

## 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	05/09/2019 17:25
Date Of Accident	05/09/2019 13:30
Exact Location Of Accident	MOUNT ELIZABETH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY552Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG KIAN GUAN JASON
NRIC No	S7805969I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82987320
Alternative Phone No	OFFICE-82987320

### Vehicle Particulars

Manufacturer	FORD
Model	FOCUS TREND 1.6L AUTO
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107211937
Cover Note Number	

### Driver

Name of Driver	ONG KIAN GUAN, JASON (WANG JIANYUAN)
NRIC No	S7805969I
Date Of Birth	03/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82987320
Fax Number	
Contact Number	OFFICE-82987320
Email Address	NOEMAIL

Address	BLK 281 TOH GUAN ROAD #12-223
Postcode	600281
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190905/2107.

#### 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	SGS4457G
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) 1

DETAILS OF INJURED PERSON 1

Name	ONG KIAN GUAN, JASON (WANG JIANYUAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJY552Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

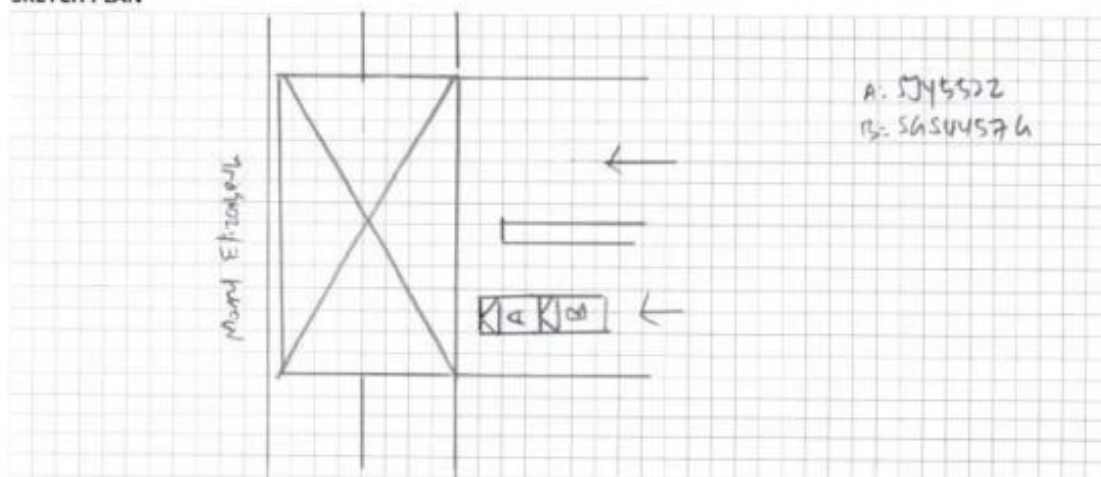
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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


### Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to price report - 7/20/2009/2007.



## 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/20190905/2107

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

1 of 3

Report No. T/20190905/2107

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

05/09/2019 16:47

Vide Report No.:

Station Diary No.:

44

### Informant's Particulars

Name of Informant:

ONG KIAN GUAN, JASON

Address:

APT BLK 281 TOH GUAN ROAD #12-223 SINGAPORE  
600281

ID Type / ID No.:

NRIC NO / S7805969I

Contact No.:

Home/Office:

Mobile: 82987320

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

41

Date of Birth:

03/03/1978

Type of Informant:

Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:

PRIVATE HIRE DRIVER

Driving Licence Information:

Class:

Date of Expiry:

### General Information of the Accident

Type of  
Accident:

Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:

05/09/2019 13:30

Type of Location:

Location:

Along Road 1

MOUNT ELIZABETH

outside carpark entrance

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

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
SGS4457G	Car					0
SJY552Z	Car	FORD	FOCUS TREND 1.6L AUTO	Silver		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190905/2107

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20190905/2107

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY552Z	NTUC Income Insurance Co-Operative Limited	5107211937	24/01/2019	30/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG KIAN GUAN, JASON	ID No.	S7805969I
Related Vehicle	SJY552Z (Car)	Contact No.	82987320
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2019	Date Discharge	05/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

### Brief Details.

On the 5/9/2019 at about 1330hrs, I was driving my vehicle (SJY552Z, vehicle A) and I just exited the carpark of Mount Elizabeth Hospital and I wanted to turn right on Mount Elizabeth. As there were cars on both sides of the road, I stopped to wait until it is clear. Suddenly, I felt an impact from the rear and I came down and discovered that another vehicle (SGS4457G, vehicle B) had collided onto the rear portion of vehicle. The other driver also came down and we exchanged contact details and also took some pictures. We then left the scene.

I wish to state that I went to Mount Alvernia Hospital and I got a 5 days MC.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190905/2107

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

3 of 3

Report No. T/20190905/2107

## 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 /  
Sgt 3 ONG YU XIANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/09/2019 16:47

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

