

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	18/03/2019 09:21
Date Of Accident	16/03/2019 07:00
Exact Location Of Accident	SLIP RD OF UPP PAYA LEBAR TWDS BARTLEY RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3218G
Insured/Policyholder	
Name Of Registered Owner	ONG CHAI BENG
NRIC No	S1776467E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90057629
Alternative Phone No	OTHERS-93881913

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100469601-02
Cover Note Number	

Driver

Name of Driver	ONG CHAI BENG
NRIC No	S1776467E
Date Of Birth	17/05/1966
Occupation	INDOOR
Date Of Driving Pass	02/12/1992
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90057629
Fax Number	
Contact Number	OTHERS-93881913
Email Address	NOEMAIL

Address	BLK 711 HOUGANG AVE 2 #01-147
Postcode	530711
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 - 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)	2
Passenger 1	NAME: : LOH BOON KENG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	GBE1270E
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOKE CHEE YEN
NRIC/Passport Number	G6695811L

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG CHAI BENG
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? SLD3218G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name LOH BOON KENG
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? SLD3218G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
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 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 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:

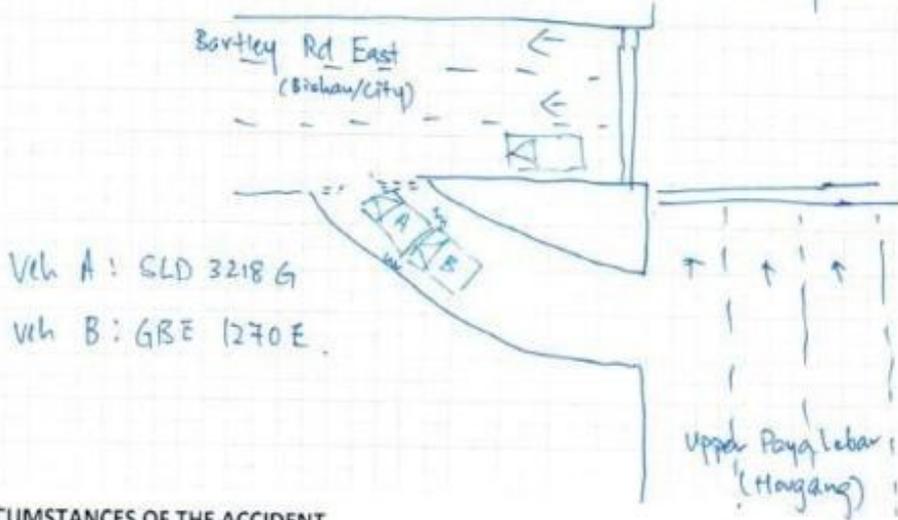
 18/03/19

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

Individual Statement

SKETCH PLAN

Slip Rd of Upper Paya Lebar towards Bartley Rd East (Bishan)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Upper Paya Lebar towards Bartley Rd East. Somewhere on the single lane slip road, I stopped behind the slip road give way line due to traffic along the main road. Before I can move off, I suddenly felt a strong impact from the rear portion of my vehicle. After the accident, I alighted to see that vehicle B had collided into the rear portion of my vehicle. Hence I was involved in an accident of 2 vehicles. My seat belts were jammed as a result of the accident.

Veh A: SLD 3218 G
Veh B: GRE 1270 E

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:

