

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	29/11/2019 17:37
Date Of Accident	28/11/2019 20:05
Exact Location Of Accident	JUNC OF JLN PEMIMPIN & JLN BINCHANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8849S
Insured/Policyholder	
Name Of Registered Owner	ONG KWEE HOCK
NRIC No	S1251584G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91114350
Alternative Phone No	OFFICE-91114350

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS011938
Cover Note Number	

Driver

Name of Driver	ONG KWEE HOCK
NRIC No	S1251584G
Date Of Birth	28/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/01/1984
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91114350
Fax Number	
Contact Number	OFFICE-91114350
Email Address	NOEMAIL

Address	BLK 367 YISHUN RING RD #02-1536
Postcode	760367
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 - CROSS JUNCTION
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191129/2045

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	SMA1310P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 KWEE HOCK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT8849S
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:

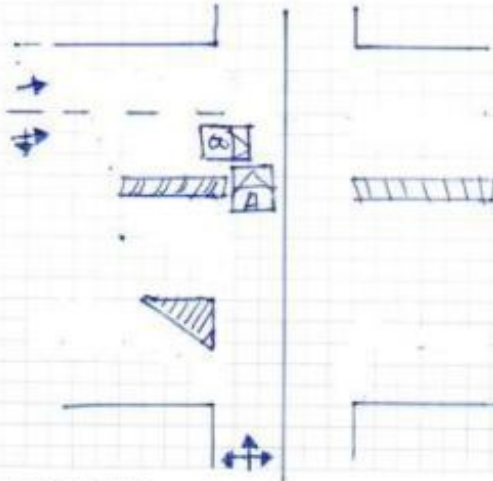


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A: SJTB849S
Vehicle B: SMA1310P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Ofweek
Policyholder's Signature
Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191129/2045

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20191129/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2019 10:33		Vide Report No.:		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: ONG KWEE HOCK			Address: APT BLK 367 YISHUN RING ROAD #02-1536 SINGAPORE 760367		
ID Type / ID No.: NRIC NO / S1251584G			Contact No.: Home/Office: Mobile: 91114350		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 28/09/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			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: 28/11/2019 20:05	Type of Location: X-Junction
Location: Along Road 1 JALAN PEMIMPIN JALAN BINCHANG Cross junction of JALAN PEMIMPIN and JALAN BINCHANG towards Bishan Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT8849S	Car	HONDA	AIRWAVE 1.5M A	Silver	Seriously Damaged	0
SMA1310P	Car	HONDA	CITY 1.5 SV CVT	Silver	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT8849S	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS011938	16/11/2019	15/11/2020

POLICE REPORT



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POLICE FORCE**



T/20191129/2045

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20191129/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG KWEE HOCK	ID No.	S1251584G
Related Vehicle	SJT8849S (Car)	Contact No.	91114350
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/11/2019	Date Discharge	28/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

1. On 28 November 2019 at about 20001 hrs, I was driving vehicle registration No: SJT8849S along Jalan Pemimpin, This is a one lane road. Upon reaching the cross junction of Jalan Pemimpin and Jalan Binchang suddenly in a fast manner my vehicle registration No: SJT8849S front side collided onto the right driver side of vehicle registration No: SMA1310P. The impact caused my vehicle to swerve to the opposite lane.

2. I believed the driver of vehicle registration No: SMA1310P had driven from Jalan Binchang and did not check for oncoming vehicle and did not stop at the stop line at Jalan Binchang. I had the right of way at the point of accident. The accident had resulted in me sustaining pain at my chest area and also stiff neck. The driver of vehicle registration No: SMA1310P was not injured and his female (Indian) passenger was not injured. Ambulance and Police was not called in. No government property was damage.

3. I had consulted a doctor of the same day at Khoo Teck Puat Hospital and received 3 days medical leave period (28 November 2019 to 30 November 2019) MC No: KHANE191718118 and X-ray reveled no fracture except for my lung not functioning normally due to trauma. I have a follow up appointment which will be scheduled a week from now.

4. Damage assessment as follow:

(a) SJT8849S (my vehicle)

- Front side seriously damage and cannot be driven forward and only can reverse.

