

## 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	29/08/2019 17:30
Date Of Accident	29/08/2019 10:10
Exact Location Of Accident	ALONG SERANGOON GARDEN WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9197K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR ONG BOON SIANG
NRIC No	S6846923F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97873998
Alternative Phone No	OFFICE-97873998

### Vehicle Particulars

Manufacturer	BMW
Model	523I
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	DMPCSN3060901800
Cover Note Number	-

### Driver

Name of Driver	ONG CHIEW SIA ALEXIA
NRIC No	S9441211J
Date Of Birth	31/10/1994
Occupation	INDOOR
Date Of Driving Pass	15/08/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93880731
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 951 HOUGANG AVE 9 #04-510
Postcode	530951
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVENUE 9 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2180000 - <b>FAX NO:</b> 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SLD9722C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA KENG PHANG WYNNE
NRIC/Passport Number	S1212867C
Contact Number	91291076
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ONG CHIEW SIA ALEXIA
Approximate Age	
Injuries Sustain	BACK, NECK, HEAD
Injured person in which vehicle?	SKC9197K
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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#### **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.

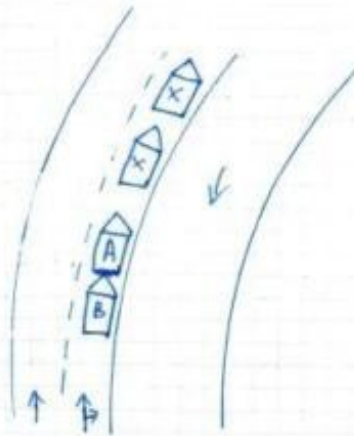
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 29/8/2019 4:55pm

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

# Accident Sketch Plan

## SKETCH PLAN



Ⓐ SKC 9197K

Ⓑ SLD 9722C.

Along Serayoon Garden way.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29-08-2019 @ about 10:10am, I was driving my car (SKC 9197K) along Serayoon Garden way in the right lane. Vehicles in front of me slow down and stop so I slow down and almost complete stop too. Suddenly I felt an impact from behind & I realized that Veh. B (SLD 9722C) didn't stop in time and collided onto rear portion of my car. Hence I hereby lodge this report to claim against Veh. B (SLD 9722C)'s insurance for my accident damages. My car did installed car camera recorder & I willing to provide my accident video footage for my accident claim purpose. I will go to see doctor if feel any uncomfortable after this.

## 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: 29/8/2019 4.55pm

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

# Identification Card

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S9441211J**

Name: **ONG CHIEW SIA ALEXIA**

Birth Date: **31 Oct 1994**

Issue Date: **15 Aug 2016**

002599068J

*For LKK/NAC Use Only*

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S9441211J**

Name: **ONG CHIEW SIA ALEXIA**

王秋霞

Race: **CHINESE**

Date of birth: **31-10-1994**

Country of birth: **SINGAPORE**

Sex: **F**

**S9441211J**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$	15 Aug 2016

NP 428A

Licence No: S9441211J

**4413369**

**S9441211J**

*For LKK/NAC Use Only*

Date of issue: **03-06-2009**

Address: **APT BLK 951 HOUGANG AVENUE 9  
#04-510  
SINGAPORE 530951**

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



F/20190831/7016

1 of 2

## POLICE REPORT (NP299)

Report No. F/20190831/7016

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 31/08/2019 09:29	Vide Report No.	Station Diary No.
Name Of Informant ONG CHIEW SIA ALEXIA	Address APT BLK 951 HOUGANG AVENUE 9 #04-510 SINGAPORE 530951	
ID Type / ID No. NRIC NO / S9441211J	Contact No. Home/Office: Mobile: 93880731	
Nationality SINGAPORE CITIZEN	Email Address alexia.ong@gmail.com	
Occupation Student	Sex Female	Age 24
Institution/School Name	Date of Birth 31/10/1994	Race Chinese
Date/Time Of Incident 29/08/2019 10:10 - 29/08/2019 10:20	Location Of Incident APT BLK 951 HOUGANG AVENUE 9 #04-510 SINGAPORE 530951	

### Brief details.

At around 10.10am on the morning of 29 August 2019, I got into an accident and was hit by a car from the back after turning right from Yio Chu Kang Road into Serangoon Garden Way. I was driving third in line with a vehicle directly in front of me and a lorry ahead of the vehicle. After the right turn, both vehicles ahead of me started to slow down and I slowed down almost to a complete stop too. Suddenly I felt an impact from the back and realized that the vehicle behind me crashed into my vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/08/2019 09:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



F/20190831/7016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190831/7016

I then stopped my car, turn on the hazard light and approach the driver of the vehicle behind me to request for her identification document - accident reporting purpose. There was no further interaction except to take photos of both our cars and identification documents.

Following the accident, I started to experience severe pain in the back, neck and head in the afternoon. Thus, after visiting the accident reporting centre to lodge the report, I went to Seng Kang Hospital A&E. As the pain was intolerable, I was admitted into the hospital for further observation and investigation.

Subjects Involved			
Victim			
Person Name	ONG CHIEW SIA ALEXIA		
ID Type	NRIC NO	ID No	S9441211J
Gender	Female	Age	24
Race	Chinese	Language	English
Occupation	Student	Address Type	
Address	APT BLK 951 HOUGANG AVENUE 9 #04-510 SINGAPORE 530951		Mobile No 93880731
Is Informant A Victim?	Yes		
Person Name	ONG CHIEW SIA ALEXIA (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/08/2019 09:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA119J14319 Vehicle Registration No: SKC 9197 K  
Name(as shown in NRIC): Ong Chiew Sia Alexia  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No: S944121LJ  
Address: Blk 951 Hougang Ave 9 #04-510 S( 530951)  
Contact (Tel): \_\_\_\_\_ (H/P): 9388 0731  
(Email): NOEMAIL  
Date of Accident: 29-07-2019 Time of Accident: 10:10am.  
Place of Accident: Along Serangoon Garden Way  
Insurance Company: China Taiping Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Injury: Yes  
Name: Ong Chiew Sia, Alexia  
Attached Police Report

  
Signature of Vehicle Owner / Driver

Date: 23/09/19.

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm