

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	13/01/2020 14:30
Date Of Accident	11/01/2020 10:45
Exact Location Of Accident	CTE (AYE) BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK6499T
Insured/Policyholder	
Name Of Registered Owner	FAST CAR RENTAL PTE LTD
Co Reg No	2XXXXX918G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92270221
Alternative Phone No	OFFICE-92270221

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5109163827
Cover Note Number	

Driver

Name of Driver	ONG BENG LIANG
NRIC No	SXXXX102Z
Date Of Birth	13/04/1992
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2015
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96398036
Fax Number	
Contact Number	OFFICE-96398036
Email Address	NOEMAIL

Address	BLK 434 HOUGANG AVENUE 8 #07-914
Postcode	530434
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	CHAIN COLLISION
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	4
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: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200111/2087.

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	SLS8531P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KUAN HWEE
NRIC/Passport Number	
Contact Number	98367469

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

3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKU45E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SHI HONG SHENG
NRIC/Passport Number SXXXX627F
Contact Number 96546461
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMJ5970K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NG CHIN KUAY
NRIC/Passport Number SXXXX008C
Contact Number 96315873
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name ONG BENG LIANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMK6499T
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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

(TE (A/E))

A

B

C

D

A: JMC64GAT.

B: SL58531P.

C: SKW4JE

D: JMJ5920K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20200111/2022.

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/20200111/2087

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No. T/20200111/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2020 16:38	Vide Report No.:	Station Diary No.: 92
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Informant's Particulars

Name of Informant: ONG BENG LIANG			Address: APT BLK 434 HOUGANG AVENUE 8 #07-914 SINGAPORE 530434	
ID Type / ID No.: NRIC NO / S9212102Z			Contact No.: Home/Office: Mobile: 96398036	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 13/04/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: private hirer			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/01/2020 10:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE towards AYE before Braddel Road Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU45E	Car	MERCEDES BENZ	CLA180 (R18 BI)	Grey		0
SLS8531P	Car	TOYOTA	COROLLA ALTIS ECO AUTO	White		2
SMJ5970K	Car	MITSUBISHI	OUTLANDE R 2.0 CVT	White		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200111/2087

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 4

Report No. T/20200111/2087

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMK6499T	Car	KIA	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR	Black		1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHI HONG SHENG		ID No. S8629627F
Related Vehicle	SKU45E (Car)		Contact No. 96546461
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	TAN KUAN HWEE		ID No. NIL
Related Vehicle	SLS8531P (Car)		Contact No. 98367469
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	NG CHIN KUAY		ID No. S1796008C
Related Vehicle	SMJ5970K (Car)		Contact No. 96315873
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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200111/2087

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 4

Report No. T/20200111/2087

CONTINUATION OF REPORT

Driver			
Name	ONG BENG LIANG	ID No.	S9212102Z
Related Vehicle	SMK6499T (Car)	Contact No.	96398036
Hospital/Clinic	CENTRAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/01/2020	Date Discharge	11/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 11/01/2020 at about 1045hrs, I was driving my car(Registration No. SMK6499T) along CTE towards AYE before Braddel Road Exit on the 1st lane of the 5lanes road when traffic was congested and I stopped my car due to traffic. Suddenly another car(Registration No.SLS8531P) collided onto my car's rear. I suffered impact on my back and neck area. This resulted in a chain collision followed by the 3rd car(Registration No. SKU45E) and 4th car(Registration No. SMJ5970K). We then alighted from our vehicle to inspect the damages, took photos, agree in Insurance Claim and left the scene. The is dashcamera in my car facing front. I later went to Central 24Hr Clinic and has 3days of MC therefore lodging this Traffic Accident report.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200111/2087

4 of 4

Report No. T/20200111/2087

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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:
F /
Sgt 2 BOH YONG SENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/01/2020 16:38

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

