEN
Postcode	760751

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

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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:

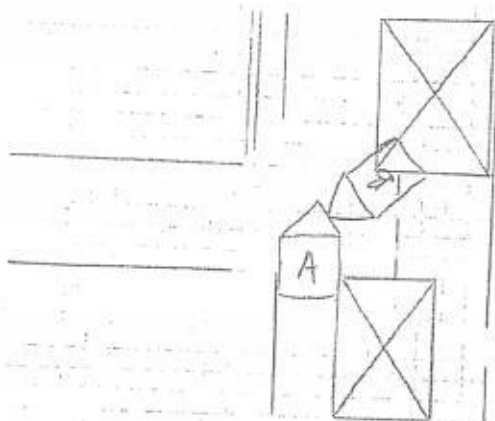
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

24 DEC 2018  
IDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4

Reporting Centre Singapore 415933  
Name: Tel: 67416697  
NRIC/FIN No.: Fax: 67492305  
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



Vehicle A: SJW3717G

Vehicle B: SLF4385P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer 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:

24 DEC 2018

IDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4

Reporting Centre Singapore 415933  
Name: Tel: 67416697  
NRIC/FIN No.: Fax: 67492305  
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**SINGAPORE  
POLICE FORCE**



T/20181223/2035

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20181223/2035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/12/2018 12:52		Vide Report No.:		Station Diary No.: 45	
<b>Informant's Particulars</b>					
Name of Informant: ONG HAN KOK			Address: APT BLK 751 YISHUN STREET 72 #11-186 SINGAPORE 760751		
ID Type / ID No.: NRIC NO / S7512889D			Contact No.: Home/Office:		Mobile: 80132212
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 09/05/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2018 15:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CLAYMORE HILL CLAYMORE ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW3717G	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Blue	Seriously Damaged	0
SLF4385P	Car	JAGUAR	XJ 3.0S/C TSS LWB SR	Gold	Seriously Damaged	2



**SINGAPORE  
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T/20181223/2035

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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20181223/2035

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ONG HAN KOK	ID No.	S7512889D
Related Vehicle	SJW3717G (Car)	Contact No.	86132212
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	22/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	-	ID No.	S2207016I
Related Vehicle	SLF4385P (Car)	Contact No.	96732293
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 22/12/2018 at about 1515hrs, I was driving my car SJW3717G along Claymore Hill and I was proceeding straight towards Draycott Drive. A car SLF4385P was approaching from the opposite direction along Claymore Hill. The car made a sudden right turn into Claymore Road. I was not able to stop in time and my car collided into the left side of the said car. My car airbags were activated upon impact.

At the time of the accident, I did not suffer any injury. However, I felt giddy and felt pain on my neck and back. I also felt numbness on my hands and legs. I went to seek medical treatment at Central 24-Hr Clinic (Yishun) and I was given 3 days of medical leave from 22/12/2018 to 24/12/2018.

I do not have a camera installed in my car. There is no witness to the accident.



**SINGAPORE  
POLICE FORCE**



T/20181223/2035

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Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999


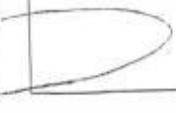
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Report No. T/20181223/2035

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: L / Sr Staff Sgt MUHAMMAD IMRAN BIN MESLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2018 12:52
Officer In Charge Of Case: TP / AEIT / SIANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: 
Authentication Stamp NP168	