

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 | 30/09/2019 14:03 |
| Date Of Accident | 28/09/2019 14:15 |
| Exact Location Of Accident | PIE TWDS CHANGI B4 TOA PAYOH EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJW5379K |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG SIN PING |
| NRIC No | S1155426A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84279755 |
| Alternative Phone No | OFFICE-84279755 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | BMW |
| Model | 318I |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5089040910-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ONG JING ZE |
| NRIC No | S9224288I |
| Date Of Birth | 11/07/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/05/2012 |
| Driving Experience | 7 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81238457 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 204 PASIR RIS ST 21 #04-308 |
| Postcode | 510204 |
| 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 | CHAIN COLLISION |
| 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 | 7 |
| 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: : ONG SIN PING GENDER: : MALE |
| Passenger 2 | NAME: : OW YONG SIEW CHOO GENDER: : FEMALE |
| Passenger 3 | NAME: : MCCLAIR CHIN GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

I WAS TRAVELLING ALONG PIE TWDS CHANGI B4 TOA PAYOH EXIT ON THE FIRST LANE, WHEN NOTICED FRONT VEH STOP, AS SUCH I FOLLOW TO STOP, ALL OF A SUDDEN, I FELT AN HUGE IMPACT FROM BEHIND, DUE TO THE IMPACT, MY VEH BEEN PUSH FORWARD HIT ONTO THE FRONT VEH REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION. I WAS INVOLVED IN A 7 CAR CHAIN COLLISION ACCIDENT.

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 SJR5074R
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL204Z
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJB5824C
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SFY1998S
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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SMA1334X
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 OTHER VEHICLE PROPERTY 6

Vehicle Registration Number SKV802G
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 SIN PING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW5379K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ONG JING ZE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW5379K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name OW YONG SIEW CHOO

Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW5379K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name MCCLAIR CHIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW5379K
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:

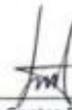
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



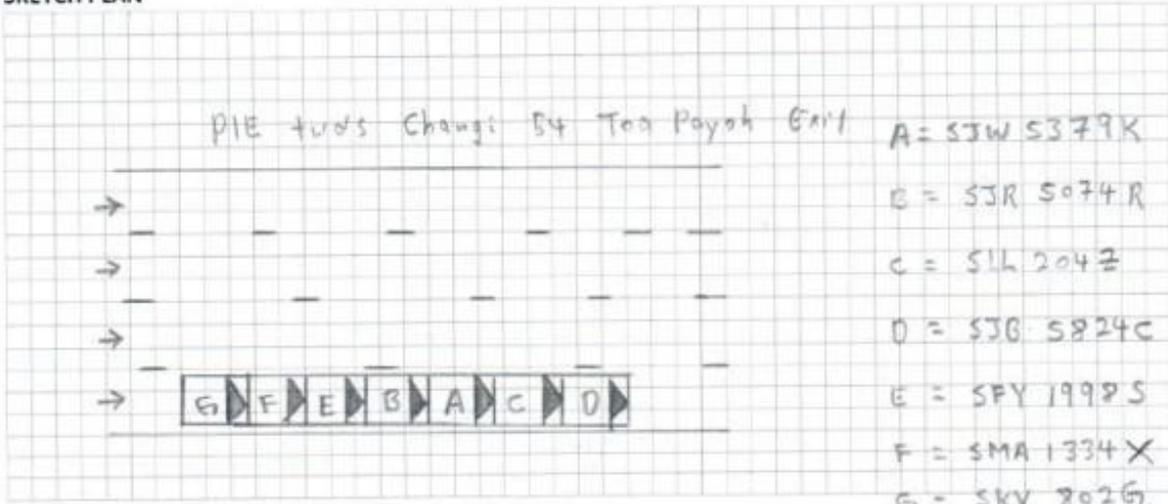
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



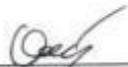
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time:

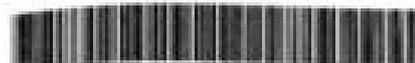

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190930/2202

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190930/2202

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------|---------------------------|
| Date/Time Report Made: 30/09/2019 20:04 | Video Report No.: | Station Diary No.: 135 |
|--|-------------------|---------------------------|

| Informant's Particulars | | | |
|--|------------|---|------------------------------|
| Name of Informant: ONG JING ZE | | Address: APT BLK 204 PASIR RIS STREET 21 #04-308 SINGAPORE 510204 | |
| ID Type / ID No.: NRIC NO / S9224288I | | Contact No.: Home/Office: | Mobile: 81238457 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 27 | Date of Birth: 11/07/1992 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: TECHNICIAN | | Driving Licence Information: Class: 3 | Date of Expiry: |

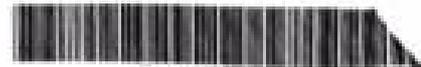
| General Information of the Accident | | | | |
|--|----------------------|----------------------|--|------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 28/09/2019 14:15 | Type of Location: Straight Road |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi Airport | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: | Traffic Volume: Moderate | |
| 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 |
| SFX1998S | Car | | | | | 0 |
| SJB5824C | Car | | | | Slightly Damaged | 0 |
| SJR5074R | Car | | | | Slightly Damaged | 0 |
| SJW5379K | Car | | | | Slightly Damaged | 3 |
| SKV802G | Car | | | | Slightly Damaged | 0 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190930/2202

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190930/2202

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SLL204Z | Car | | | | Slightly Damaged | 0 |
| SMA1334X | Car | | | | Slightly Damaged | 0 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------------------|--|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ONG JING ZE | ID No. | S9224288I |
| Related Vehicle | SJW5379K (Car) | Contact No. | 81238457 |
| Hospital/Clinic | CENTRAL 24-HR CLINIC (PASIR RIS) | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 30/09/2019 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |

Brief Details.

On the above mentioned date, time and location I was driving along PIE towards Changi Airport. I had 3 passengers with me at that point of time and I was driving along the first lane. The road conditions were fine, the road was dry and the sky was clear. As I was driving accordingly, the traffic volume was at a moderate, nevertheless I ensured a proper safety distance from other road vehicles with me. As I was driving accordingly all of a sudden I noticed that the car in front of me suddenly jam braked. I depressed on my brakes gradually and I managed to brake in time. All of a sudden I felt an impact from the rear of my car which then resulted me to colliding to the car in front of me. That was when I know I got involved into an chain accident.

I then got out of my car and noticed that the chain collision of the vehicles involved including myself was a total of 7. I then checked with everyone of the parties involved if they were fine to which at the point of time there was no injuries sustained from anyone and no immediate medical assistance was required. I did not exchanged particulars with any of the drivers involved instead I just noted down of all the vehicles that was involved. No ambulances or police attended to the said accident.

Later that day I reported this matter to my insurance company however I was informed that it would not suffice due to some reasons. Later that day I noticed that my lower back as well as my shoulder is having some pain and soreness. The next day I then went to get myself checked at the neighborhood clinic which I was then give 3 days MC. I was subsequently advised by my insurance company to lodge a report on the matter before any insurance claims can be proceeded.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190930/2202

