

## 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	01/04/2019 19:51
Date Of Accident	31/03/2019 18:15
Exact Location Of Accident	SLIP RD REPUBLIC BLVD TWDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN974Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	G & H CAR LEASING
Co Reg No	53359774M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5RS HYBRID A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5090167977-01
Cover Note Number	

### Driver

Name of Driver	ONG CHUAN GUAN
NRIC No	S0176613I
Date Of Birth	04/03/1949
Occupation	OUTDOOR
Date Of Driving Pass	10/02/1971
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96615073
Fax Number	
Contact Number	OFFICE-96615073
EEmail Address	NOEMAIL

Address	BLK 880 YISHUN STREET 81 #02-261
Postcode	760880
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 32 YISHUN ST 81 , <b>POSTCODE:</b> 768456 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8522999 - <b>FAX NO:</b> 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190401/2029.

#### 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	SFN3878U
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

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

DETAILS OF INJURED PERSON 1	
Name	ONG CHUAN GUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLN974Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

G & H CAR LEASING

Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Person's Signature  
Name:  
NRIC/PIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Junction of lead 1  
and road 2

Republic Boulevard  
East coast Parkway

A: SLN 9792

B: SFN38794



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

## DECLARATION

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

## G & H CAR LEASING

\_\_\_\_\_  
Policyholder's Signature

**Date & Time:**

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

Reporting Centre Personnel Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190401/2029

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

Report No. T/20190401/2029

1 of 3

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2019 10:47		Vide Report No.:		Station Diary No.: 43	
<b>Informant's Particulars</b>					
Name of Informant: ONG CHUAN GUAN			Address: APT BLK 880 YISHUN STREET 81 #02-261 SINGAPORE 760880		
ID Type / ID No.: NRIC NO / S01766131			Contact No.: Home/Office: Mobile: 96615073		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 04/03/1949	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/03/2019 18:15	Type of Location:
Location: Junction of Road 1 and Road 2 REPUBLIC BOULEVARD EAST COAST PARKWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFN3878U	Car	TOYOTA	WISH 1.8 AUTO	Black	Slightly Damaged	4
SLN974Z	Car	HONDA	VEZEL 1.5RS HYBRID A	White	Slightly Damaged	1

## Police Report



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T/20190401/2029

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Tel No: 1800-8522999

2 of 3

Report No. T/20190401/2029

### CONTINUATION OF REPORT

#### Brief Details.

On 31/03/2019 at around 1815hrs, I was driving my vehicle (SLN974Z) along Republic Boulevard at the road filter, turning left towards ECP. My vehicle stopped at the road exit and I was waiting to turn left to join the traffic on ECP when a car (SFN3878N) hit my vehicle in the rear. Myself and the other driver (Zacaria Bin Amza, S7327705A) came out of the car to check the damages. My car suffered a dent in the rear while the other vehicle also suffered a dent in the front. I called for the police and Traffic Police attended to me. Due to the impact, I felt giddy and suffered pain in my neck and someone had called the ambulance for me.

Paramedics came and I was conveyed to Singapore General Hospital where I had also received 3 days MC. I am unable to get the contact number of the other driver as I was being conveyed to the hospital.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190401/2029

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3

Report No. T/20190401/2029

## 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 CARISSA TENG KE EN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2019 10:47
Officer In Charge Of Case: TP / GIT / Sgt 2 LIM HONG LEE Contact No.: 65476438	Classification Of Case:  SN 005
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

