#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	03/01/2019 15:57
Date Of Accident	31/12/2018 18:30
Exact Location Of Accident	JUNC EAST COAST RD & TELOK KURAU RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBX8022J
Insured/Policyholder	
Name Of Registered Owner	GAN YU UNN (DR)
NRIC No	S7014492A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96463064
Alternative Phone No	OFFICE-96463064
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT SR
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	THIRD PARTY
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	5092804624-01
Cover Note Number	
Driver	
Name of Driver	OW CHIEN KOON
NRIC No	S7010939E
Date Of Birth	01/04/1970
Occupation	INDOOR
Date Of Driving Pass	20/01/1990
Driving Experience	28 YEARS AND 11 MONTHS

**FEMALE** 

**NOEMAIL** 

(LOCAL) +65-96463064

OFFICE-96463064

10 EAST COAST DRIVE Address

Postcode 459147

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

2

**General Information of the Accident** 

Type Of Accident **COLLISION - CHANGE/CROSS LANE** 

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name JOO CHIAT NEIGHBOURHOOD POLICE POST

NO

ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE Police Station Address

TEL NO: 1800-3459999 - FAX NO: 64474181 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20190213/2085.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number YN7745T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **COMMERCIAL VEHICLE** 

Name of Driver MR ONG

NRIC/Passport Number

**Contact Number** 91664517

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- 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.
- 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.
- 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.
- 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:
  - 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
  - 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.

Date & Time!

Policyholder's Signature Date & Time: Oriver's Signature (if driver is not the policyholder)

3/1/2019

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

#### **Accident Sketch Plan**

SKETCH PLAN	11.7711		LITTI		77 F F T T T T T T T T
A = SBX8022J B = YN7745T	1	1 BA	ı	¥	Telok Kuran Road
Eas Ga DESCRIBE CIRCUMSTANCES		1>		1 1	
While I	was drive	ng stra	ight aft	er the	road
	of Telok		y Road		
Coast Roo		ehicle [			T)
Cut into	my lane	e and 1	nit the	leA su	de mirror
of vehicl	e A C	CBX 80:	221)		
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			-		
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				-	
ECLARATION					
We declare the foregoing particul	ars are true in every n	espect.		7	
olicyholder's Signature ate & Time:	Oriver's Signature (If driver is not the Date & Time:	e policyholder)	Name		onnel's Signature
MACCHARLES IN 18	3/1	12019	NHIC/	FIN No.:	





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

Report No. T/20190213/2085

PEPORT	OF A	TRAFFIC	ACCIDENT
REPURI	Ur A	I I I I I I I I I I I I I I I I I I I	MODIELIAI

Date/Time Report Made: 13/02/2019 13:02			Vide Report No.:	Station Diary No.: 10	
Informan	t's Partice	ulars		THE RESERVE OF THE PARTY OF THE	
Name of I	nformant: N KOON		Address: 10 EAST COAST DRIVE SING	GAPORE 459147	
ID Type / ID No.: NRIC NO / S7010939E			Contact No.: Home/Office:	Mobile: 96463064	
Nationalit		Victorial III	Email:		
Sex: Female	Age:	Date of Birth: 01/04/1970	Type of Informant: Driver	182	
Race: Chinese			Language:	Institution / School Name:	
Occupation: General practitioner/physician			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/12/2018 18:30	Type of Location X-Junction	
EAST COAST		lok Kurau Rd Road Surface:		Road Speed Limit:	
Clear		Dry			
Traine Flow		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate	
Type of Collis	sion: ving Vehicles - Side Sw	ine - Same Direction		Anyone conveyed by ambulance:	

Details of Vehicle Involved							
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger	
SBX8022J	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR	Silver	Slightly Damaged	1	
YN7745T	Lorry	MITSUBISHI	CANTER FEB71ER4S DEC (CBU)	White	No Damage	2	

Details of Person Involved		WINDS OF THE PARTY
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 2 of 4 Report No. T/20190213/2085

CONTINUATION OF REPORT

Driver		SHUSSHIP!			ALL DESIGNATION OF THE PARTY OF	DE LETTER OF THE
Name	OW CHIEN KOON			ID No	-	S7010939E
Related Vehicle	NIL			Conta	ct No.	96463064
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	al control of the con
No. of Days gran	Degree of	fInjury	NIL			

#### Brief Details.

am the driver of a silver in colour Honda ODYSSEY 2.4 EXV-S CVT SR bearing vehicle plate number SBX8022J.

On the 31/12/2018 at about 1830hrs, I was driving my vehicle (SBX8022) along East Coast Rd towards Mountbatten Rd. My 19 years old son (Gan Chiu Hian) was seated at the front passenger seat. My vehicle (SBX8022) slowed down and was stationary when we were at the junction of East Coast Rd and Telok Kurau Rd as there was a vehicle to my front that was turning left. My vehicle (SBX8022) was in the extreme right lane. After the vehicle to my front drove off, I drove straight as well however there was a lorry, bearing vehicle plate number YN7745T that was in the extreme left lane, that suddenly changed lanes into the extreme right lane, thus colliding into my vehicle (SBX8022) in the middle of the junction of East Coast Rd and Telok Kurau Rd. The right portion of the lorry (YN7745T) collided into my vehicle's (SBX8022) left portion as such a part of my vehicle's left side mirror was damaged. The lorry (YN7745T) did not signal as well prior to changing lanes. I then continued to horn/signal to the lorry (YN7745T) however the lorry (YN7745T) did not stop till much further down along East Coast Rd (after junction of East Coast Rd and Still Rd).

I alighted from my vehicle (SBX8022) and requested for the driver of YN7745T particulars. The driver (YN7745T) of which was a Chinese male subject refuse to give me his NRIC and driving licence details. The driver (YN7745T) also insisted that I was the one at fault and collided into him. I also requested for the driver (YN7745T) phone number which he said that he does not have a phone initially to which I saw a phone in the lorry's (YN7745T) dashboard. The driver (YN7745T) then passed his contact number to me; Ong H/P: 91664517. I then took a photo of the side of the lorry (YN7745T) (contact number: 65812138) which indicated that it was a company vehicle (Ong Plumbing & Electrical Pte Ltd). The lorry (YN7745T) had two male subjects whom I believed to be Bangladeshi foreign workers. The company had also given me the driver of lorry (YN7745T) details: Ong Ah Jin, NRIC ID: S1371863F.

No attendance by Traffic Police or Ambulance. There were no injuries.

Initially, we agreed on private settlement however upon bringing my vehicle (SBX8022) to a workshop, the repairs for my vehicle (SBX8022) would be expensive to which I updated the company (Ong Plumbing & Electrical Pte Ltd). We then agreed to lodge our own IDAC reports on the 03/01/2019. I had also purchased the driver of lorry (YN7745T) IDAC report however he had stated in his report that I am at fault which was not factual. Afterwards, I was advised to lodge a Traffic Accident Report and bring it to IDAC again.

Joo Chiat NPP

No. 267 Onan Road Singapore 424773 Tel: 1800-3459999





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

3 of 4 Report No. T/20190213/2085

CONTINUATION OF REPORT

I wish to state that I do have an in car camera footage of the accident.





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 4 of 4 Report No. T/20190213/2085

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: G / Sgt 3 MOHAMED ZAMIL BIN MOHAMED ANIS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2019 13:02
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp	A







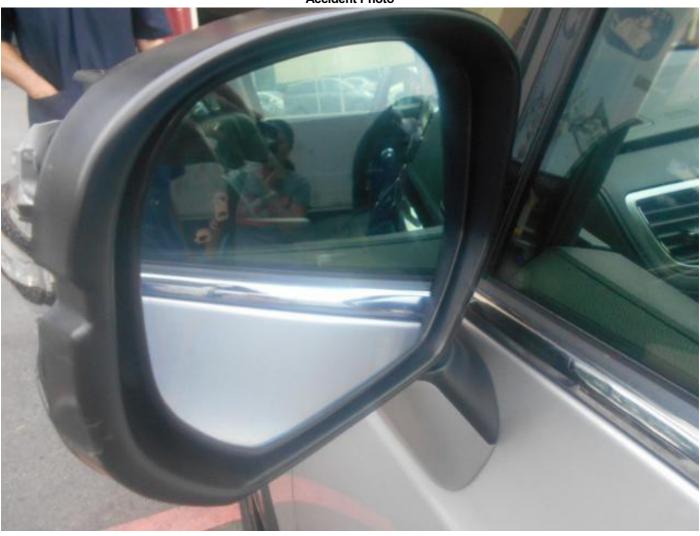




















#### **Addendum Sheet**



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: \$66550220C / GST Reg. No.: M400017735

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

		ADDE	NDUM	
(A)		RSONMAKINGTHEAMENDME	NTS:	
	Original Report No :	MNA119001181	Vehicle Registration No:	SBX8022J
		OW CHIEN KOON	NRIC/FIN/Passport No :	S7010939E
		hicla Owner) (*) Please delete a		
	Address :	10 EAST COAST DRIV	/E	Singapore( 459147
	Contact (Tel)	Research Control of the Control of t	Mobile No.:964630	064
	Email Address :			
	Date of Accident :	31/12/2018	Time of Accident :18	:30
	Place of Accident :	JUNC EAST COAST RD &	TELOK KURAU RD	
	Insurance Company:	NTUC Income Insurance Co	o-operative Ltd	
		report - T/20190213/2085		
		Mer		
		10		Ma
	Policyholder / Driver* Date:	s Signature	Reporting Centre Pers Name: NRIC/FIN No.: Date:	onner's Signature