

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	09/05/2019 17:34
Date Of Accident	08/05/2019 08:25
Exact Location Of Accident	OLD CHAO CHU KANG ROAD TOWARDS CCK CEMETRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8473G
Insured/Policyholder	
Name Of Registered Owner	GT PTE. LTD.
Co Reg No	201622568K
Email Address	RONALD265@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93899125
Alternative Phone No	OFFICE-86619807

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L RSZ (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083227440-02
Cover Note Number	

Driver

Name of Driver	ONG ZHI BIN (WANG ZHIBIN)
NRIC No	S8427396A
Date Of Birth	05/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93899125
Fax Number	
Contact Number	OTHERS-86619807
EEmail Address	RONALD265@GMAIL.COM

Address	BLK 456 ANG MO KIO AVENUE 10 #05-1564
Postcode	560456
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	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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190508/2131

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	SJW7987S
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HUI XIN
NRIC/Passport Number	S9231476F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ONG ZHI BIN (WANG ZHIBIN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJV8473G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

Veh A: SJV 8473 G

Veh B: SJW 7987 S

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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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

GT PTE LTD

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/5/19 12:14pm

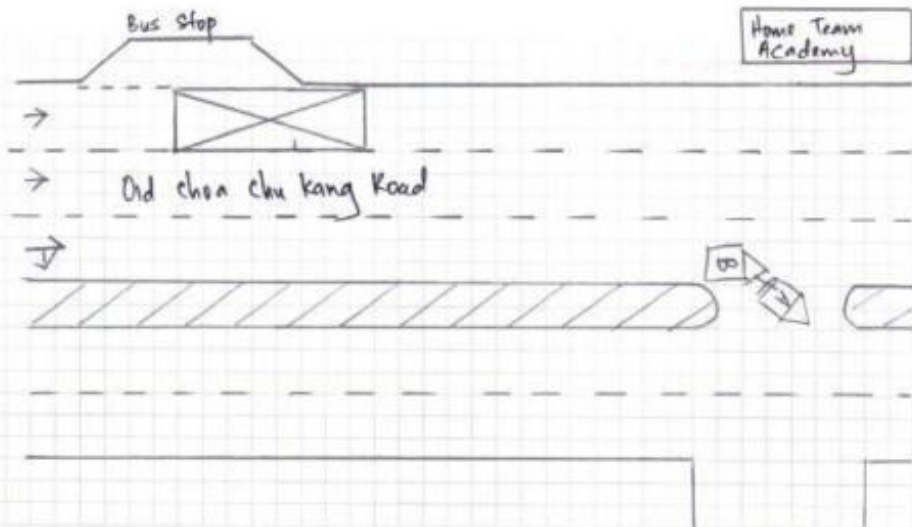
Reporting Centre Personnel's Signature
Name: Rose Anthony
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Veh A: SJV 8473G

Veh B: SJW7987S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Police Report No. T/20190508/2131 .

DECLARATION

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

GT PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature
(If driver is not the policy holder)

Date & Time: 9/5/19 / 12:14pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190508/2131

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20190508/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2019 15:20	Vide Report No.:	Station Diary No.: 96
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Informant's Particulars

Name of Informant: ONG ZHI BIN			Address: APT BLK 456 ANG MO KIO AVENUE 10 #05-1564 SINGAPORE 560456		
ID Type / ID No.: NRIC NO / S8427396A			Contact No.: Home/Office: Mobile: 86619807		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 05/09/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRER			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: 08/05/2019 08:25	Type of Location:
Location: Along Road 1 OLD CHOA CHU KANG ROAD Old Choa Chu Kang Road towards CCK Cemetry				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving vehicle against static vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV8473G	Car	HONDA	STREAM 1.8L AT RSZ	Red	Slightly Damaged	0
SJW7987S	Car	KIA	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR	Red	Slightly Damaged	0

POLICE REPORT



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T/20190508/2131

Police Station Of Origin:
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569929
Tel No: 1800-4519999

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Report No. T/20190508/2131

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG ZHI BIN	ID No.	S8427396A
Related Vehicle	SJV8473G (Car)	Contact No.	86619807
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	08	Degree of Injury	Slight
Driver			
Name	Lim Hui Xin	ID No.	S9231476F
Related Vehicle	SJW7987S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/05/2019 at about 0820hrs, I alighted a passenger at the busstop before Home Team Academy, along Old Choa Chu Kang Road. I then signaled right as I wanted to go to the extreme right lane to turn into Jin Lekar. As there were incoming traffic from the opposite direction, my car was stationary and I was waiting to turn right. Suddenly, I felt an impact from the rear and my car inched forward. There was a tipper truck oncoming and I immediately stepped on my brakes. I then came out of my car limping as I felt pain on my left waist. I took photos of the accident and the driver of SJW7987S, that rear ended me started to argue with me saying why did I stop my car there. She then said she was travelling at 70km/h and she has a dash cam. I then called for ambulance and I was being conveyed to Ng Teng Fong General Hospital and was given 8 days outpatient leave from 08/05/2019 to 15/05/2019.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190508/2131

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20190508/2131

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:

F /

Sgt 1 MA DERON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/05/2019 15:20

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

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



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