

## 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	20/08/2019 16:51
Date Of Accident	19/08/2019 18:10
Exact Location Of Accident	PIE (CHANGI) BEFORE PIONEER RD NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK9584K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MONG CHU HAN
NRIC No	S8021952J
Email Address	MCH.STAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90088171
Alternative Phone No	OFFICE-90088171

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC 250 4MATIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	D19MTPV01012060
Cover Note Number	

### Driver

Name of Driver	MONG CHU HAN
NRIC No	S8021952J
Date Of Birth	28/07/1980
Occupation	INDOOR
Date Of Driving Pass	28/02/2002
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90088171
Fax Number	
Contact Number	OFFICE-90088171
Email Address	MCH.STAN@HOTMAIL.COM

Address	NA
Postcode	
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 - 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ALJUNIED NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to police report no: T/20190820/2053 On the 19/08/19 at about 1800hrs, I was travelling in my vehicle no: SMK9584K along PIE towards Changi Airport, before exit of Pioneer North Road. The vehicles in front of me was slowing down and I did so too. Suddenly, I felt an impact from the rear of my vehicle. I stopped my vehicle and realized a vehicle no: SKT1644A collided onto my vehicle. My vehicle sustained dents and scratches on the rear side. Subsequently, the traffic police came down and I handed over the SD card of my in car camera for their investigation purpose. I wish to state that I did not sustain any injury. I am lodging this report as required from the traffic police as the other party was injured.

#### 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	SKT1644A
Vehicle Make/Model/Colour	NISSAN / SYLPHY 1.6 CVT ABS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG BOON HOCK
NRIC/Passport Number	S1266263G
Contact Number	91738502
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ONG BOON HOCK

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKT1644A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode







# SINGAPORE POLICE FORCE



T/20190820/2053

1 of 3

Report No. T/20190820/2053

Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/08/2019 12:29	Vide Report No.: J/20190819/0107	Station Diary No.: 8
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**Informant's Particulars**

Name of Informant: MONG CHU HAN			Address: 51 JALAN BUNGA RAMPAL #14-01 SINGAPORE 538420		
ID Type / ID No.: NRIC NO / S8021952J			Contact No.: Home/Office: Mobile: 90088171		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 28/07/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: REGIONAL MANAGER			Driving Licence Information: Class: 3 Date of Expiry: .		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/08/2019 18:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Before exit of Pioneer North Road, towards Changi Airport.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	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
SKT1644A						0
SMK9584K		MERCEDES BENZ	GLC 250 4MATIC	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK9584K	TENET SOMPO INSURANCE PTE. LTD.	D19MTPV0101206 0	14/08/2019	13/08/2020





**SINGAPORE  
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2 of 3

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Report No. T/20190820/2053

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ONG BOON HOCK	ID No.	S1266263G
Related Vehicle	SKT1644A	Contact No.	91738502
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
<b>Driver</b>			
Name	MONG CHU HAN	ID No.	S8021952J
Related Vehicle	SMK9584K	Contact No.	90088171
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

**Brief Details.**

On the 19/08/19 at about 1800hrs, I was travelling in my vehicle no: SMK 9584K along PIE towards Changi Airport, before exit of Pioneer North road. The vehicles in front of me was slowing down and I did so too. Suddenly, I felt an impact from the rear of my vehicle. I stopped my vehicle and realized a vehicle no: SKT1644A collided onto my vehicle. My vehicle sustained dents and scratches on the rear side. Subsequently, the traffic police came down and I handed over the SD Card of my in car camera for their investigation purpose.

I wish to state that I did not sustain any injury. I am lodging this report as required from the traffic police as the other party was injured.



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T/20190820/2053

3 of 3

Report No. T/20190820/2053

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Aljunied NPP

13 Joo Seng Road #01-69 SINGAPORE

360013

Tel No: 1800-2809999

**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:

E /

Sgt 1 LAM WENG HONG, ANDREW

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT

SINGAPORE

Sr Staff Sgt RAZI BIN TAHAR

SN 029

Contact No.: 65476200

Signature Of Informant:

Date/Time:

20/08/2019 12:29

Classification Of Case:

Authentication Stamp

NP168

STC