

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	19/08/2019 12:42
Date Of Accident	17/08/2019 16:35
Exact Location Of Accident	ALONG CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ6753Z
Insured/Policyholder	
Name Of Registered Owner	ONG SIEW YEAN
NRIC No	S7021946H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96785206
Alternative Phone No	OFFICE-96785206

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTPV01001258
Cover Note Number	

Driver

Name of Driver	ONG SIEW YEAN
NRIC No	S7021946H
Date Of Birth	04/07/1970
Occupation	INDOOR
Date Of Driving Pass	23/04/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96785206
Fax Number	
Contact Number	OFFICE-96785206
EMail Address	NOEMAIL

Address BLK 302 CLEMENTI AVE 4
#04-535

Postcode 120302

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 - CROSS JUNCTION

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 CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address **ROAD:** NO. 20 CLEMENTI AVENUE 5 , **POSTCODE:** 129858 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-8729999 - **FAX NO:** 67748639

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

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 SKG6530E

Vehicle Make/Model/Colour

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 SIEW YEAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGQ6753Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

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:

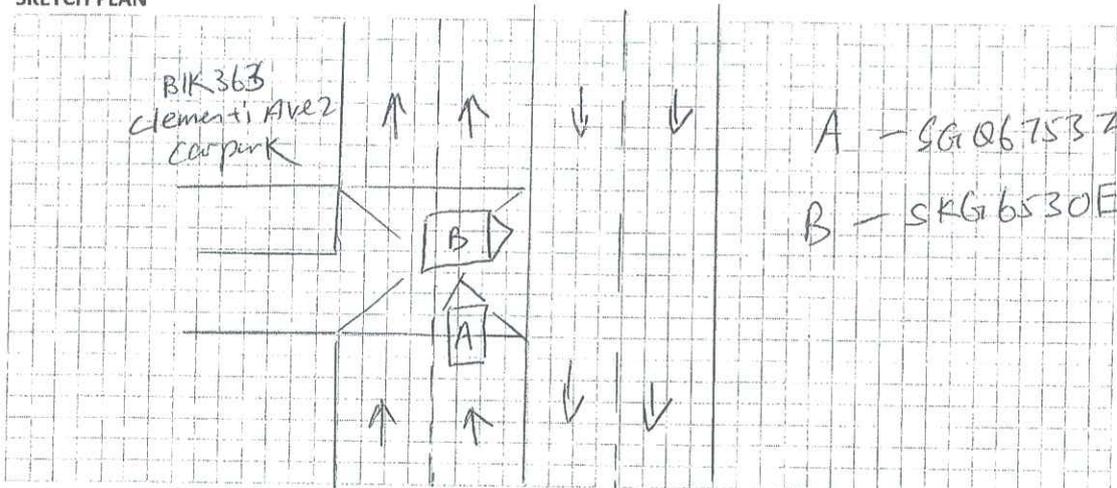


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to the police report T/20190817/2133

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.:



**SINGAPORE
POLICE FORCE**



T/20190817/2133

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20190817/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2019 20:31		Vide Report No.: D/20190817/0097		Station Diary No.: 36	
Informant's Particulars					
Name of Informant: ONG SIEW YEAN			Address: APT BLK 302 CLEMENTI AVENUE 4 #04-535 SINGAPORE 120302		
ID Type / ID No.: NRIC NO / S7021946H			Contact No.:		Mobile: 96785206
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 49	Date of Birth: 04/07/1970	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Housewife		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/08/2019 16:35	Type of Location: Straight Road	
Location: Along Road 1 CLEMENTI AVENUE 2 Along Clementi Avenue 2 towards West Coast, near to Blk 363 Clementi Ave 2				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
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
SGQ6753Z	Car	TOYOTA	VIOS 1.5E A	Silver	Slightly Damaged	0
SKG6530E	Car				Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ6753Z	TENET SOMPO INSURANCE PTE. LTD.	D19MTPV0100125 8	23/01/2019	22/01/2020



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T/20190817/2133

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20190817/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG SIEW YEAN	ID No.	S7021946H
Related Vehicle	SGQ6753Z (Car)	Contact No.	96785206
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKG6530E (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

Brief Details.

On 17/08/2019 at about 1635hrs, I was driving my vehicle bearing the registration plate number SGQ6753Z along Clementi Avenue 2 towards West Coast. At the point of time, the road was dry and the traffic volume was light. I was traveling on the right lane of 2 lane road.

Upon reaching the carpark entrance of Blk 363 Clementi Ave 2, I noticed a dark colour vehicle bearing the registration plate number SKG6530E, exiting the carpark and I continue to travel straight. Suddenly the dark color vehicle did not stop at the line after exiting the carpark, I was in shock and immediately jammed brake however could not stop in time. I then collided into the rear right of the dark colour vehicle.

After the collision, I shifted my vehicle to the left lane and I alighted the vehicle through the front passenger door as I noticed that my driver door could not opened. I saw the driver of SKG6530E was outside her vehicle taking photos.

Clementi Police came at first followed by Ambulance and Traffic Police to render assistance. I do not have a In-car camera installed in my vehicle. I was conveyed by Ambulance to NUH as I felt giddy and was given 2 days of MC from 17-08-2019 to 18-08-2019. There is dent and scratches on my front bumper, bonnet, headlight damaged, driver door damaged and front right wheel damage.



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T/20190817/2133

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20190817/2133

CONTINUATION OF REPORT



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POLICE FORCE**



T/20190817/2133

Police Station Of Origin:
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427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20190817/2133

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: D / Sgt 1 NG JIA HAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2019 20:31
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case: 
Authentication Stamp NP168	