

## 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	13/08/2019 17:05
Date Of Accident	13/08/2019 10:55
Exact Location Of Accident	AIRPORT RD B4 JUNCTION OF JLN EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3847Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHYE KOON (WANG CAIKUN)
NRIC No	S7815075J
Email Address	MAXCKONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83215652
Alternative Phone No	OTHERS-83215652

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	5105342868
Cover Note Number	

### Driver

Name of Driver	ONG CHYE KOON (WANG CAIKUN)
NRIC No	S7815075J
Date Of Birth	09/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83215652
Fax Number	
Contact Number	OTHERS-83215652
Email Address	MAXCKONG@GMAIL.COM

Address	BLK 112 BUKIT BATOK WEST AVE 6 #08-140
Postcode	650112
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190813/2104

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGA9119U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG KIM YOONG
NRIC/Passport Number	S1617403C

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJX5617T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LEONG YAN SANG  
NRIC/Passport Number S1805741G  
Contact Number 91081596  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ONG CHYE KOON (WANG CAIKUN)  
Approximate Age  
Injuries Sustain NECK & FOREHEAD  
Injured person in which vehicle? SME3847Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### 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. The 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 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.

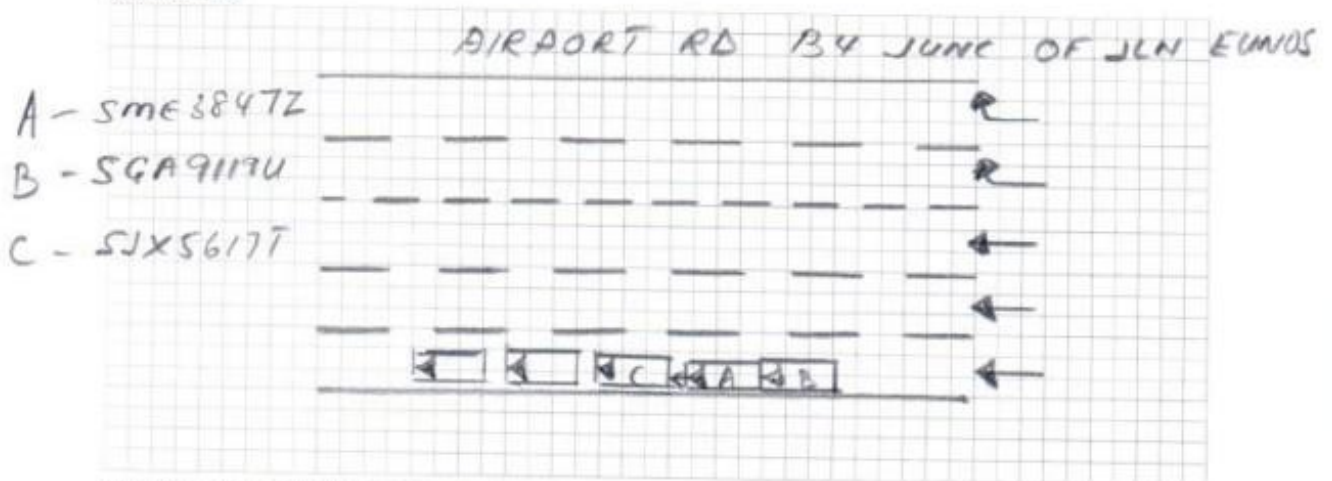
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 13/08/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190813/2104

## DECLARATION

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

*Chapman*  
 Policyholder's Signature  
 Date & Time:

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

*sfm* 13/08/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190813/2104

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 4

Report No. T/20190813/2104

### CONTINUATION OF REPORT

#### **Brief Details.**

On 13/08/2019 at about 1055hrs I was driving in my car, Toyota Altis (SME3847Z) along Airport Road towards Jalan Eunos junction on the extreme left lane. I had stopped behind one Toyota ISIS (SJX5617T) while waiting for the traffic to move. I then felt an impact coming from the rear of my car which caused my car to move forward and hit on to the Toyota ISIS (SJX5617T). My head had also hit on to the steering wheel due to the impact. I left my car and discovered that one white Mazda 6 (SGA9119U) had hit on to the rear of my car. The rear and front part of my car is damaged by the impact. There are dents and cracks on both the front and rear bumper, lights as well as the body kit. My rear boot door is also damaged and unable to open. I had gone to Alvernia Hospital as I felt pain on my neck and forehead. I was given 5 days of medical leave.