3 of 4

Report No. T/20190930/2202

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



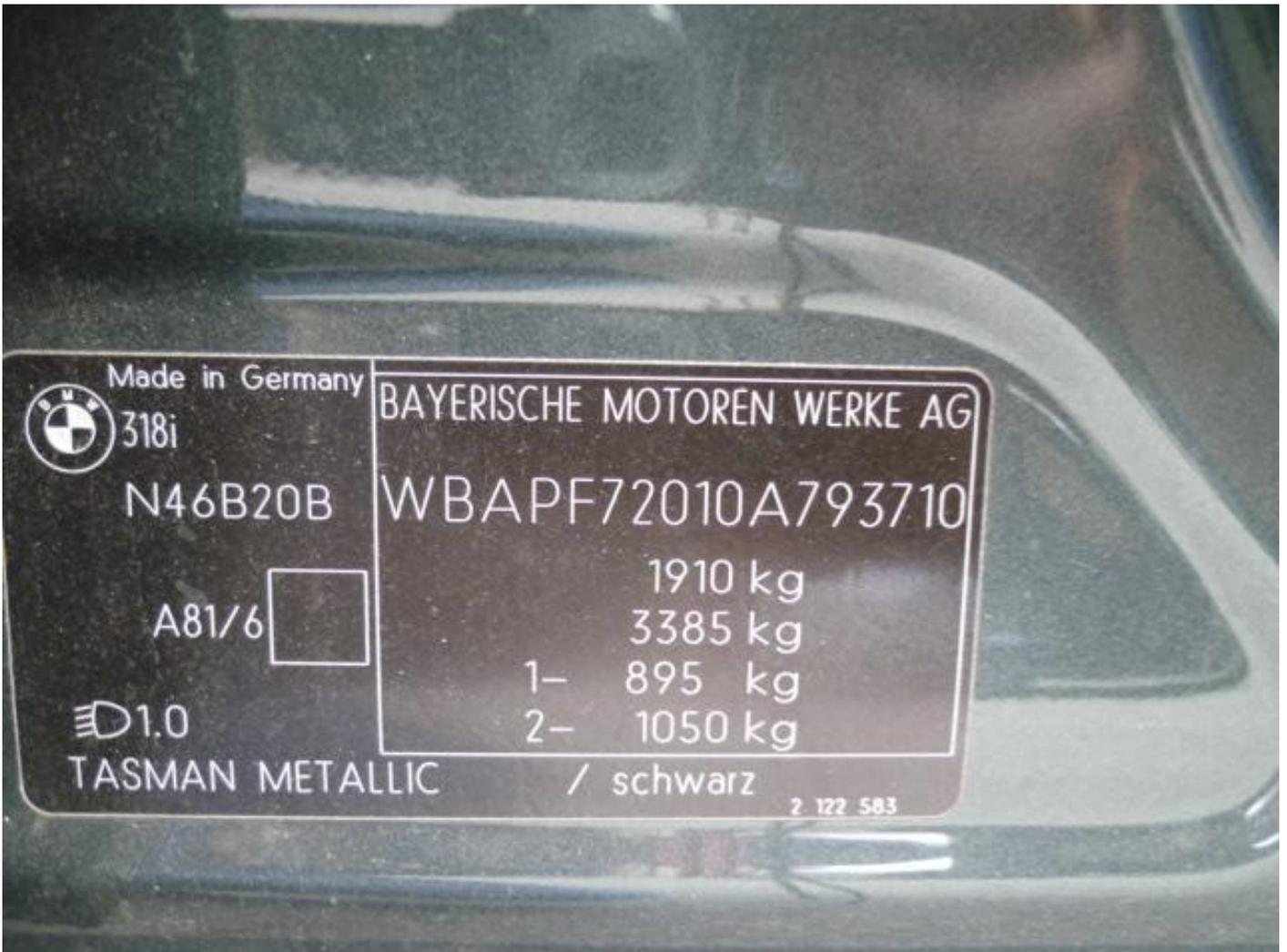
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : MNA119129151 Vehicle Registration No: SJW5379K
Name(as shown in NRIC) : ONG JING ZE NRIC/FIN/Passport No : S9224288I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore()
Contact (Tel) : Mobile No. : 81238457
Email Address :
Date of Accident : 28/09/2019 Time of Accident : 14:15
Place of Accident : PIE TWDS CHANGI B4 TOA PAYOH EXIT
Insurance Company : NTUC

(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:

AMEND ADD IN POLICE REPORT T/20190930/2202

Policyholder / Driver's Signature
Date:

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