

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	02/08/2019 15:18
Date Of Accident	25/07/2019 19:00
Exact Location Of Accident	UPP SERAMGOON RD TWDS SERVICE RD OF HDB BLK 704
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP790M
Insured/Policyholder	
Name Of Registered Owner	NICHOLAS ONG ANN WEI
NRIC No	S1822068G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83830138
Alternative Phone No	OFFICE-83830138

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.2 TSI AT 5G12DZ
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092336185-01
Cover Note Number	

Driver

Name of Driver	NICHOLAS ONG ANN WEI
NRIC No	S1822068G
Date Of Birth	19/01/1967
Occupation	INDOOR
Date Of Driving Pass	23/08/1988
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83830138
Fax Number	
Contact Number	OFFICE-83830138
Email Address	NOEMAIL

Address	18 SIMEI STREET 1 #11-16
Postcode	529943
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 - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190729/2041.

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	SBS6446J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	NICHOLAS ONG ANN WEI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKP790M
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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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:



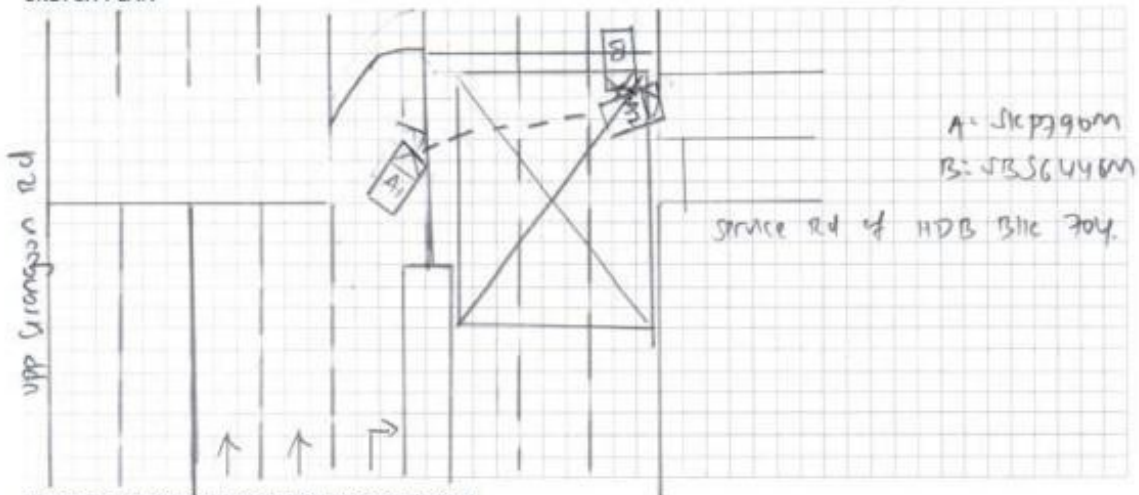
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2190729/2021

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/20190729/2041

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20190729/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2019 11:57		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: NICHOLAS ONG ANN WEI			Address: 18 SIMEI STREET 1 #11-16 SINGAPORE 529943		
ID Type / ID No.: NRIC NO / S1822068G			Contact No.: Home/Office: Mobile: 8383 0138		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 19/01/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			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: 25/07/2019 19:00	Type of Location: Main road turning into the carpark
Location: Along Road 1 UPPER SERANGOON ROAD				
Along main road of Upper Serangoon Road at the traffic junction turning right into the old Serangoon Junior College near Blk 704.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS6446J	Bus/Coach/Minibus				Slightly Damaged	0
SKP790M	Car	VOLKSWAGEN	GOLF A7 1.2 TSI AT 5G12DZ	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



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Report No. T/20190729/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP790M	NTUC Income Insurance Co-Operative Limited	5092336185-01	12/08/2018	11/08/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NICHOLAS ONG ANN WEI	ID No.	S1822068G
Related Vehicle	SKP790M (Car)	Contact No.	8383 0138
Hospital/Clinic	SENGKANG GENREAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2019	Date Discharge	27/07/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LOH KENG HONG	ID No.	S0168664B
Related Vehicle	NIL	Contact No.	NIL
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

Brief Details.

On 22/07/2019 at about 1900hrs, I was driving my car along Upper Serangoon Road. I stopped at the stop line before making a right turn into to the car park of Blk 704 (near the old Serangoon Junior College). The car on the first lane had already stopped behind the yellow box as up ahead, the traffic light was showing 'red' and there were car already taking up space in the front. The driver of the car on the first lane even signaled to me telling me that I he was giving way to me.

I slowly inched my car forward and the first car on the lane two had already stopped behind the yellow box as there was also no space for his car to move forward without being in the yellow box. As I inched forward going into the lane three, I realized that there was an SBS Transit bus coming forward to my direction.

I was not able to stop in time to avoid the collision. Hence, the front portion of the bus had hit onto the front left area (front left passenger area and its surroundings) of my car. Immediately after the collision, the passenger airbag was deployed. I alighted from the car and realized that I was involved in a traffic

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Report No. T/20190729/2041

CONTINUATION OF REPORT

accident. As I was feeling nauseas and shock from the accident, I sat at the said of the road and was assisted by a passerby who called for the ambulance and police.

While waiting for help to arrive, the bus driver approached me and asked for my well-being. He tried to explain that we were both at fault. I was not paying much attention as I was still in shock. We managed to exchange details with one another. The ambulance subsequently arrived and conveyed me to Sengkang General Hospital. Later in the late evening, I was being treated in the observation ward when I was approached by a TP IO namely SSGT Syed Zayid Muhammad. He asked how my well-being was etc. He then informed that my car was towed to TP HQ and I needed to call him once I was discharged.

My car is installed with an in-car camera. However, it was faulty and did not manage to record the

Police Report



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Report No. T/20190729/2041

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 / Staff Sgt MUZAINAH BINTE LATIFF <i>anf</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252

Signature Of Informant: <i>[Signature]</i>
Date/Time: 29/07/2019 11:57
Classification Of Case:

Authentication Stamp
NP168

anf

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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