

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	15/11/2019 14:14
Date Of Accident	14/11/2019 19:40
Exact Location Of Accident	JUNC STRAITS BLVD & MARINA VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6364Y
Insured/Policyholder	
Name Of Registered Owner	ONG YONG LIANG (WANG YONGLIANG)
NRIC No	S8603129I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96939169
Alternative Phone No	OFFICE-96939169

Vehicle Particulars

Manufacturer	BMW
Model	320I AT D/AB 4DR ABS HID NAV
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	5107511236
Cover Note Number	

Driver

Name of Driver	ONG YONG LIANG (WANG YONGLIANG)
NRIC No	S8603129I
Date Of Birth	22/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/09/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96939169
Fax Number	
Contact Number	OFFICE-96939169
Email Address	NOEMAIL

Address	BLK 476A UPPER SERANGOON VIEW #06-504
Postcode	531476
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : KOK EE LIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191115/2074.

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	SJM292L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THOMAS CHEW WEILIANG
NRIC/Passport Number	S8434814G
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name ONG YONG LIANG (WANG YONGLIANG)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKK6364Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KOK EE LIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKK6364Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan


SKETCH PLAN

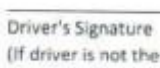
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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 Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A hand-drawn sketch plan on grid paper. It shows a horizontal road with several vertical dashed lines representing lane markings. Two vehicles are depicted: 'A' is a car with a triangle on top, and 'B' is a car with a triangle on top. They are positioned in the center of the road. To the right of the main road, there is a vertical road labeled 'Avenue Blvd'. In the top right corner, the following text is written: 'A: JKK6364Y' and 'B: JLM292L'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 7/2019 1115/274

A large rectangular area with horizontal lines for text. A diagonal line is drawn across the middle of this section, from the bottom left to the top right.

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/20191115/2074

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No. T/20191115/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2019 13:17		Vide Report No.:	Station Diary No.: 14
Informant's Particulars			
Name of Informant: ONG YONG LIANG		Address: APT BLK 476A UPPER SERANGOON VIEW #06-504 SINGAPORE 531476	
ID Type / ID No.: NRIC NO / S86031291		Contact No.:	Mobile: 96939169
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 22/01/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CHANNEL SALES		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2019 19:40	Type of Location: Straight Road
Location: Along Road 1 SHENTON WAY 1 STRAITS BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SJM292L	Car				Slightly Damaged	1
SKK6364Y	Car	BMW	320I AT D/AB 4DR ABS HID NAV	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20191115/2074

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No. T/20191115/2074

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK6364Y	NTUC Income Insurance Co-Operative Limited	5107511236	18/02/2019	17/02/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THOMAS CHEW WEILIANG	ID No.	S8434814G
Related Vehicle	SJM292L (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
Driver			
Name	ONG YONG LIANG	ID No.	S8603129I
Related Vehicle	SKK6364Y (Car)	Contact No.	96939169
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ HOUGANG PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/11/2019	Date Discharge	15/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/11/2019 at about 1943hrs, I was travelling along 1 Straits Boulevard in my vehicle SKK6364Y. As the vehicle in front of me came into a stop, I also came into a stop. Suddenly, I felt an impact from my rear vehicle. As such, I came down to check and came to know that a vehicle SJM292L had collided onto my vehicle right rear side. I am not very sure how did the incident occurs. The other driver only informed that he stepped on accelerator instead of the brake thus resulting in the collision. We then exchanged particulars and left. No one was injured at that point of time, no police or ambulance attended. I wish to inform that my vehicle exhaust was broken and rear right bumper was damaged. The other vehicle left front headlight was damaged and bonnet was dented. I wish to inform that I do not have a in-vehicle camera and I am unsure if there are any CCTVs around the incident location.

On 15/11/2019, I felt pain on my neck and my back, and I also felt nauseous as such I went to see a doctor and I was given MC from 15/11/2019 to 17/11/2019. My wife whom was the passenger at that point of time also went to a gynae to make a check as she was pregnant. My wife was given one day MC due to neck pain.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7, #01-805
SINGAPORE 530357
Tel No: 1800-2869999



T/20191115/2074

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Report No: T/20191115/2074

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20191115/2074

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Report No. T/20191115/2074

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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:

F /

Sgt 2 LOW KAI TAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/11/2019 13:17

Officer In Charge Of Case:

TP / AEIT /

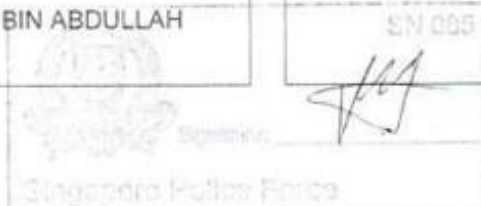
SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

SN 005

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



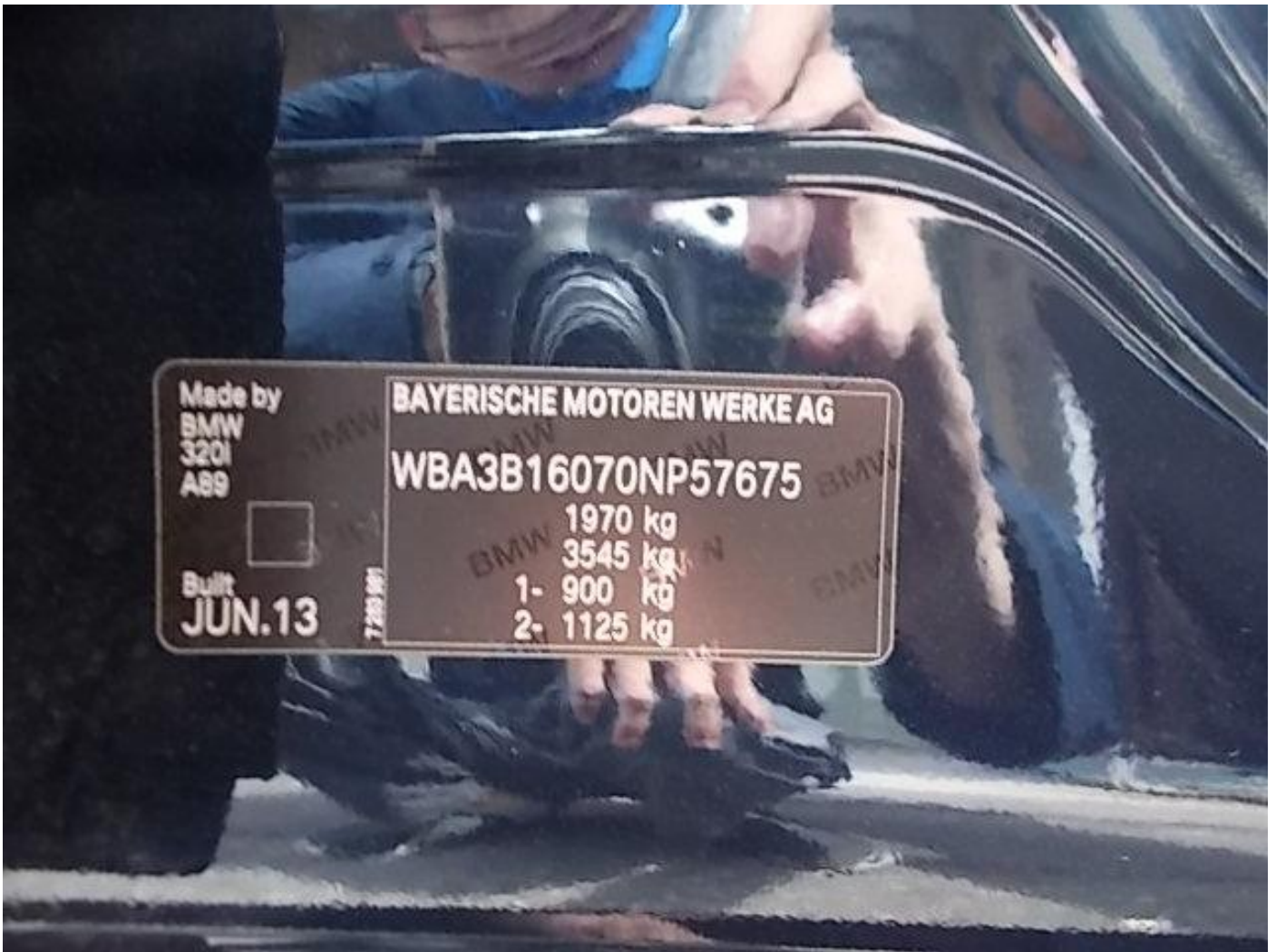
Accident Photo



Accident Photo



Accident Photo



Accident Photo

