

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	02/12/2019 13:28
Date Of Accident	29/11/2019 22:50
Exact Location Of Accident	SHEARES AVENUE LEFT TURN TOWARDS MARINA BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3064T
Insured/Policyholder	
Name Of Registered Owner	GRACE AUTO LEASING
Co Reg No	53387089E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96985643

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM SUNROOF
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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
Fleet Policy	NO
Policy Number	5112456019
Cover Note Number	

Driver

Name of Driver	ONG KIM YONG (WANG ZHIRONG)
NRIC No	S8208354E
Date Of Birth	12/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2003
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96985643
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 525 BEDOK NORTH STREET 3 #06-438 SINGAPORE
Postcode	460525
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : MR.YEO GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 196 BISHAN STREET 13 , POSTCODE: 570196 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2589999 - FAX NO: 63536659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED AND POLICE REPORT

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	SJF5193T
Vehicle Make/Model/Colour	
Details Of Properties	REFER POLICE REPORT AND ATTACHED
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SHI LUN
NRIC/Passport Number	S8200527G

Contact Number	96906811
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG KIM YONG (WANG ZHIRONG)
Approximate Age	
Injuries Sustain	REFER POLICE REPORT AND ATTACHED
Injured person in which vehicle?	SLU3064T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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		Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:		(If driver is not the policyholder)	Name:
		Date & Time: 30 NOV 1317	NRIC/FIN No.:

A - SLU3064T.
B - SJF5193T.

A hand-drawn diagram on a grid background. It features a 5x5 grid of squares. In the first column, the bottom square contains a house icon with the letter 'B' inside. In the second column, the bottom square contains a house icon with the letter 'A' inside. Below the grid, there are five arrows pointing in different directions: left, left, left, up, and right. Above the grid, there is a curved arrow pointing from the top of the grid towards the top right. To the left of the grid, there is a bracket spanning the height of the grid, with a vertical arrow pointing upwards from its center towards a house icon with the letter 'B' inside a square. To the right of this house icon is another house icon with the letter 'A' inside a square. Above these two house icons are two horizontal dashed lines.

Refer Police Report

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

are the foregoing particulars

Over


Centre Personnel's



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20191130/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2019 12:48			Vide Report No.:		Station Diary No.: 52
Informant's Particulars					
Name of Informant: ONG KIM YONG			Address: APT BLK 525 BEDOK NORTH STREET 3 #06-438 SINGAPORE 460525		
ID Type / ID No.: NRIC NO / S8208354E			Contact No.: Home/Office: Mobile: 98893961		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 12/03/1982	Type of Informant: Driver		
Race: Chinese			Language:		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: 29/11/2019 22:50	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 MARINA BOULEVARD				
From Sheares Ave turning left towards Marina Boulevard				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF5193T	Car	HYUNDAI	HD AVANTE 1.6 A	Silver	Slightly Damaged	0
SLU3064T	Car	HONDA	STREAM SUNROOF 1.8L A	Grey	Slightly Damaged	1

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

Common Statement



SINGAPORE
POLICE FORCE



T/20191130/2058

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20191130/2058

CONTINUATION OF REPORT

Driver			
Name	Ang Shi Lun	ID No.	S8200527G
Related Vehicle	SJF5193T (Car)	Contact No.	96906811
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 KIM YONG	ID No.	S8208354E
Related Vehicle	SLU3064T (Car)	Contact No.	98893961
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (HOUGANG)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/11/2019	Date Discharge	30/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 29/11/2019 at 2250hrs, my vehicle (SLU3064T) was travelling along Sheares ave turning left to Marina boulevard. The weather was clear and traffic volume was moderate. I was travelling on lane 3 of a 5 lane road. As I was making a left turn, there was one vehicle (SJF5193T) travelling on lane 5 suddenly went straight instead of turning left. The vehicle had collided into my vehicle. Both vehicles came to a stop and I alighted to make a check. The damages to my vehicle is the left portion. The damages to the other vehicle is the front right portion. We exchange particulars and took picture of the accident. There is an in-car camera installed in my vehicle. We decided on insurance claim.

After the accident, I went to see a doctor and received 3 days MC. I am lodging this report for insurance claim.