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



Accident Photo



Accident Photo



Accident Photo







Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



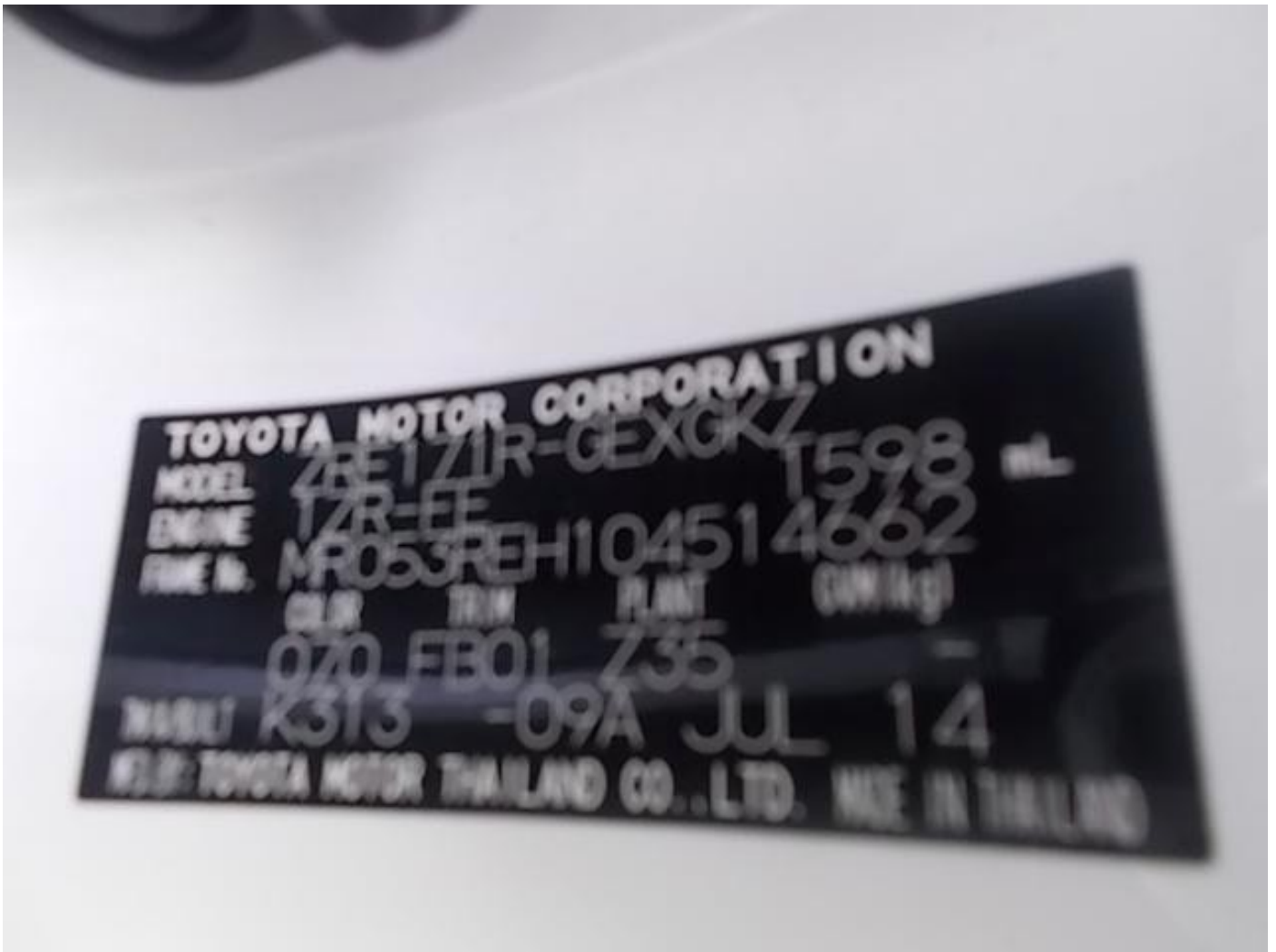
Accident Photo



Accident Photo



Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190813/2104

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 4

Report No: T/20190813/2104

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2019 15:48		Vide Report No.:		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: ONG CHYE KOON			Address: APT BLK 112 BUKIT BATOK WEST AVENUE 6 #08-140 SINGAPORE 650112		
ID Type / ID No.: NRIC NO / S7815075J			Contact No.: Home/Office: Mobile: 83215652		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 09/08/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRED DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2019 10:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AIRPORT ROAD JALAN EUNOS Airport Road before junction of Jalan Eunus				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SGA9119U	Car				Slightly Damaged	0
SJX5817T					Slightly Damaged	0
SME3847Z	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White	Slightly Damaged	0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190813/2104

Police Station Of Origin:  
MacPherson NPP  
54 Phipps Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 4

Report No. T/20190813/2104

## CONTINUATION OF REPORT

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME3847Z	NTUC Income Insurance Co-Operative Limited	5105342868	12/11/2018	11/11/2019

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**Driver**

Name	CHONG KIM YOONG	ID No.	S1617403C
Related Vehicle	SGA9119U (Car)	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

**Driver**

Name	LEONG YAN SANG	ID No.	S1805741G
Related Vehicle	SJX5617T	Contact No.	91081586
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

**Driver**

Name	ONG CHYE KOON	ID No.	S7B15075J
Related Vehicle	SME3847Z (Car)	Contact No.	83215852
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190813/2104

Police Station Of Origin:  
MacPherson NPP  
54 Phipp Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7448998

3 of 4

Report No. T/20190813/2104

### CONTINUATION OF REPORT

#### **Brief Details.**

On 13/08/2019 at about 1055hrs I was driving in my car, Toyota Altis (SME3847Z) along Airport Road towards Jalan Eunos junction on the extreme left lane. I had stopped behind one Toyota ISIS (SJX5617T) while waiting for the traffic to move. I then felt an impact coming from the rear of my car which caused my car to move forward and hit on to the Toyota ISIS (SJX5617T). My head had also hit on to the steering wheel due to the impact. I left my car and discovered that one white Mazda 6 (SGA9119U) had hit on to the rear of my car. The rear and front part of my car is damaged by the impact. There are dents and cracks on both the front and rear bumper, lights as well as the body kit. My rear boot door is also damaged and unable to open. I had gone to Alvernia Hospital as I felt pain on my neck and forehead. I was given 5 days of medical leave.



Police Report



SINGAPORE  
POLICE FORCE



T/20190813/2104

Police Station Of Origin:  
MacPherson NPP  
54 Pipl Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

4 of 4

Report No: T/20190813/2104

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 AHMAD SALLEH BIN RAHMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/08/2019 15:48

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP165