# 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	07/10/2019 19:48
Date Of Accident	04/10/2019 16:40
Exact Location Of Accident	ALONG AYE (TUAS) TOWARDS TUAS CHECKPOINT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG5335Y
Insured/Policyholder	
Name Of Registered Owner	ONG YAT THONG
NRIC No	S1425190A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96874657
Alternative Phone No	OTHERS-96874657
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
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	5112550076
Cover Note Number	
Driver	

Name of Driver
ONG YAT THONG
NRIC No
S1425190A
Date Of Birth
Occupation
Date Of Driving Pass
ONG YAT THONG
S1425190A
INDOOR
INDOOR
13/01/1978

Driving Experience 41 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96874657

Fax Number

Contact Number OTHERS-96874657

EMail Address NOEMAIL

Address

BLK 702 JURONG WEST STREET 71

#05-06

Postcode

640702

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

**OWNER** 

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: CHUA POH SUAN

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NPC

Police Station Address

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO WITH OWNER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

SJK2722K

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NA

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NA

# Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN (A) SLO	353354	(B) SJK	2722K.
		Tuas Chec	ckpoind
DESCRIBE CIRCUMSTANCES OF T			
Refer to Poline	Report		
	T/20191006/	2037	
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			,,,
		-/ $-$	
		7	
/			
		-	
DECLARATION  I/We declare the foregoing particulars a  Policyholder's Signature	H		Qu
Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Name:	Centre Personnel's Signature

GIARISC SEARING INSTANCES

# Common Statement Pg. 1





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

1 of 3 Report No. T/20191006/2037

Date/Time Report Made: 06/10/2019 09:43		flade:	Vide Report No.:	Station Diary No.: 42		
Informa	it's Partici	ulars				
	Informant: T THONG		Address: APT BLK 702 JURONG WES SINGAPORE 640702	JURONG WEST STREET 71 #05-06		
	) / S142519	90A	Contact No.: Home/Office: Mobile: 96874657			
Nationali SINGAP	ty: ORE CITIZ	EN	Email:			
Sex: Male	Age: 59	Date of Birth: 08/04/1960	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: SENIOR TECHNICAL SPECIALIST		AL SPECIALIST	Driving Licence Information: Class: 3,4,5	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/10/2019 16:40	Type of Location: Straight Road
	EXPRESSWAY  JAS) towards Tuas Ch	secknoint		
Weather: Clear	ather: Road			Road Speed Limit:
One Way Not Co		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collisi Between Movi	on: ng Vehicles - Side Sw	ipe - Same Direction		Anyone conveyed by ambulance:

Vehicle No.	Typo + Par	Machine Market Barrier	The Section of the Se	CONTRACTOR CONTRACTOR	Mile above the later	
0.114070014	INC. P. C.	EINIQUO TEXTENTE	iiviodeling sales	Color	Condition	No of Passenge
SJK2722K	Car				Slightly	1
					Damaged	
SLG5535Y	Car				Slightly	1
					Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Common Statement Pg. 1





Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999 CONTINUATION OF REPORT

Report No. T/20191006/2037

2 of 3

Driver (1.22)					Vision in	
Name	Unknown driver			ID No		NIL
Related Vehicle	SJK2722K (Car)			Conta	ict No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver August 2	GENTAL PARTIES				<b>以声多兴</b>	
Name	ONG YAT THONG		, , , , , , , , , , , , , , , , , , , ,	ID No		S1425190A
Related Vehicle	SLG5535Y (Car)			Conta	ct No.	96874657
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

## Brief Details.

On 04/10/2019 at around 1640hrs, I was driving my car bearing plate number SLG5535Y along AYE(Tuas). I was queuing for my turn to go through Tuas Checkpoint to enter Malaysia. I was on lane 2. It was a double white line lane. There was another car bearing plate number SJK2722K on my left side trying to squeeze into my lane. I gave way and allowed the car to come into my lane. Suddenly, I noticed the said car had scratches on the rear right side. I went down to make a check on my car and discovered that there were scratches on the left side fender and front bumper. I confronted the driver and tried to settle the matter privately. However, he refused to provide me with his particulars. I have in-car camera installed in my car. Nobody was injured. No damage to government property. I am lodging this report for insurance claim purposes.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

3 of 3 Report No. T/20191006/2037

CONTINUATION OF REPORT

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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:  J / SC2 MUHAMMAD HAIQAL BIN ABU BAKAR	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	06/10/2019 09:43
	. A
Officer In Charge Of Case:	Classification Of Case:
TP / HRT / Insp GOH GEOK LYE	
Contact No.: 65476148	
Authantication Stamp	
Singapore Par to No. 20	