Common Statement



SINGAPORE
POLICE FORCE



T/20191130/2058

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20191130/2058

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: E / Sgt 2 CASSIDY TAN GIA LOK	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2019 12:48
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE



SN 061

SIGNATURE

Common Statement

Mr Justin ^{ONG}
98893961 ^{Aug}
Mr Amy
96906811 ^{New City}



Award-winning Chatterbox prides itself on the hugely popular Mandarin Chicken Rice, alongside other signature favourites such as Chatterbox Lobster Laksa and King Prawn Fried Hokkien Noodles.



Japanese-inspired Triple Three boasts an extensive international buffet selection daily, featuring fresh sashimi and sushi, seafood on ice, and more!



A cosy spot that serves freshly baked pastries and delicate bites to pair with your favourite beverage.



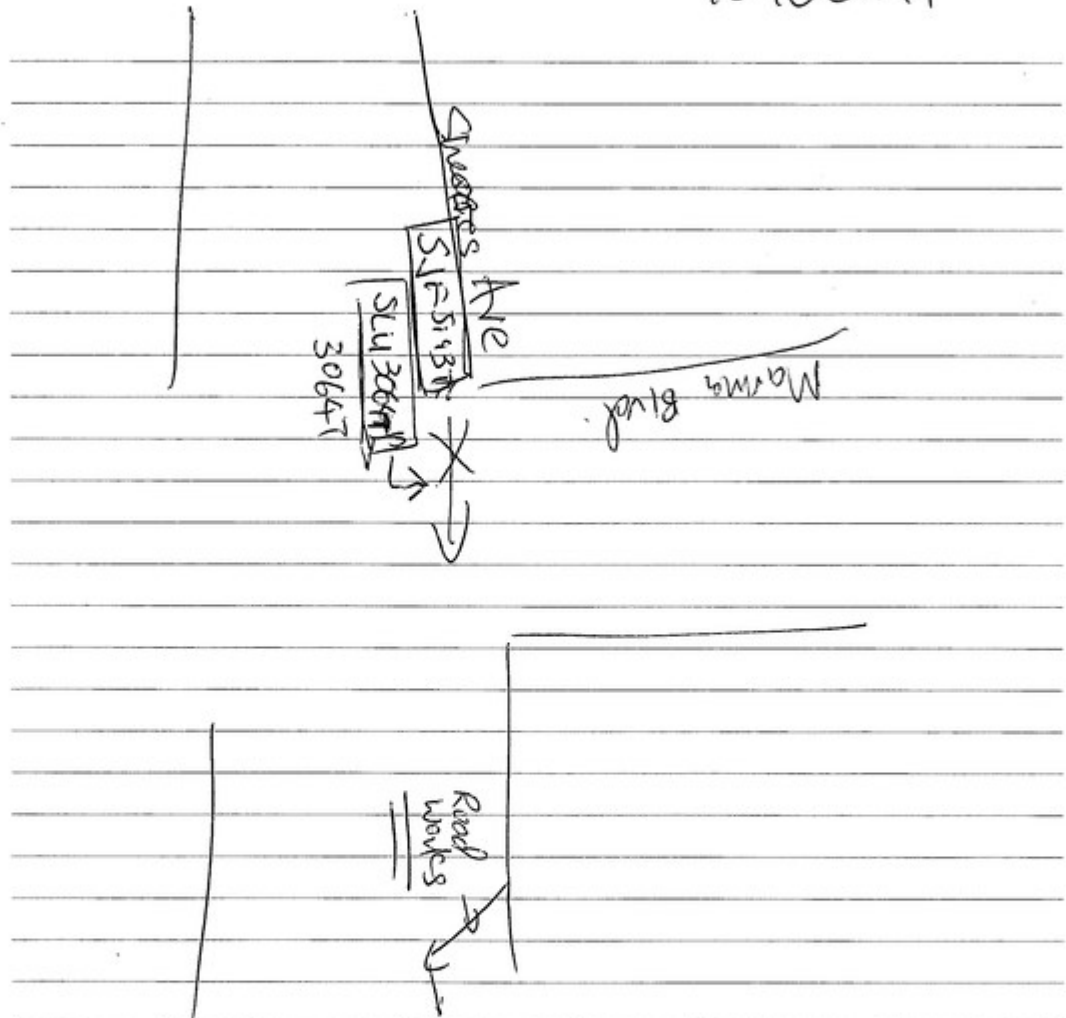
Head over to what is easily one of the top whisky haunts in town and savour your choice of top-quality light bites!



