

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	22/03/2019 14:17
Date Of Accident	21/03/2019 16:30
Exact Location Of Accident	ALEXANDRA RD TWDS QUEENSWAY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH4209T
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN TECK
NRIC No	S1622304B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92205995
Alternative Phone No	OFFICE-92205995

Vehicle Particulars

Manufacturer	HONDA
Model	FIT HYBRID 1.5 AUTO
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106957523
Cover Note Number	

Driver

Name of Driver	ONG CHIN TECK
NRIC No	S1622304B
Date Of Birth	26/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	03/06/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92205995
Fax Number	
Contact Number	OFFICE-92205995
Email Address	NOEMAIL

Address	BLK 134 BEDOK RESERVOIR ROAD #05-1239
Postcode	470134
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	DRIZZLING
Road Surface	WET

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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190321/2133.

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	TP1076D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

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

1

DETAILS OF INJURED PERSON 1

Name
ONG CHIN TECK
Approximate Age
Injuries Sustain
BODY
Injured person in which vehicle?
SMH4209T
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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

SKETCH PLAN

Sketch Plan area on grid paper. Handwritten notes include:

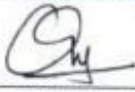
- Alexandra Rd.
- A diagram showing a vehicle (represented by a rectangle with a circle inside) positioned between points A and B.
- Vehicle details: A: SM11U2057, B: 7P1076D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section. Handwritten note: Refer to police report - 7/20190321/2157.

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/20190321/2133

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20190321/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2019 19:36	Vide Report No.: D/20190321/0093	Station Diary No.: 21
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Informant's Particulars

Name of Informant: ONG CHIN TECK	Address: APT BLK 134 BEDOK RESERVOIR ROAD #05-1239 SINGAPORE 470134		
ID Type / ID No.: NRIC NO / S1622304B	Contact No.: Home/Office: Mobile: 9220 5995		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 55	Date of Birth: 26/12/1963	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: PRIVATE HIRER DRIVER	Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 21/03/2019 16:30	Type of Location:
Location: Junction of Road 1 and Road 2 ALEXANDRA ROAD HENDERSON ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH4209T	Car	HONDA	FIT HYBRID 1.5 AUTO	Blue		2
TP1076D	Motorcycle					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH4209T	NTUC Income Insurance Co-Operative Limited	5106957523	22/01/2019	21/01/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190321/2133

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20190321/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHIN TECK	ID No.	S1622304B
Related Vehicle	SMH4209T (Car)	Contact No.	9220 5995
Hospital/Clinic	UNIHEALTH	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	21/03/2019	Date Discharge	21/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 21/03/2019 at about 4.30pm, I was driving my car (SMH4209T) along Alexandra Road towards Queensway Road. At that point of time, there are 2 passengers with me. As I was approaching the traffic light, I slowed down and stop at the traffic light as it was red. I then looked at the rear mirror and saw a Traffic Police bike (TP1076D) coming towards my car. Out of a sudden, I saw the bike skidded and hit my car. There was a slight impact and due to that I suffered some pain at the back.

On the same day I went to Unihealth (Toa Payoh) clinic and was given 3 days MC. The doctor informed that I suffered muscle pain. As for my car, there are some dents at the back of my vehicle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190321/2133

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20190321/2133

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 /

SI ABDUL RAHMAN BIN ABDUL RAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/03/2019 19:36

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

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

