

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	26/12/2018 15:02
Date Of Accident	15/12/2018 13:40
Exact Location Of Accident	JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2766T
Insured/Policyholder	
Name Of Registered Owner	ANG SONGJIE, BENSON
NRIC No	S9034008E
Email Address	GLORIA.ONGXT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82827239
Alternative Phone No	OTHERS-82827239

Vehicle Particulars

Manufacturer	mitsubishi
Model	LANCER EX
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	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	5097716807
Cover Note Number	

Driver

Name of Driver	ONG XUE TING, GLORIA
NRIC No	S9230312H
Date Of Birth	21/08/1992
Occupation	INDOOR
Date Of Driving Pass	21/09/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82827239
Fax Number	
Contact Number	OTHERS-82827239
EEmail Address	GLORIA.ONGXT@GMAIL.COM

Address	BLK 43 LENGKOK BAHRU #02-187
Postcode	150043
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 (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	TRAFFIC POLICE DIVISION HQ
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

PLS REFER TO THE POLICE REPORT : T/20181215/7009

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6993J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHAK MD HELAL
NRIC/Passport Number	G6569780M
Contact Number	98644532
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG XUE TING, GLORIA

Approximate Age

Injuries Sustain NECK PAIN

Injured person in which vehicle? SJN2766T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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)**

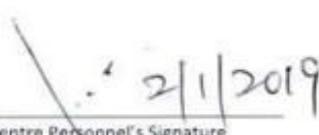
I understand, acknowledge, agree and consent that:

- (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:



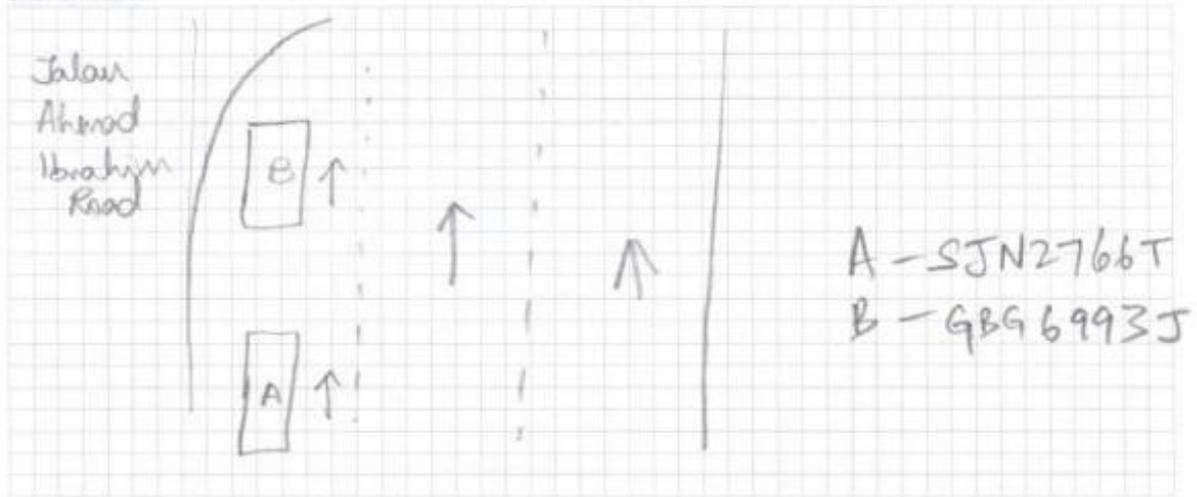
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

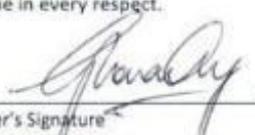
~~The road~~

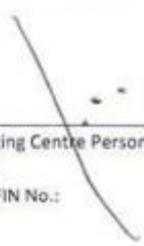
Pls Refer to the Police Report - T/2018/215/7009

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/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181215/7009

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

2 of 3

Report No. T/20181215/7009

CONTINUATION OF REPORT

Driver			
Name	SHAK MD HELAL		ID No. G6569780M
Related Vehicle	GBG6993J (Lorry)		Contact No. 98644532
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 24/03/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	ONG XUE TING, GLORIA		ID No. S9230312H
Related Vehicle	SJN2766T (Car)		Contact No. 82827239
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Head to rear collision into GBG6993J along the filter road into AYE towards City, the vehicle in front of the lorry jam braked which resulted in this accident. There were 2 workers sitting behind illegally and 1 of them suffered a small cut on the face but nothing serious. There are photos exceeding 2MB.

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

27 Dec 2018

Our ref 2712180601N057123842

ANG SONGJIE, BENSON
APT BLK 666B JURONG WEST STREET 65
#02-211
SINGAPORE 642666



Dear MR ANG SONGJIE, BENSON

DISPOSAL OF DEREGISTERED VEHICLE SJN2766T

We have received the disposal details of your deregistered vehicle, SJN2766T and have updated the disposal in our records on 27 Dec 2018.

Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any question.

Yours sincerely

Ng Lay Choo (Ms)
Deputy Director, VRL Service Operations
Vehicle Services Group
Land Transport Authority

[This letter is computer-generated, no signature is required.]

From 01 Jun 2019, your hardcopy letters will be replaced with SMSes and e-letters in your OneMotoring inbox. Hardcopy letters will only be sent for letters mandated by law, such as summonses. If you wish to continue receiving hardcopy letters, please notify LTA by 31 May 2019 by logging in to www.onemotoring.com.sg using your SingPass/CorpPass.

Accident Photo



Scanned with CamScanner

Accident Photo



Scanned with CamScanner

Accident Photo



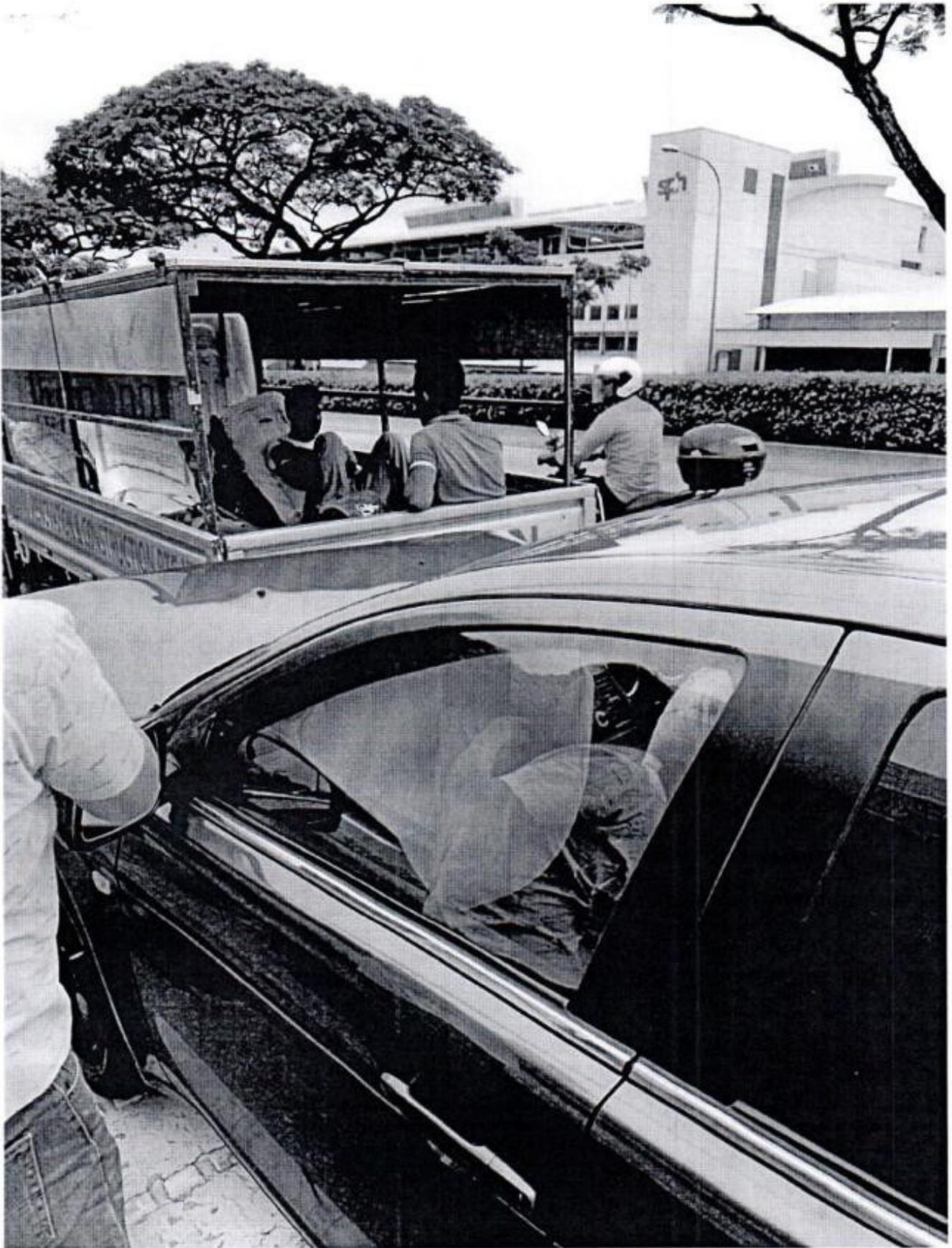
Scanned with CamScanner

Accident Photo



Scanned with CamScanner

Accident Photo



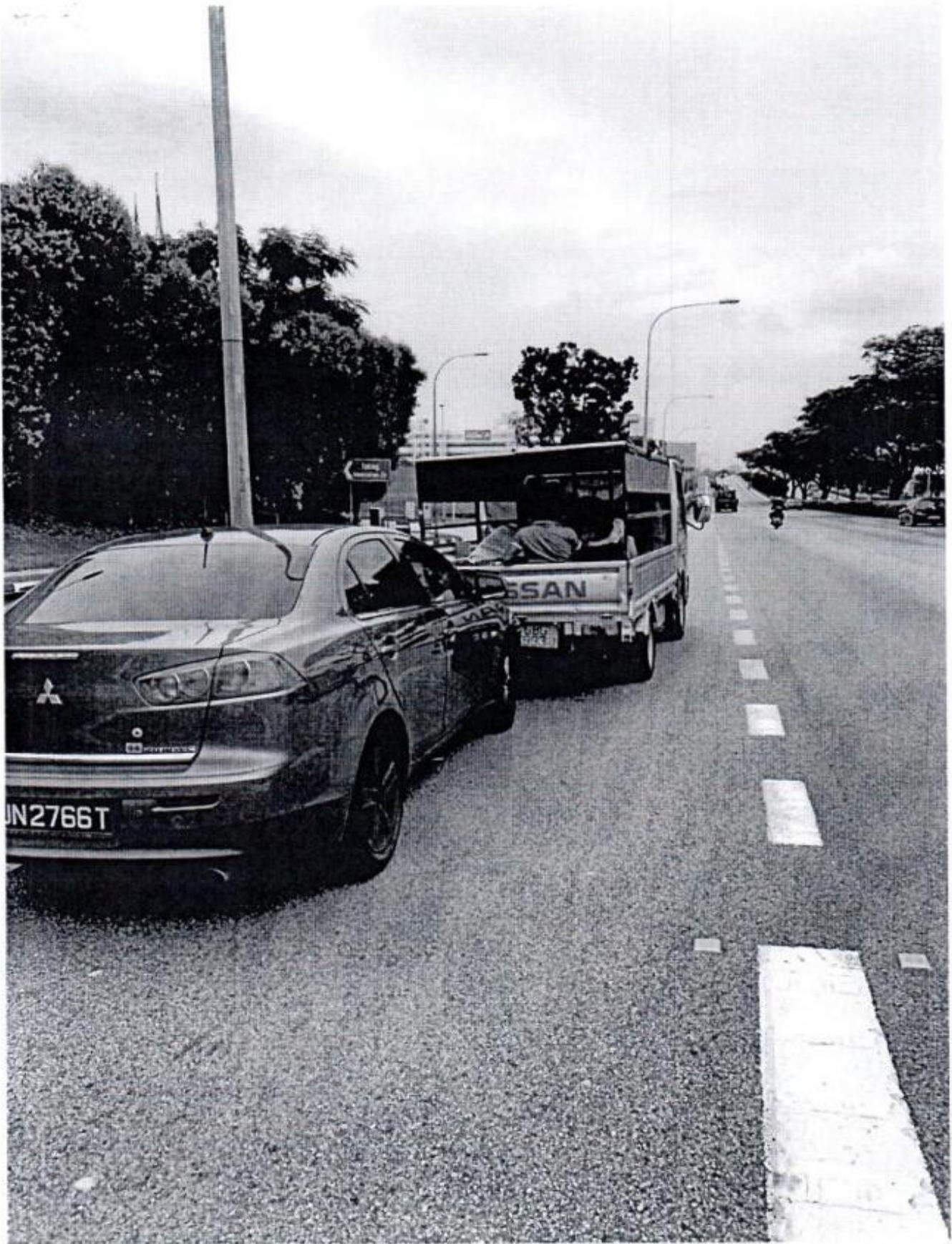
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Accident Photo



Scanned with CamScanner

Accident Photo



Scanned with CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20181215/7009

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

2 of 3
Report No. T/20181215/7009

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Driver			
Name	SHAK MD HELAL	ID No.	G6569780M
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Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	ONG XUE TING, GLORIA	ID No.	S9230312H
Related Vehicle	SJN2766T (Car)	Contact No.	82827239
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181215/7009

3 of 3

Report No. T/20181215/7009

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

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 /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

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:
15/12/2018 17:12

Classification Of Case: