

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	24/08/2019 17:36
Date Of Accident	23/08/2019 20:05
Exact Location Of Accident	PUNGGOL RD TWDS RIVERVALE WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3597R
Insured/Policyholder	
Name Of Registered Owner	MR OON CHOON HUAT PETER
NRIC No	S6927739Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93883313
Alternative Phone No	OFFICE-93883313

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3040861800
Cover Note Number	-

Driver

Name of Driver	MR OON CHOON HUAT PETER
NRIC No	S6927739Z
Date Of Birth	04/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1987
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93883313
Fax Number	
Contact Number	OFFICE-93883313
EEmail Address	NOEMAIL

Address	BLK 102 RIVERVALE WALK #07-66
Postcode	540102
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?	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)	4
Passenger 1	NAME: : LIN SHU BIN GENDER: : FEMALE
Passenger 2	NAME: : DOMINIC OON YU KAI GENDER: : MALE
Passenger 3	NAME: : HILLARY OON KAI LIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOULMEIN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2508999 - FAX NO: 63554312
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190824/2128

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	SLP646K
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	LIM XI TONG @ LIM BUK THONG
NRIC/Passport Number	S1778208H
Contact Number	96744041
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MR OON CHOON HUAT PETER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV3597R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LIN SHU BIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV3597R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	DOMINIC OON YU KAI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV3597R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:



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

Accident Sketch Plan

SKETCH PLAN

Bus stop

Bus

A

B

A = SJV 3597R

B = SLP 646K

Ringgal Rd towards Riverdale walk

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Police Report T/20190824/2128

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/20190824/2128

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20190824/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2019 16:57	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: OON CHOON HUAT PETER			Address: APT BLK 102 RIVERVALE WALK #07-66 SINGAPORE 540102	
ID Type / ID No.: NRIC NO / S6927739Z			Contact No.:	Mobile: 93883313
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 04/09/1969	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SHIPPING CLERK			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/08/2019 20:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PUNGGOL ROAD RIVERVALE WALK Infront of PCF Punggol East Branch				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SJV3597R	Car	TOYOTA	PREVIA 8 SEATER	Silver	Seriously Damaged	3
SLP646K	Car	MAZDA		Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV3597R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30408618 00	22/07/2018	21/01/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190824/2128

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20190824/2128

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OON CHOON HUAT PETER	ID No.	S6927739Z
Related Vehicle	SJV3597R (Car)	Contact No.	93883313
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	24/08/2019	Date Discharge	24/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM XI TONG @ LIM BUK THONG	ID No.	S1778208H
Related Vehicle	SLP646K (Car)	Contact No.	96744041
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 23/08/2019 at about 2000hrs, I was driving my silver Toyota Previa bearing the registration number SJV3597R along Punggol Road towards Rivervale Walk. It was a two lane road and I was driving at the left lane. My vehicle was seated together with my wife, my son and my daughter. At the material time, my vehicle was stationary, in front of PCF Punggol East Branch as the vehicle in front of me came to a stop, wanting to give way to the bus which was moving off.

Subsequently, I felt an impact from my rear vehicle. As such, I came down to make a check. I then observed that the driver driving the red Mazda bearing registration number SLP646K has hit onto my vehicle. My vehicle's rear boot suffered a dent and the other said vehicle suffered a dent on the front bonnet.

On 24/08/2019, as my son, my wife and myself do not feel well. As such, we proceeded to Tan Tock Seng Hospital for medical treatment. All 3 of us were given 3 days of MC dated from 24/08/2019 and were prescribed pain killers.

I am lodging this report for my necessary follow-up actions.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190824/2128

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20190824/2128

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190824/2128

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20190824/2128

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 2 YONG JUN JIE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2019 16:57
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 080
Authentication Stamp NP168	 SIGNATURE

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



