

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	03/01/2019 16:11
Date Of Accident	02/01/2019 14:10
Exact Location Of Accident	EU TONG SEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3237U
Insured/Policyholder	
Name Of Registered Owner	ONG BOON HWEE
NRIC No	S7127251F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94594349
Alternative Phone No	OFFICE-94594349

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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	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	5102676303
Cover Note Number	

Driver

Name of Driver	ONG BOON HWEE (WANG WENHUI)
NRIC No	S7127251F
Date Of Birth	16/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1990
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94594349
Fax Number	
Contact Number	OFFICE-94594349
Email Address	NOEMAIL

Address	BLK 827 WOODLANDS STREET 81 #10-100
Postcode	730827
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	COLLISION - CROSS JUNCTION
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?	YES
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: : MUHAMMAD RAZMAN BIN RAZMI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190102/2068.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5027E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

No. Of Passenger (Including Driver)

Postcode

Postcode

Accident Sketch Plan

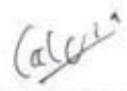
SKETCH PLAN

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. The report will be forwarded by the Insurers to 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.

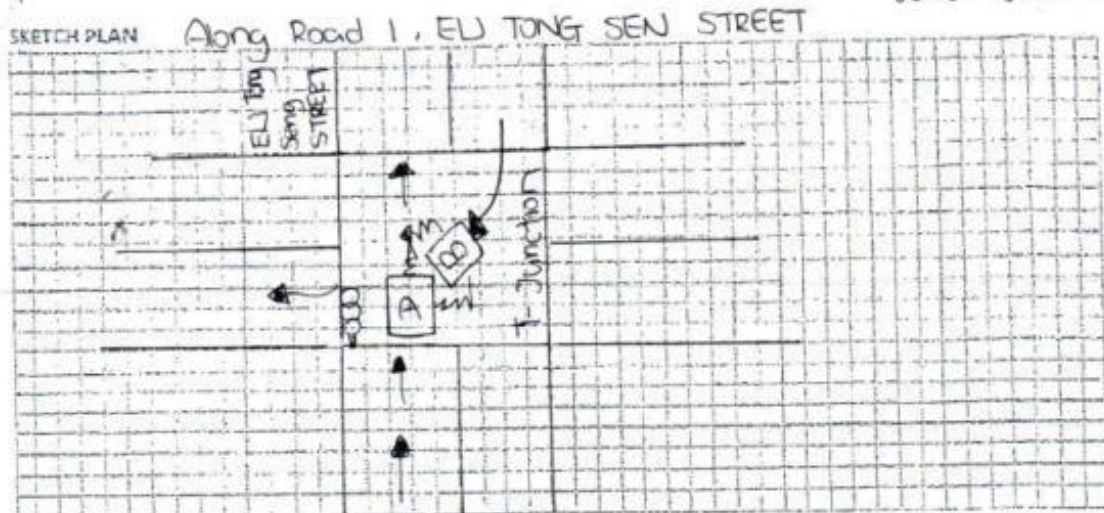

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

Vehicle A: SMC3237LJ
Vehicle B: SHC5027E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FOLLOW 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/PIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190102/2068

1 of 3

Report No. T/20190102/2068

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2019 14:08		Vide Report No.: A/20190102/0032		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: ONG BOON HWEE			Address: APT BLK 827 WOODLANDS STREET 81 #10-100 SINGAPORE 730827		
ID Type / ID No.: NRIC NO / S7127251F			Contact No.: Home/Office: Mobile: 94594349		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 16/08/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2019 06:45	Type of Location: Straight Road
Location: Along Road 1 EU TONG SEN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5027E	Car					0
SMC3237U	Car	HONDA	SHUTTLE 1.5G CVT	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC3237U	NTUC Income Insurance Co-Operative Limited	5102676303	31/07/2018	27/06/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190102/2068

2 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20190102/2068

CONTINUATION OF REPORT

Brief Details.

ON 2/01/2019 AT ABOUT 0640HRS I WAS TRAVELLING ALONG EU TONG SEN ST TOWARDS HILL STREET . AS I REACHED THE JUNCTION OF CROSS ST , I DROVE SLOWLY TO MOVE FORWARD . AS I WAS MOVING FORWARD A VEHICLE (SHC 5027E) SUDDENLY TURNED INTO CROSS ST FROM THE OPPOSITE DIRECTION . THE TRAFFIC LIGHTS WAS IN FAVOUR IN MY DIRECTION ,THUS I MOVED FORWARD. THE OTHER VEHICLE TURNED TOO SUDDENLY SUCH I COULD NOT BRAKE IN TIME THUS COLLIDING WITH THAT VEHICLE (SHC5027E). BOTH OF MY VEHICLE'S AIR BAG WAS DEPLOYED . I WAS THEN CONVEYED TO SGH BY AMBULANCE. I WAS GIVEN 6 DAYS MEDICAL LEAVE.

Date
4

Police Report



**SINGAPORE
POLICE FORCE**



T/20190102/2068

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No. T/20190102/2068

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:

F /

Sr Staff Sgt ASHRAF ALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/01/2019 14:08

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017795

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 : _____ Vehicle Registration No : SMC3237U
Name (as shown in NRIC) : ONG BOON HWEE NRIC/FIN/Passport No : S7127251F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 827 WOODLANDS STREET 81 #10-102, S730827 Singapore (730827)
Contact (Tel) : 94594349 Mobile No. : _____
Email Address : weiyuan0312@gmail.com
Date of Accident : 02/01/2019 Time of Accident : 14:10
Place of Accident : EU TONG SEN ST
Insurance Company : NTLC INCOME INSURANCE CO-OPERATIVE LTD

(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:

Add accident photo

[Signature]
Policyholder / Driver's Signature
Date: 07 Jan 2019

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____