

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 | 24/12/2019 19:30 |
| Date Of Accident | 23/12/2019 18:00 |
| Exact Location Of Accident | ALONG PIE SLIP RD TO KPE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | GBA9116L |
| Insured/Policyholder | |
| Name Of Registered Owner | YU FISH PTE LTD |
| Co Reg No | 2XXXXX899G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-98774740 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | VITO |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5110487696 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | ONG WEE SIONG |
| NRIC No | SXXXX410J |
| Date Of Birth | 12/12/1981 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/01/2006 |
| Driving Experience | 13 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88768250 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 752 PASIR RIS ST 71 #11-92 |
| Postcode | 510752 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 | RAINING |
| 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? | NO |
| 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 | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191223/7032

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 | FBP9214H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

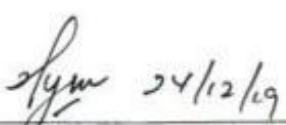
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. The 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 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.

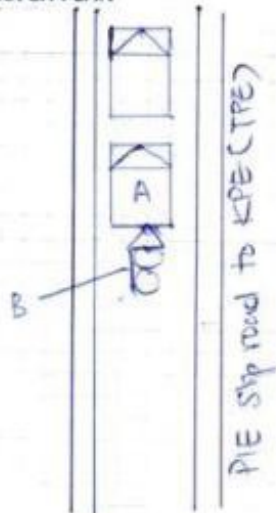

Policyholder's Signature
Date & Time:


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



Veh A: GBA9116L
Veh B: FBP9214H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No : T/2019/223/7032

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191223/7032

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

2 of 4

Report No. T/20191223/7032

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|--|-----------------------------------|
| Rider | | | |
| Name | Unknown Rider | ID No. | NIL |
| Related Vehicle | FBP9214H (Motorcycle) | Contact No. | NIL |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 23/12/2019 | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | | |
| Name | ONG WEE SIONG | ID No. | S8140410J |
| Related Vehicle | GBA9116L (Van) | Contact No. | 88768250 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Passenger | | | |
| Name | Unknown Passenger | ID No. | NIL |
| Related Vehicle | NIL | Contact No. | NIL |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 23/12/2019 | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |

Brief Details.

IT IS A HEAVY TRAFFIC AND THE FLOOR IS WET. I AM GOING DOWN A TUNNEL TO KPE TOWARDS PUNGGOL FROM PIE AT KALLANG AND THE BEND DOWN TO THE LEFT CAME TO A STAND STILL.
I SLOW GBA9116 TO A STOP BECAUSE INFRONT OF ME IS A JAM.
AFTER STOPPING FOR AT LEAST 5SECONDS,
I HEARD A SCREECHING SOUND, SAW AN IMAGE IN MY REAR MIRROR AND HEARD A LOUD BANG AND A JERK FROM MY VAN.
I STOP MY ENGINE AND GO DOWN TO FIND A MOTORBIKE FBP 9214H CRASHED WITH 2 PASSENGERS.
I ASK THEN TO SIT DOWN AND REST.
I CALLED THE POLICE.
I CHECK IF PASSENGER ARE OK
I CALLED HIS FATHER ON HIS REQUEST.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191223/7032

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

1 of 4

Report No: T/20191223/7032

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 23/12/2019 22:41 | | Vide Report No.: G/20191223/0150 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ONG WEE SIONG | | | Address: 752 PASIR RIS STREET 71 #11-92 SINGAPORE 510752 | | |
| ID Type / ID No.: NRIC NO / S8140410J | | | Contact No.: Home/Office: | | Mobile: 88768250 |
| Nationality: SINGAPORE CITIZEN | | | Email: williamongws@gmail.com | | |
| Sex: Male | Age: 38 | Date of Birth: 12/12/1981 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Sales and related associate professional nec | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---------------------------------|-----------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 23/12/2019 18:02 | Type of Location: Band |
| Location: PIE (AP) SLIP RD KPE(TPE) | | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Heavy |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------------------|-------|-------|----------------------|-----------------|
| FBP9214H | Motorcycle | | | Red | Seriously Damaged | 2 |
| GBA9116L | Van | MERCEDES BENZ | VITO | Grey | Slightly Damaged | 0 |

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/2019/223/7032

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

2 of 4

Report No: T/2019/223/7032

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|--|-----------------------------------|
| Rider | | | |
| Name | Unknown Rider | ID No. | NIL |
| Related Vehicle | FBP9214H (Motorcycle) | Contact No. | NIL |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 23/12/2019 | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | | |
| Name | ONG WEE SIONG | ID No. | S8140410J |
| Related Vehicle | GBA9116L (Van) | Contact No. | 88766250 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Passenger | | | |
| Name | Unknown Passenger | ID No. | NIL |
| Related Vehicle | NIL | Contact No. | NIL |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 23/12/2019 | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |

Brief Details.

IT IS A HEAVY TRAFFIC AND THE FLOOR IS WET. I AM GOING DOWN A TUNNEL TO KPE TOWARDS PUNGGOL FROM PIE AT KALLANG AND THE BEND DOWN TO THE LEFT CAME TO A STAND STILL.
I SLOW GBA9116 TO A STOP BECAUSE INFRONT OF ME IS A JAM.
AFTER STOPPING FOR AT LEAST 55SECONDS,
I HEARD A SCREECHING SOUND, SAW AN IMAGE IN MY REAR MIRROR AND HEARD A LOUD BANG AND A JERK FROM MY VAN.
I STOP MY ENGINE AND GO DOWN TO FIND A MOTORBIKE FBP 9214H CRASHED WITH 2 PASSENGERS.
I ASK THEN TO SIT DOWN AND REST.
I CALLED THE POLICE.
I CHECK IF PASSENGER ARE OK
I CALLED HIS FATHER ON HIS REQUEST.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191223/7032

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

3 of 4

Report No. T/20191223/7032

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 65470000



T/20191223/7032

4 of 4

Report No. T/20191223/7032

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 / TP1B /
PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp
NP103

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/12/2019 22:41

Classification Of Case: