

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	11/12/2019 17:52
Date Of Accident	07/12/2019 17:00
Exact Location Of Accident	GRANGE ROAD BEFORE ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7543B
Insured/Policyholder	
Name Of Registered Owner	MKM CAR LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84882123
Alternative Phone No	OFFICE-84882123

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS PLUS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V09968/VPZ/R00
Cover Note Number	

Driver

Name of Driver	ONG ENG KIONG
NRIC No	S1571949D
Date Of Birth	26/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1981
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84882123
Fax Number	
Contact Number	OTHERS-84882123
EEmail Address	NOEMAIL

Address	BLK 309 HOUGANG AVENUE 5 #07-297
Postcode	530309
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: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191207/7034

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	SLT737K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA CHENG GUAN
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 ENG KIONG
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SLU7543B
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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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: *Keddy*
NRIC/FIN No.: *11/12/2015*

Accident Sketch Plan

SKETCH PLAN



A) SLU 7543B.
B) SLT 737K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated Date and time I Vehicle
A was stationery suddenly I felt and impact
on my rear left I a light and see
Vehicle B SLT 737K have hit on to
my rear left that s all
Police Report 7/2019

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/20191207/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191207/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2019 22:29	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG ENG KIONG		Address: APT BLK 309 HOUGANG AVENUE 5 #07-297 SINGAPORE 530309	
ID Type / ID No.: NRIC NO / S1571949D		Contact No.: Home/Office: Mobile: 84882123	
Nationality: SINGAPORE CITIZEN		Email: KIONG2123@GMAIL.COM	
Sex: Male	Age: 56	Date of Birth: 26/05/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Chauffeur		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: 07/12/2019 17:00	Type of Location: Straight Road
Location: GRANGE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SLT737K	Car	MAZDA		Silver		0
SLU7543B	Car					0

Details of Person Involved

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191207/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191207/7034

CONTINUATION OF REPORT

Driver			
Name	ONG ENG KIONG	ID No.	S1571949D
Related Vehicle	SLU7543B (Car)	Contact No.	84882123
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/12/2019	Date Discharge	07/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE SLU7543B WAS STATIONARY SUDDENLY I FELT AND IMPACT ON MY REAR LEFT I ALIGHT AND SEE VEHICLE SLT737K HAVE HIT ON TO MY REAR LEFT,AFTER THE ACCIDENT MY BACK AND NECK IS IN PAIN SO I WHEN TO 24 HOUR CLINIC TO CONSULT AND GIVEN A 3 DAY MC THAT IS ALL.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20191207/7034

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Report No. T/20191207/7034

CONTINUATION OF REPORT

Sketch Plan

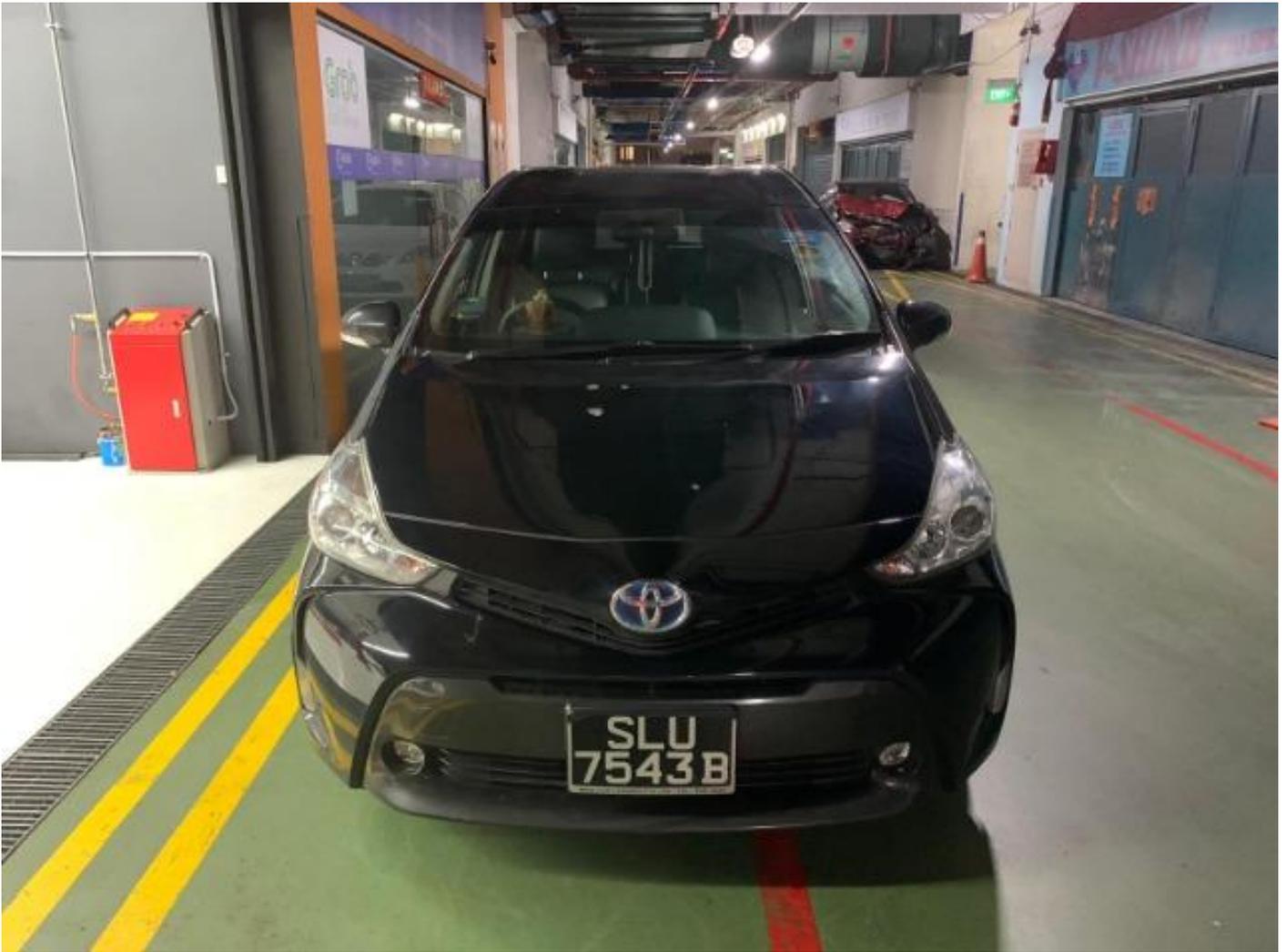
Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172
Authentication Stamp

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 07/12/2019 22:29
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048590
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
VEN: S665500200 / GST Reg. No.: M400017735

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 : M1019163265 Vehicle Registration No: SLU 7543B

Name (as shown in NRIC) : ONG EUS KIONG NRIC/FIN/Passport No : S1571949D

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore ()

Contact (Tel) : Mobile No.: 84882123

Email Address :

Date of Accident : 07/12/2009 Time of Accident : 17:00

Place of Accident : GROUND ROAD BEFORE ORPOND GULLONES

Insurance Company : INDIA

(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:

INSURANCE IS LIBERTY & NOT INDIA INT'L

Policyholder / Driver's Signature
Date:

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