SHISEN HANTEN
by CHEN KENTARO

Two Michelin Stars

Shisen Hanten by Chen Kentaro showcases the flavours of Szechwan cuisine in an elegant setting, 35 levels above Orchard Road.



I went straight on a left turn lane. (SJF513T)
I will to I am at fault and will have to bear costs.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



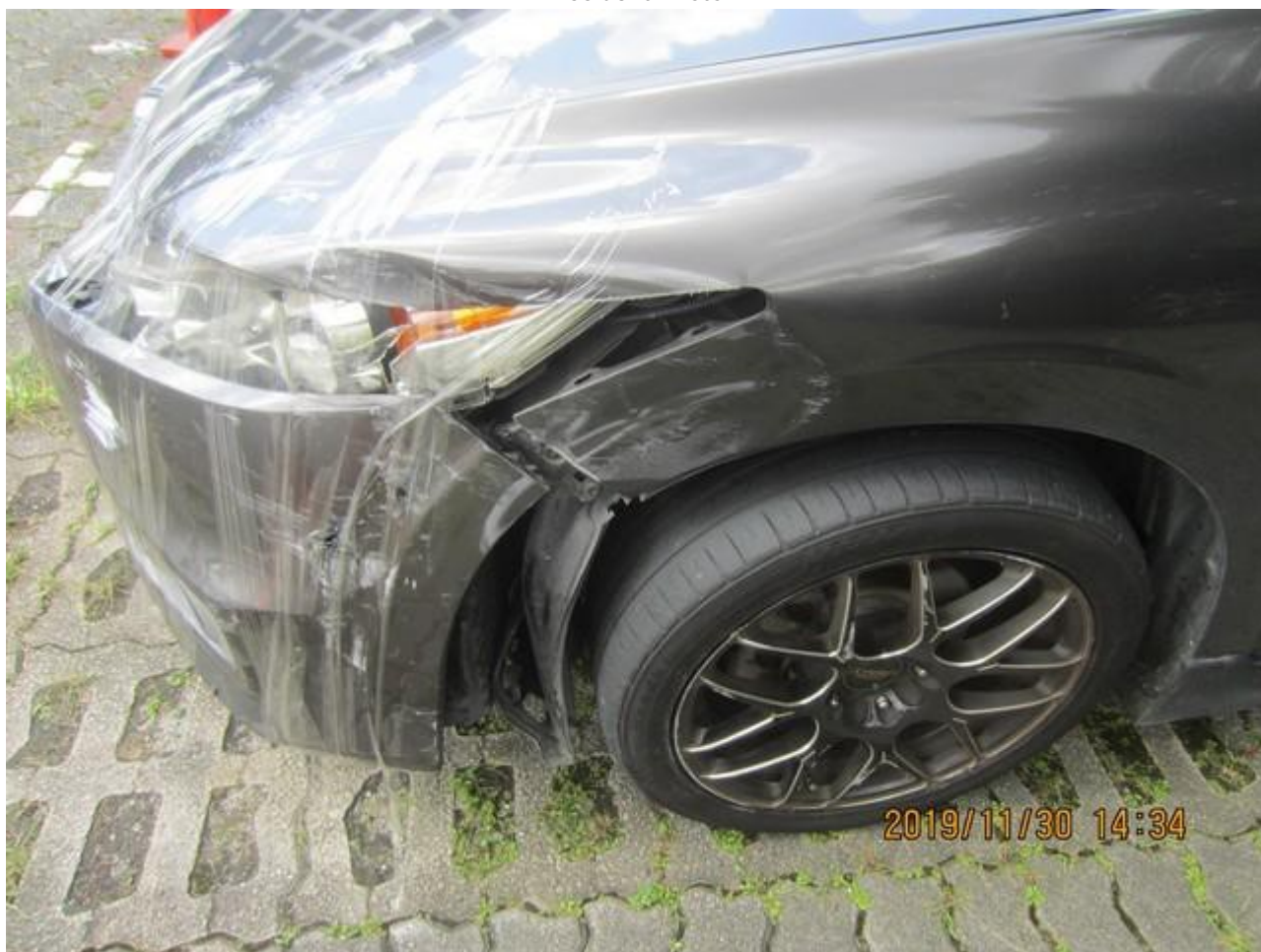
Accident Photo



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