

## 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	12/03/2019 14:25
Date Of Accident	11/03/2019 13:40
Exact Location Of Accident	BUKIT BATOK WEST AVE 8 LP 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT35C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG KIAN AIK
NRIC No	S7571806C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93413255
Alternative Phone No	OFFICE-93413255

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS RX450H
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?	YES
If No, Please state action to be taken	
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	5093273516-01
Cover Note Number	-

### Driver

Name of Driver	ONG KIAN AIK
NRIC No	S7571806C
Date Of Birth	28/02/1975
Occupation	INDOOR
Date Of Driving Pass	09/09/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93413255
Fax Number	
Contact Number	OFFICE-93413255
EEmail Address	NOEMAIL

Address	BLK 104C CANBERRA ST #13-533
Postcode	753104
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	DIVIDER
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

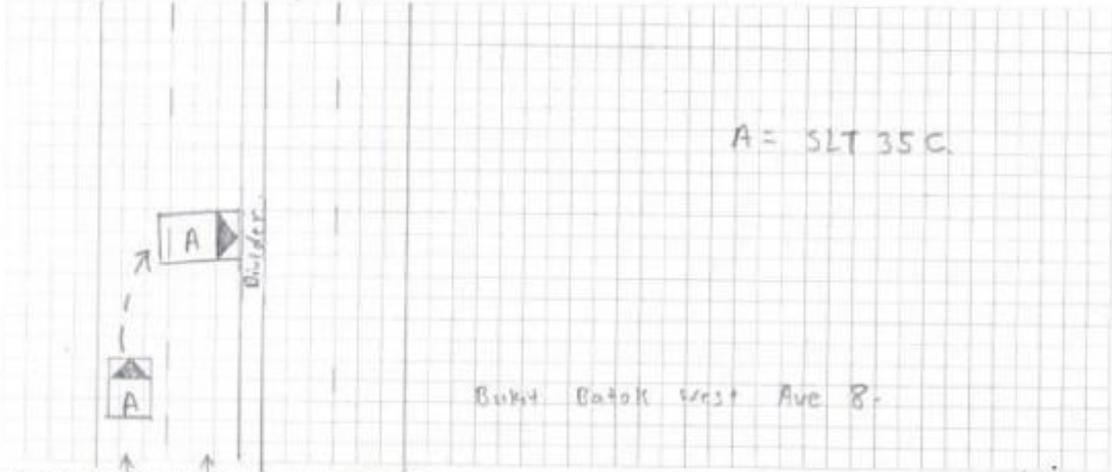
Nature Of Damage

No. Of Passenger (Including Driver)



Accident Sketch Plan

SKETCH PLAN



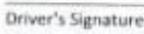
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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/FIN No.:

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190311/2250

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20190311/2250

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2019 22:27	Vide Report No.: J/20190311/0067	Station Diary No.: 106
--	-------------------------------------	---------------------------

Informant's Particulars			
Name of Informant: ONG KIAN AIK		Address: APT BLK 104C CANBERRA STREET #13-533 SINGAPORE 753104	
ID Type / ID No.: NRIC NO / S7571806C		Contact No.: Home/Office: Mobile: 93413255	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 28/02/1975	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: RENOVATION		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 11/03/2019 13:40	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK WEST AVENUE 8				
Lamp Post Number: 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT35C	Car	TOYOTA	LEXUS RX450H	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT35C	NTUC Income Insurance Co-Operative Limited	5093273516-01	24/12/2018	23/12/2019

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190311/2250

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 3  
Report No. T/20190311/2250

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG KIAN AIK	ID No.	S7571806C
Related Vehicle	SLT35C (Car)	Contact No.	93413255
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/3/2019 at about 1340hrs, I was travelling on Bukit Batok Road. I then turned right onto Bukit Batok West Avenue 3. I then did a left turn onto Bukit Batok West Avenue 8. While travelling on said road at a speed of about 20-30km/h, I felt a sharp pain on my nerve in my right neck. As such I lost control of my vehicle, registration: SLT35C. I then hit the center green divider and my car subsequently stopped. While in the vehicle, I realized that my foot was still on the pedal and therefore I quickly switched to neutral gear. I then made a call to the police and asked if I could shift the car to the bus stop beside. I was told I can and therefore shifted the vehicle whilst waiting for Traffic Police to come to scene.

I sustained no injuries. My car's front right bumper was damaged and was towed away. Traffic Police then instructed me to lodge a traffic accident report, and informed me that my IO is Jo Ong.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190311/2250

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20190311/2250

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 / Sgt 2 NG YU KIT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2019 22:27
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp  
NP168

Sgt 2 NG YU KIT  
Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



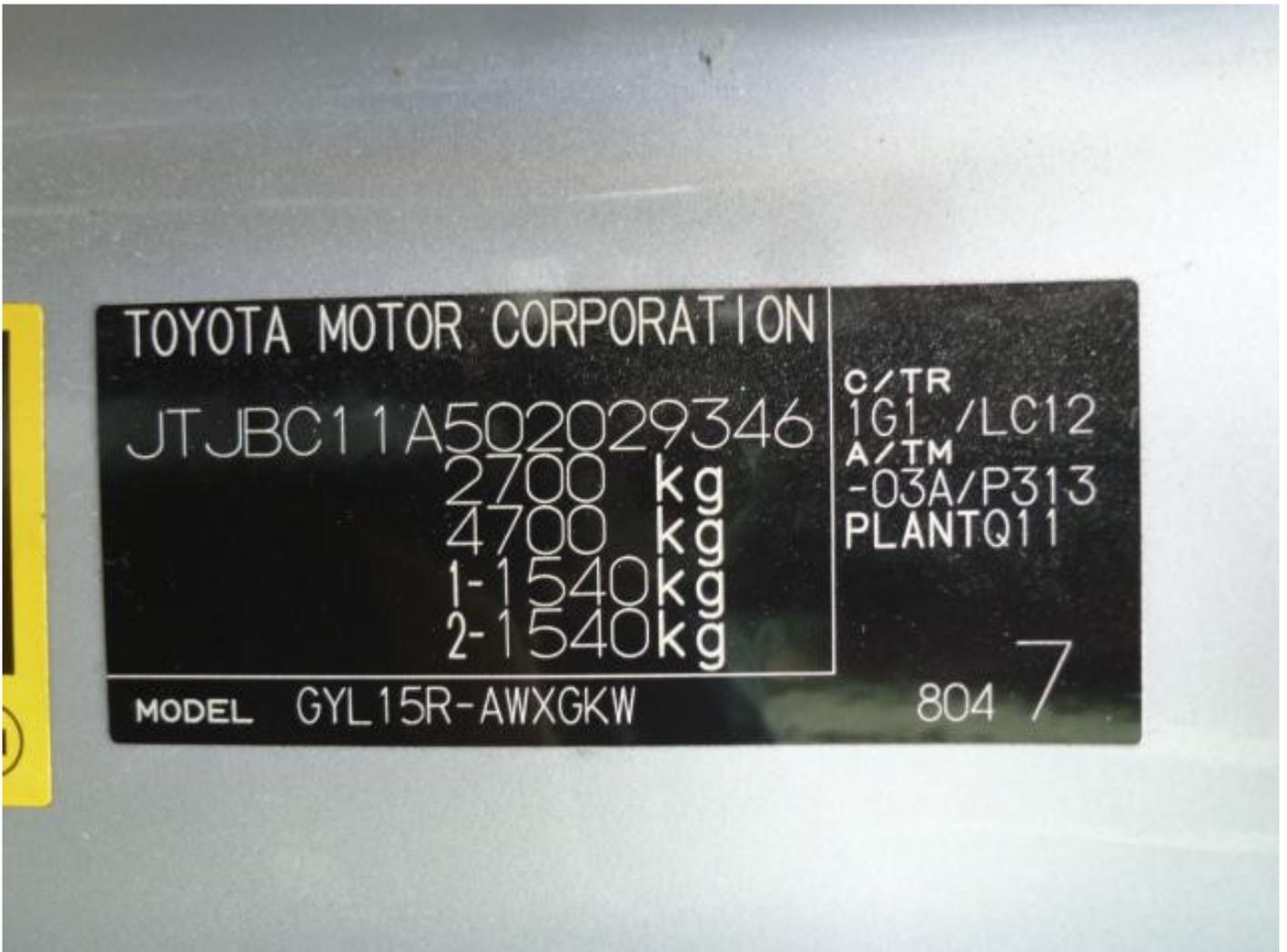
Accident Photo



Accident Photo



Accident Photo



Accident Photo

