

## 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	26/10/2019 13:35
Date Of Accident	24/10/2019 23:50
Exact Location Of Accident	BRAS BASAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX8360K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHWEE POH CONTRACTOR
Co Reg No	34233900A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93860633
Alternative Phone No	OFFICE-93860633

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5102935450-01
Cover Note Number	

### Driver

Name of Driver	ONG YEE SUAN (WANG YIXUAN)
NRIC No	S9043325C
Date Of Birth	10/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81813119
Fax Number	
Contact Number	OFFICE-81813119
Email Address	NOEMAIL

Address	BLK 833 YISHUN STREET 81 #09-408
Postcode	760833
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191025/2124.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9170S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 YEE SUAN (WANG YIXUAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SFX8360K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

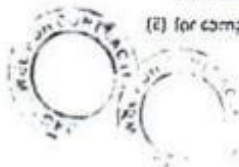
### SKETCH PLAN

#### 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind its 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 lodging 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 (a) 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

Sketch plan area showing a grid and a diagram of a vehicle accident. The diagram shows two vehicles, labeled 'Veh A' and 'Veh B', involved in a collision. Veh A is a car with license plate SFY8360K, and Veh B is a car with license plate SHD9170S. The vehicles are positioned on a grid, with Veh A on the left and Veh B on the right. The collision point is marked with an 'X'.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances of the accident section, containing a large area for handwritten notes. The text "Refer to police report" is written across the top of this section.

## DECLARATION

I hereby declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

Officer'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/20191025/2124

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 3

Report No. T/20191025/2124

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2019 16:55	Vide Report No.:	Station Diary No.: 21
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: ONG YEE SUAN			Address: APT BLK 833 YISHUN STREET 81 #09-408 SINGAPORE 760833		
ID Type / ID No.: NRIC NO / S9043325C			Contact No.: Home/Office: Mobile: 81813119		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 28	Date of Birth: 10/11/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/10/2019 23:50	Type of Location:
Location: Along Road 1 BRAS BASAH ROAD				
Outside Fairmont Hotel				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFX8360K	Car				Slightly Damaged	0
SHD9170S	Car				Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191025/2124

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No. 1800-7449999

2 of 3

Report No. T/20191025/2124

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ONG YEE SUAN		ID No. S9043325C
Related Vehicle	SFX8360K (Car)		Contact No. 81813119
Hospital/Clinic	YEO ORTHOPAEDIC CENTRE		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/10/2019	Date Discharge	25/10/2019
No. of Days granted Medical Leave	09	Degree of Injury	Slight
<b>Driver</b>			
Name	JASON CHARLES FRANCISCO		ID No. S0018086F
Related Vehicle	SHD9170S (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 24/10/2019 at about 11.50pm, I was driving along Bras Basah Road just at the front of the Fairmont Hotel entrance. The driveway along the entrance of the Fairmont Hotel was a roundabout, I was driving slowly as there was another vehicle in front of me and I wanted to enter the said hotel. As the vehicle in front of me had moved forward, I followed together from a distance and I stopped and my car was stationary. Suddenly, I felt that a vehicle had hit onto my rear. I then alight and noticed that a taxi which was exiting the roundabout had hit onto the center of my vehicle.

We exchanged particulars and took photos of the damages. The other driver then entered his vehicle and reversed and subsequently took photos of the damages on his vehicle and then he drove off.

My vehicle's rear door is dented and due to that, it cannot be closed properly. My vehicle's rear bumper is also dislodged.

After the accident, I felt pain on my neck and my chest area. I then called someone to drive me back and I rested. On 25/10/2019, when I woke up, I felt pain on my upper back to my lower back, my right knee and right calf, my right shoulder and my neck and I also have been having headache since the accident. I then went to get myself checked and subsequently received a total of nine days of hospitalization leave from 25/10/2019 to 02/11/2019.

Police Report



SINGAPORE  
POLICE FORCE



T/20191025/2124

Police Station Of Origin  
MacPherson NPP  
54 Pipli Road #01-82/84 SINGAPORE  
370054  
Tel No. 1800-7449999

3 of 3

Report No. T/20191025/2124

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 MUHAMMAD NASRUL AMIRUDDIN BIN  
SULAIMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436



Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/10/2019 16:55

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

