

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	21/12/2019 16:31
Date Of Accident	21/12/2019 11:20
Exact Location Of Accident	AIRPORT RD TWDS EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1072M
Insured/Policyholder	
Name Of Registered Owner	ONG WAH SUAN WATSON
NRIC No	SXXXX287H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98550212
Alternative Phone No	OFFICE-98550212

Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.6 SMT ABS EGS PSR DRL
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	5094480702-02
Cover Note Number	

Driver

Name of Driver	ONG WAH SUAN, WATSON
NRIC No	SXXXX287H
Date Of Birth	15/03/1980
Occupation	INDOOR
Date Of Driving Pass	17/11/1999
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98550212
Fax Number	
Contact Number	OFFICE-98550212
Email Address	NOEMAIL

Address	90 PUNGGOL CENTRAL #02-21
Postcode	828722
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191221/2088.

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	SMM4125A
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)

2

DETAILS OF INJURED PERSON 1

Name	ONG WAH SUAN, WATSON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMM1072M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

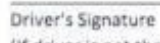
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8. Consent under the Personal Data Protection Act (PDPA)

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.

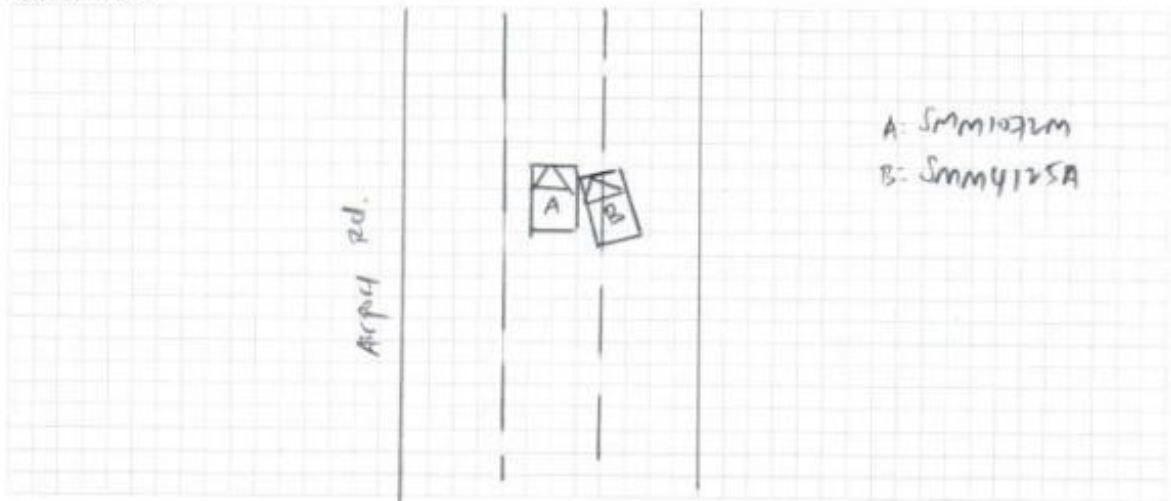

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/2011/2088 -

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/20191221/2088

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20191221/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2019 16:15	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: ONG WAH SUAN, WATSON			Address: 90 PUNGGOL CENTRAL #02-21 SINGAPORE 828722		
ID Type / ID No.: NRIC NO / S8008287H			Contact No.: Home/Office: Mobile: 98550212		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 15/03/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2019 11:20	Type of Location: Straight Road
Location: Along Road 1 AIRPORT ROAD				
Towards Eunos Link Direction				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SMM1072M	Car	CITROEN	GRAND C4 PICASSO 1.6 SMT ABS EGS PSR DRL	White	Seriously Damaged	0
SMM4125A	Car				Slightly Damaged	1

Details of Vehicle Insurance

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



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T/20191221/2088

Police Station Of Origin:
Kampong Ubi NPP
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400009
Tel No: 1800-7479999

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Report No. T/20191221/2088

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM1072M	NTUC Income Insurance Co-Operative Limited	5094480702-02	22/09/2019	21/09/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG WAH SUAN, WATSON	ID No.	S8008287H
Related Vehicle	SMM1072M (Car)	Contact No.	98550212
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2019	Date Discharge	21/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 21/12/2019 at about 1124hrs, I was driving my vehicle bearing plate number SMM1072M along Airport Road towards Eunos Link direction. I was driving straight on lane number 2 when a vehicle bearing plate number SMM4125A which was queuing on lane number 1 suddenly changed lane to lane number 2. I stepped on the brake and tried to slow the vehicle to avoid a collision, but to no avail.

Subsequently, the involved driver and I moved out vehicle to the side of the road and took some photos of the damages. However, the driver did not provide me with his particulars, and inform that to settle the issue through insurance claim.

As a result of the accident, my vehicle's fender and both doors on the right was damaged. For the other involved vehicle, the front left bumper and headlight was damaged.

I would like to state that there is a camera installed in my vehicle and the camera had captured the happening of the incident.

Subsequently, I went to Mount Alvernia Hospital and was given 5 days of MC due to headache, giddiness and pain in the neck area.

No pedestrian was involved, no government property was damaged. No ambulance or police came down to scene.

Police Report



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T/20191221/2088

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Report No. T/20191221/2088

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20191221/2088

Police Station Of Origin:
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9 Eunos Crescent #01-2687 SINGAPORE
400009
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Report No. T/20191221/2088

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:

G /

Sgt 2 LIM ZHENG HONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

21/12/2019 16:15

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