(b) SMA1310P (other party)

Name: Mr Liau Yee Xiang

NRIC No: S9144068G

Contact: 96457350

- Right side seriously damage

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191129/2045

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Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20191129/2045

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:

L /
SSI ANDY LUCAS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/11/2019 10:33

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



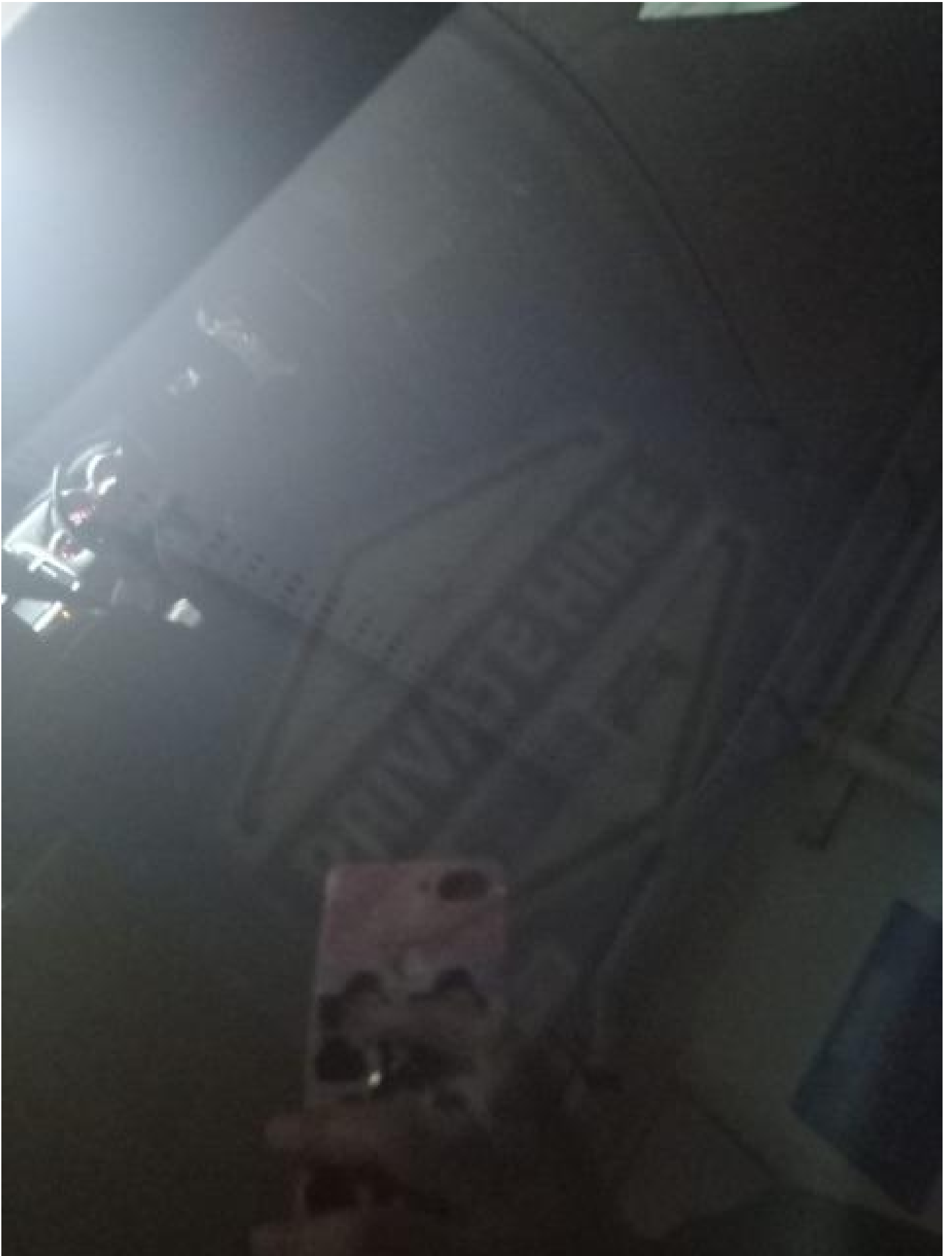
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Accident Photo



Accident Photo



