

## 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	25/03/2019 17:04
Date Of Accident	25/03/2019 08:15
Exact Location Of Accident	2 WOODLANDS INDUSTRIAL PARK D ST 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1664S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	C & P LEASING PTE LTD
Co Reg No	199000050G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68853213

### Vehicle Particulars

Manufacturer	UD TRUCKS
Model	ESCOT V-10.8 D GKB5ELDHNT (M)
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

### Driver

Name of Driver	ONG NG CHUAN
NRIC No	S1037774I
Date Of Birth	28/03/1948
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1969
Driving Experience	49 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96713048
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 606 YISHUN ST 61 #05-303
Postcode	760606
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 25/03/19 AT ABOUT 8:15AM, I WAS AT THE FILTER LANE OF WOODLANDS IND PARK D ST 2. MY VEHICLE WAS STATIONARY AND I WAS CHECKING FOR TRAFFIC CLEARANCE WHEN I FELT AN IMPACT AT THE REAR. I ALIGHTED FROM MY VEHICLE TO CHECK. I REALIZED THAT VEHICLE B HAD COLLIDED INTO MY VEHICLE, CAUSING DAMAGES AT THE REAR PORTION. NO ONE WAS INJURED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6938A
Vehicle Make/Model/Colour	HINO / RK1JSLL
Details Of Properties	VEH B
Vehicle Category	BUS
Name of Driver	MOHAMED SALIM BIN ABDUL SALAM
NRIC/Passport Number	S7831731J
Contact Number	93595229
Address	96806454 (DINESH)
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	1

## 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:

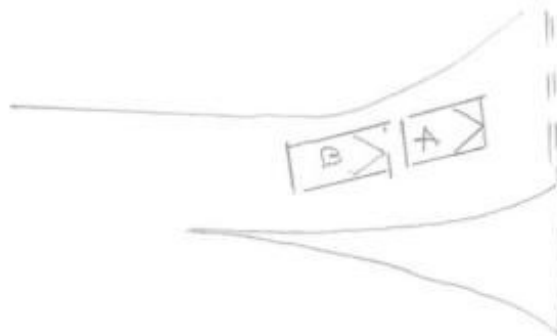
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

XE1664

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

## Sketch Plan #2

### SKETCH PLAN



Veh A: XE 16C43

B Pc 6438A

Woodlands Ind. Park D  
342

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/3/19 at about 8:15 am, I was at the River lane of Woodlands Ind. Park D & C. My vehicle was stationary and I was checking for traffic clearance when I felt an impact on the rear. I alighted from my vehicle to check. I realized that veh B had collided into my vehicle, causing damages at the rear portion. No one was injured.

## DECLARATION

I/We declare the foregoing particulars are true in every respect/



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.:

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



# Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S10377741**

Name: **ONG NG CHUAN**

Birth Date: **28 Mar 1948**

Issue Date: **09 Jul 2016**

002586636J

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Description	Effective Date
Class 2	Motorcycles > 400 cc	02 Sep 1968
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	05 Apr 1966
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	01 Oct 1969
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250kg	25 Feb 1970
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

NP 428A

Licence No: S10377741

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S10377741**

Name: **ONG NG CHUAN**

**王榮全**

Race: **CHINESE**

Date of Birth: **28-03-1948**

Sex: **M**

Country of Birth: **SINGAPORE**

1772846

NRIC No. **S10377741**

Blood Group: **A+**

Date of Issue: **08-03-1994**

**APT BLK 606 YISHUN STREET 61 #05-303**

**SINGAPORE 760606**

NRIC No: **S10377741**

Date: **19/12/2010**

No: **6698909**

CLASS 4 ~ 1 OCT 1969