

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	02/10/2019 21:53
Date Of Accident	01/10/2019 21:35
Exact Location Of Accident	JUNCTION OF SYED ALWI RD AND KAMPONG KAPOOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP49T
Insured/Policyholder	
Name Of Registered Owner	ONG BIN
NRIC No	S7111248I
Email Address	ONGBIN@YUANJI.COM.SG
Mobile Phone No	(LOCAL) +65-97810023
Alternative Phone No	OFFICE-97810023

Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO 1.4AT TURBO
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120040921900
Cover Note Number	

Driver

Name of Driver	ONG BIN
NRIC No	S7111248I
Date Of Birth	06/04/1971
Occupation	INDOOR
Date Of Driving Pass	04/11/1989
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97810023
Fax Number	
Contact Number	OFFICE-97810023
Email Address	ONGBIN@YUANJI.COM.SG

Address	NIL
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?	NO
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)	3
Passenger 1	NAME: : P1 GENDER: : FEMALE
Passenger 2	NAME: : P2 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD. AFTER MAKING A LEFT TURN INTO KAMPONG KAPOOR ROAD, I STOPPED MY VEHICLE AS THERE WAS A VEHICLE STOPPING IN FRONT. AS MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5570C
Vehicle Make/Model/Colour	TOYOTA / PRIUS 5DR HATCHBACK (AUTO) / RED
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	WONG CHUN SHUI
NRIC/Passport Number	S2532984H
Contact Number	92702771

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : P1

GENDER: : MALE

Sketch Plan Pg. 1

SKETCH PLAN

SGP49T


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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: **2 Oct. 2019**

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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

Sketch Plan #2

SKETCH PLAN

REFER TO SELF-SKETCHED, SKETCH PLAN
by DRIVER.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature
Date & Time: 02/10

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

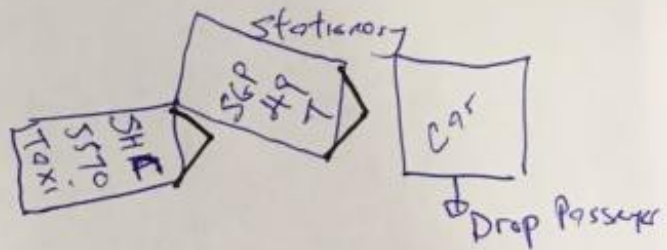
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

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

Trans Cab
SHC 5570C
Wong Chun Shui
S 2532984 H
5/11/48
9270 2771

must do
Centrix

Kompong
Kapor
Road



x ~~SKETCHED~~

SELF SKETCHED
(SGP 49T).

Syed
Alwi
Road

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD. AFTER MAKING A LEFT TURN INTO KAMPONG KAPOOR ROAD, I STOPPED MY VEHICLE AS THERE WAS A VEHICLE STOPPING INFRONT. AS MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

2 October 2019 at 4:26 PM

Date/Time:

2 October 2019 at 4:27 PM

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



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S7111248I**

Name
ONG BIN

Birth Date: **06 Apr 1971**
Issue Date: **29 Sep 2017**

 002728779H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7111248I



Name
ONG BIN
王 冕 全

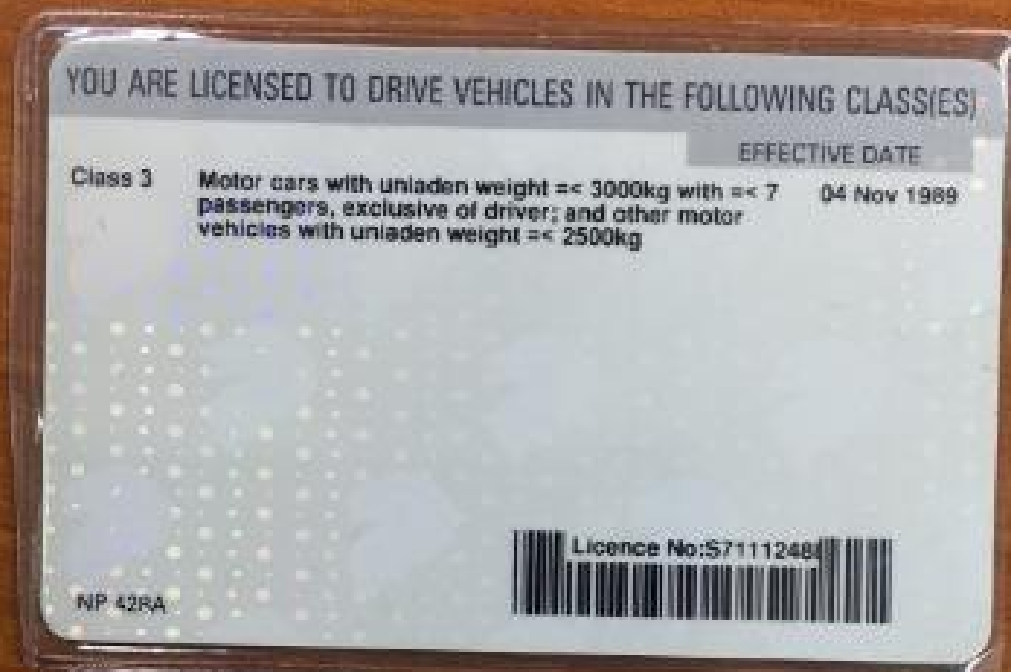
Race
CHINESE

Date of birth **06-04-1971** Sex **M**

Country of birth
SINGAPORE



Driving License



pics by insured



Addendum Sheet Pg. 1



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: S66S0020G / 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 : MBHH19130750 Vehicle Registration No: SGP49T
Name (as shown in NRIC) : ONG BIN NRIC/FIN/Passport No : S7111248I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97810023
Email Address : _____
Date of Accident : 01/10/2019 Time of Accident : 21:35
Place of Accident : JUNCTION OF Syed Alwi Rd AND KAMPONG KAPOOR
Insurance Company : UNITED OVERSEAS INSURANCE LIMITED

(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:

ATTACH ACCIDENT VIDEO FOOTAGE

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: SABITRA
NRIC/FIN No.:
Date: 04/10/2019