 18/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



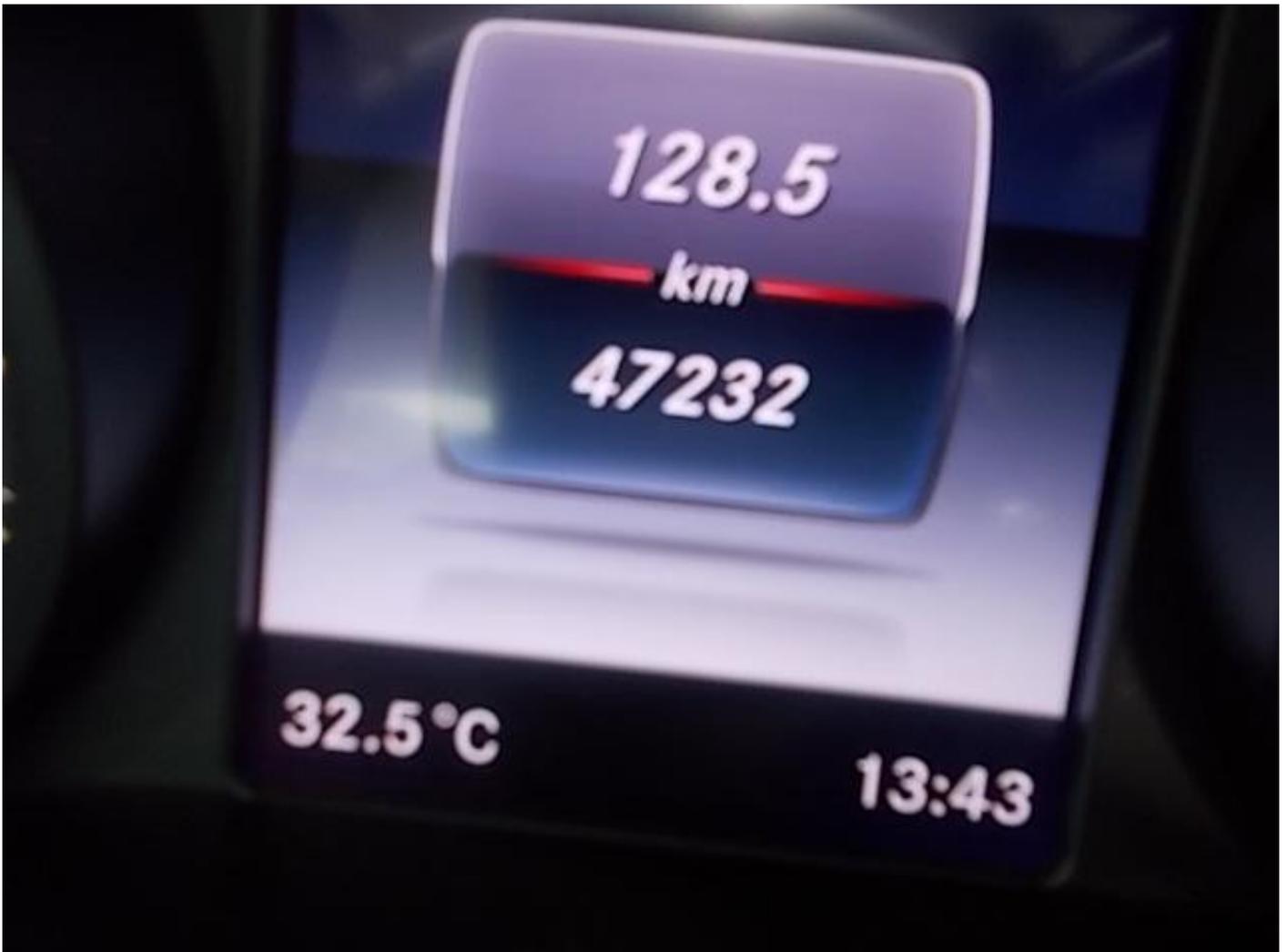
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
 District NPP
 629 Beach Road/Beach Road #01-1020
 SINGAPORE 479620
 Tel No: 1800-4430999



1 of 4
 Report No: 17201803152130

REPORT OF A TRAFFIC ACCIDENT
 Date/Time Report Made
 16/03/2019 16:27

Case Report No

Station Diary No.:
 13

Informant's Particulars

Name of Informant:
 ONG CHAI BENG

Address:
 APT BLK 711 HOUGANG AVENUE 2 #01-147 SINGAPORE
 530711

ID Type / ID No:

Contact No:

Mobile: 90057929

NRIC NO / S1770467E

Home/Office:

Email:

Nationality:
 SINGAPORE CITIZEN

Sex: Male
 Age: 52
 Date of Birth: 17/05/1966

Type of Informant:
 Driver

Institution / School Name:

Race:

Chinese

Language:

Occupation:

CONTRACTOR

Driving Licence Information:
 Class: 2B,3,4

Date of Expiry:

General Information of the Accident

Type of Accident:

Injury

Others

Drink

Drive:

No

Date/Time of

Accident:
 16/03/2019 07:15

Type of Location:
 SLIP ROAD

Location:

Along Road 1

UPPER PAYA LEBAR ROAD

SLIP ROAD OF UPPER PAYA LEBAR TOWARDS BARTLEY ROAD EAST (TAMPINES)

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:

Traffic Flow:

One Way

Traffic Control:

Not Controlled

Traffic Volume:

Moderate

Type of Collision:

Moving Vehicle Against - Parked Vehicle

Anyone conveyed by ambulance:

No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBE1270E	Lorry	TOYOTA		Blue		0
SLD3218G	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Blue	Seriously Damaged	1

Details of Vehicle

Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
628 Bedok Reservoir Road #01-1620
SINGAPORE 470620
Tel No: 1800-4439999



T001803162100

2 of 4

Report No: T001803162100

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLD3218G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100489601-02	14/08/2018	13/08/2019

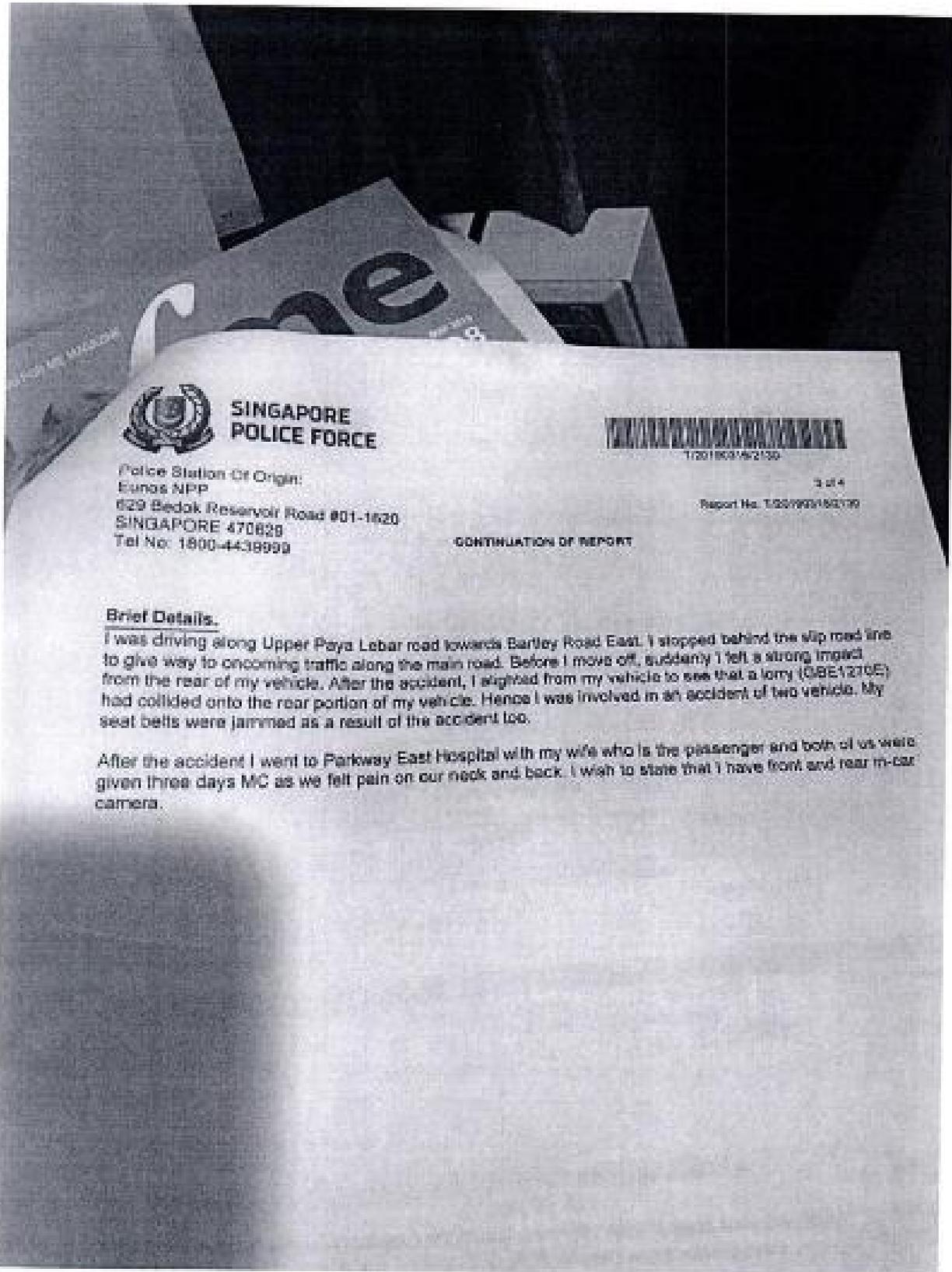
Details of Person Involved:	
Any Pedestrian Involved:	No
No. of Pedestrians Injured:	NIL
Use of Pedestrian Crossing:	NA

Driver			
Name	LOKE CHEE YEN	ID No.	G8895811L
Related Vehicle	GBE1270E (Lorry)	Contact No.	88519509
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

Driver			
Name	ONG CHAI BENG	ID No.	S1778487E
Related Vehicle	SLD3218G (Car)	Contact No.	90057629
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2,3,4 Date of Expiry: NIL
Date Treatment	16/03/2019	Date Discharge	16/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Passenger			
Name	LOH BOON KENG	ID No.	S1674890J
Related Vehicle	SLD3218G (Car)	Contact No.	93881913
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/03/2019	Date Discharge	16/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T201903162130

Police Station Of Origin:
Eunus NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4438999

3 of 4

Report No: T201903162130

CONTINUATION OF REPORT

Brief Details.

I was driving along Upper Paya Lebar road towards Bartley Road East. I stopped behind the slip road line to give way to oncoming traffic along the main road. Before I move off, suddenly I felt a strong impact from the rear of my vehicle. After the accident, I alighted from my vehicle to see that a lorry (08E1270E) had collided onto the rear portion of my vehicle. Hence I was involved in an accident of two vehicle. My seat belts were jammed as a result of the accident too.

After the accident I went to Parkway East Hospital with my wife who is the passenger and both of us were given three days MC as we felt pain on our neck and back. I wish to state that I have front and rear in-car camera.

Police Report

 **SINGAPORE POLICE FORCE**

Police Station Of Origin
Office NPP
409 Beach Road, Singapore 439620
Tel No: 1000-443333

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 J ANWAR MUSHADAD BIN ABDUL RAHMAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/03/2019 16:51
Officer In Charge Of Case: TP / AETT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No: 65476204	Classification Of Case:
Authentication Stamp NP168 	

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: S665500200 / GST Reg. No.: M400017735

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 : MNA119035374 Vehicle Registration No: SLD2218G
Name(as shown in NRIC) : ONG CHAI BENG NRIC/FIN/Passport No : S1776467E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 711 HOUGANG AVE 2 Singapore(530711)
Contact (Tel) : Mobile No. : 90057629 / 95881915
Email Address :
Date of Accident : 16/03/19 Time of Accident : 07:00
Place of Accident : SLIP RD OF UPP PAYA COBAR TWS BARTLEY RD EAST
Insurance Company: AIG

(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 IN INQUIRY A POLICE REPORT

Policyholder / Driver's Signature
Date:

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