

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	15/01/2020 16:29
Date Of Accident	14/01/2020 13:00
Exact Location Of Accident	JUNC OF BRICKLAND RD & BUKIT BATOK RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC9364X
Insured/Policyholder	
Name Of Registered Owner	ONG LAY KHEE
NRIC No	SXXXX091C
Email Address	CHLOEONG6162@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94553053
Alternative Phone No	OTHERS-94553053
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC40
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800103650
Cover Note Number	
Driver	
Name of Driver	ONG LAY KHEE
NRIC No	SXXXX091C
Date Of Birth	06/10/1975
Occupation	INDOOR
Date Of Driving Pass	21/06/2002
Driving Experience	17 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94553053
Fax Number	
Contact Number	OTHERS-94553053
EEmail Address	CHLOEONG6162@GMAIL.COM

Address	194 WESTWOOD AVE #09-31
Postcode	648152
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	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?	YES
Was any other material or property damaged?	NO
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 ATTACHED STATEMENT.

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	SCF8898G
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)

DETAILS OF INJURED PERSON 1	
Name	ONG LAY KHEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMC9364X
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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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 Purpose(s); 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 Purpose(s).
 - (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 (a) 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.

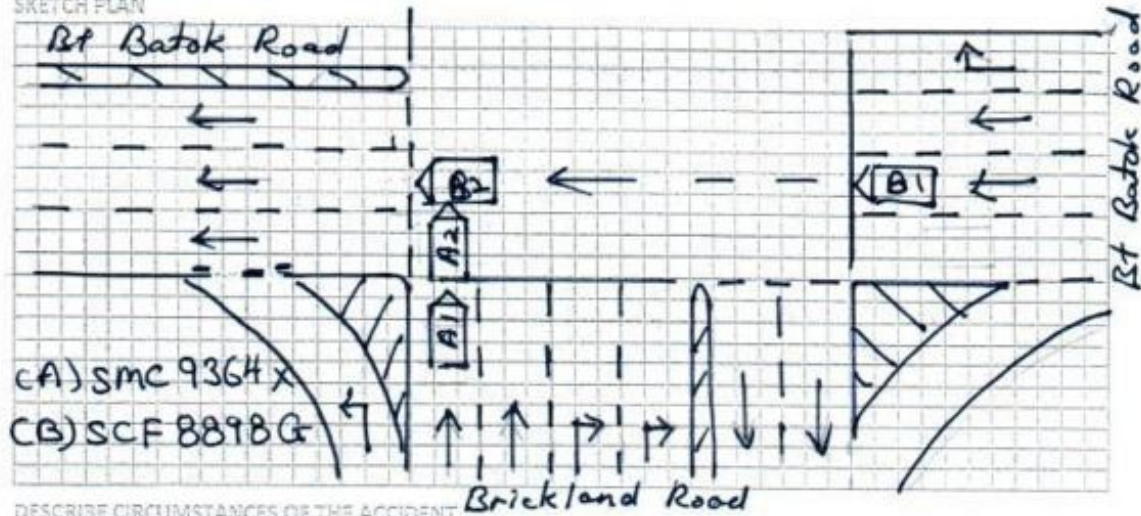

Policyholder's Signature
Date & Time:


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

 15/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/01/2020 at about 1300 hrs at Junction of Brickland Road and Bt Batok Road. I was travelling on the extreme left lane along Brickland Road towards Bt Batok West Ave 5 and came to a stop before the traffic light at the above mentioned junction as the traffic light was out of order and was controlled by 2 traffic Officers. When the traffic along Bt Batok Road had stopped by the traffic Officers and he had signal the traffic along Brickland Road to move forward as such I follow suit. While doing so, suddenly Uphide (B) on my Right along Bt Batok Road beated across the junction and collided on my Right Front Portion of my vehicle (A) causing damages to my vehicle.

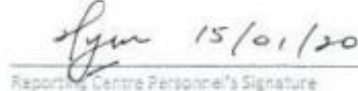
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

(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:

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200114/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000

1 of 3

Report No: T/20200114/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2020 17:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG LAY KHEE			Address: 184 WESTWOOD AVENUE #09-31 SINGAPORE 648152		
ID Type / ID No.: NRIC NO / S7530091C			Contact No.: Home/Office: Mobile: 94553053		
Nationality: SINGAPORE CITIZEN			Email: chloeong8162@gmail.com		
Sex: Female	Age: 44	Date of Birth: 08/10/1975	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Accountant			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: 14/01/2020 13:00	Type of Location: X-Junction
Location: Junction of Brickland Road and Bukit Barok Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Faulty		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
SCF8598G	Car	BMW		Black	Seriously Damaged	0
SMC9364X	Car	VOLVO	XC40	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC9364X	A/G ASIA PACIFIC INSURANCE PTE. LTD.	1800103350	27/07/2018	28/07/2020

Police Report



**SINGAPORE
POLICE FORCE**



T202001147024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 86470000

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Report No. T202001147024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG LAY KHEE	ID No.	87530091C
Related Vehicle	SMC9364X (Car)	Contact No.	94653053
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/01/2020	Date Discharge	14/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details

On 14Jan2020 at about 1pm at junction of Brickland Road and Bukit Batok Road, I was travelling on the extreme left lane along Brickland Road towards Bukit Batok West Ave 5 and came to a stop before the traffic light at the above mentioned junction as the traffic light was out of order and was controlled by 2 traffic officer. When the traffic along Bukit Batok Road had stopped by the traffic officer and he had signed the traffic along Brickland Road to move forward. As such I followed suit. While doing so, suddenly a vehicle SCF889803 on my right along Bukit Batok Road beated across the junction and collided on my right front portion of my vehicle SMC9364X causing damage to my vehicle. After the accident, I felt my neck, back and foot was pain. So I consulted the doctor and was given 5 days MC. I am lodging this report for the traffic police investigation and insurance claim purpose.
Driver particular: Tan Sek Beng S1725507Z
Mobile 88885290

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Lbl Avenue 3 SINGAPORE 406666
Tel No: 65476000



T/20200114/7024

3 of 3

Report No: T/20200114/7024

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 / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP158

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

Date/Time:
14/01/2020 17:57

Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 8 Raffles Quay #18-00 Singapore 048560
 Tel: (65) 6224 2050 Fax: (65) 6224 0089
 Operating Hours: Monday to Friday, 09:00 - 17:00
 GSTN: S69630050 / GST Reg. No.: M60017702

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorized Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No.: MNA 120006954 Vehicle Registration No.: SML9364X
 NRIC/Passport No.: ONG LAY KHEE NRIC/FIN/Passport No.: _____
 (*Vehicle Driver/(*Vehicle Owner) (*Please delete as appropriate)
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9455 3053
 Email Address: _____
 Date of Accident: 14/01/2020 Time of Accident: 13:00
 Place of Accident: JUNE OF BRICKLAND RD & QUEET BARK RD
 Insurance Company: 916

(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:

I WISH TO AMEND BELOW MENTION -
① 3rd party claim chg to CO claim.
② Add email address - chlorong6162@gmail.com
③ Add TP Report - Driver MC 5 DAYS.
* CO claim at WEARAE'S AUTOMOTIVE PTE LTD
244 ALEXANDRA ROAD S (59435) *

[Signature]
 Policyholder / Driver's Signature
 Date: _____

[Signature] 17/01/20
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____