

## 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	06/11/2019 17:29
Date Of Accident	05/11/2019 16:35
Exact Location Of Accident	ALONG CLEMENTI RD SLIP RD TO UPPER BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH7988G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OW JACK HAN (OU JIEHAN)
NRIC No	S7940341E
Email Address	JACKOWOW1412@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93638242
Alternative Phone No	OFFICE-93638242

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4 SEDAN 1.6 AT
Exact Purpose for which vehicle was being used at time of accident	
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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP308939
Cover Note Number	

### Driver

Name of Driver	OW JACK HAN (OU JIEHAN)
NRIC No	S7940341E
Date Of Birth	14/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2001
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93638242
Fax Number	
Contact Number	OFFICE-93638242
Email Address	JACKOWOW1412@GMAIL.COM

Address	BLK 296C BUKIT BATOK STREET 22 #09-86 SINGAPORE 653296
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 370 BUKIT BATOK STREET 31 , <b>POSTCODE:</b> 650370 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5679999 - <b>FAX NO:</b> 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER NOTICE OF REPORTING (ANNEX D)

#### 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	SJV6289K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHALA MARTENS DAEHNFELDT
NRIC/Passport Number	
Contact Number	91241592
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

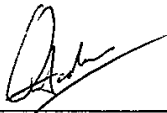
**DETAILS OF INJURED PERSON 1**

Name	OW JACK HAN (OU JIEHAN)
Approximate Age	
Injuries Sustain	NECK PAIN AND FELT NAUSEOUS
Injured person in which vehicle?	SKH7988G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


**SKETCH PLAN**

**IMPORTANT NOTICE**

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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: **06 NOV 2019**

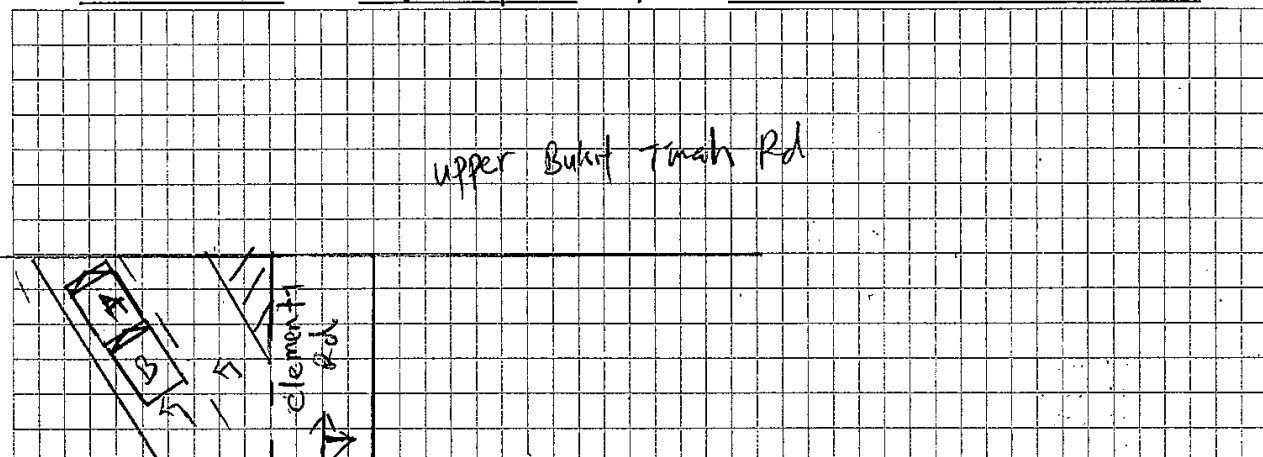
Driver's Signature  
(If driver is not the policyholder) Date  
& Time:

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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN

Date & Time of Accident: 05/11/2019 / 1635 Location: Clements Rd Slip Rd to upper Bukit Timah Rd  
 Veh A: SKH 79886 Veh B: SJV 6289K Veh C/Others: \_\_\_\_\_



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer Notice of Reporting (Annex D)

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor  
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : \_\_\_\_\_

My/Our email : Jackowow1412@gmail.com

## DECLARATION

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

Policyholder's Signature Date  
 & Time: 06 NOV 2019

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

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

Annex D

**NOTICE OF REPORTING**

This is to confirm that Ow Jack Han, S7940341E has reported to the Police a traffic accident which occurred on 05/11/2019 at about 1635hrs along Clementi Road, near to Ngee Ann Polytechnic, turning left to Upper Bt Timah Road filter lane. The traffic accident does not consist of the below following criteria:

- i) Involvement with Pedestrian/Cyclist
- ii) At this moment, involving parties did not obtain more than 3 days of Medical Leave.
- iii) No Government property/vehicle damaged
- iv) Hit and Run Accident
- v) No foreign vehicle was involved
- vi) Nobody involved in the accident was conveyed by ambulance

**Involving the following vehicles:**

V1) SKH7988G, (Driver: Ow Jack Han, S7940341E, HP: 93638242)  
V2) SJV6289K

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T140397 Tan Wei Kang

Date: 06/11/2019

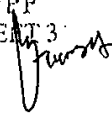
Time: 1344hrs

S/D Ref: 11

Police Post/Unit: Hong Kah North NPP



HONG KAH NORTH NPP  
BLK 370 BUKIT BATOK STREET 3  
SINGAPORE 650370  
TEL: 1800-567 9999



# POLICY REPORT



**SINGAPORE  
POLICE FORCE**



T/20191106/2153

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

1 of 3

Report No: T/20191106/2153

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2019 19:59	Vide Report No.:	Station Diary No.: 53
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### Informant's Particulars

Name of Informant: OW JACK HAN			Address: APT BLK 296C BUKIT BATOK STREET 22 #09-86 SINGAPORE 653296	
ID Type / ID No.: NRIC NO / S7940341E			Contact No.:	Mobile: 93638242
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 39	Date of Birth: 14/12/1979	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2019 16:35	Type of Location: FILTER LANE
Location: Along Road 1 CLEMENTI ROAD				
ALONG CLEMENTI ROAD, NEAR TO NGEE ANN POLYTECHNIC, TURNING LEFT TO UPPER BT TIMAH ROAD FILTER LEFT LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SJV6289K	Car				Slightly Damaged	0
SKH7988G	Car	SUZUKI	SX4 SEDAN 1.6 AT	Silver	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICY REPORT



**SINGAPORE  
POLICE FORCE**



T/20191106/2153

2 of 3

Report No. T/20191106/2153

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKH7988G	HL ASSURANCE PTE. LTD	MP308939	07/01/2019	06/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OW JACK HAN		ID No. S7940341E
Related Vehicle	SKH7988G (Car)		Contact No. 93638242
Hospital/Clinic	HEALTHLIFE FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	06/11/2019		Date Discharge 06/11/2019
No. of Days granted Medical Leave	03		Degree of Injury Slight

### Brief Details.

On 05/11/2019 at about 1635hrs, I was driving my vehicle V1) SKH7988G along the filter lane, along Clementi Road, towards Upper Bt Timah Road. As I stopped V1 at the give way line to check for any oncoming traffic, I felt an impact on the rear of V1. I alighted the vehicle and discovered that one vehicle V2) SJV6289K front bumper had collided into the rear bumper of my vehicle V1. I had taken photographs of the incident and damages, which included scratches and dents, and send it to the driver of V2's handphone, as she had forgotten to bring it. I do have an in-car camera however it was not recording during the incident. The driver of V2 and I subsequently left the location. I felt some pain on my left neck area and felt nauseous therefore I went to see a doctor. I was issued a 3-day MC by the doctor.



POLICY REPORT



SINGAPORE  
POLICE FORCE



T/20191106/2153

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

3 of 3

Report No. T/20191106/2153

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:

J/

Sgt 2 TAN WEI KANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/11/2019 19:59

Officer In Charge Of Case:

TP / AEIT /

Contact No:



SINGAPORE  
POLICE FORCE  
LIFE GUARDING EVERY DAY

Authentication Stamp

NP168

SIGNATURE

Classification Of Case:

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





GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**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 : MLTM 19147222 Vehicle Registration No : SKH 7988G  
Name(as shown in NRIC): OW Jack Han Gou Jiehan  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S7940341E  
Address : Blk 296C Bukit Batok Street 22 #09-86 Singapore 653296  
Contact (Tel) : 93638242 (H/P) : \_\_\_\_\_  
(Email) : Jackowow1412@gmail.com  
Date of Accident : 05/11/19 Time of Accident : 1635 hrs  
Place of Accident : along Clementi Rd slip rd to upper Bukit Timah Rd  
Insurance Company : HL Assurance Pte Ltd

**(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:

1) Enclosed police Report due driver felt neck area pain and felt nauseous  
doctor issued 3 day MC to driver.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Signature of Vehicle Owner / Driver

Date: **07 NOV 2019**

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm