

## 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	12/02/2020 16:16
Date Of Accident	11/02/2020 20:00
Exact Location Of Accident	LOYANG WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9550T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ART DECOR PAINTING
Co Reg No	5XXXX920K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97687727
Alternative Phone No	OFFICE-97687727

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 2.8 DX 5DR AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113245547
Cover Note Number	

### Driver

Name of Driver	JACKIE ONG JUN JIE
NRIC No	SXXXX844G
Date Of Birth	21/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	03/08/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97687727
Fax Number	
Contact Number	OFFICE-97687727
Email Address	NOEMAIL

Address	BLK 217 ANG MO KIO AVENUE 1 #08-969
Postcode	560217
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	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	3
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)	8
Passenger 1	NAME: : MIA ROBEL GENDER: : MALE
Passenger 2	NAME: : HAQUE MD EMDADUL GENDER: : MALE
Passenger 3	NAME: : JONI GENDER: : MALE
Passenger 4	NAME: : HASSAN AMRAN GENDER: : MALE
Passenger 5	NAME: : HUSSIN GENDER: : MALE
Passenger 6	NAME: : CEDRIC SIAH YI GENDER: : MALE
Passenger 7	NAME: : DARREN TAY JUN WEI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO

If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT - T/20200211/2148.

### 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 SJW5208X  
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMK7117P  
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 JACKIE ONG JUN JIE  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? GBJ9550T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

### DETAILS OF INJURED PERSON 2

Name MIA ROBEL  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? GBJ9550T  
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name HAQUE MD EMDADUL

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name JONI

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 5

Name HASSAN AMRAN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 6

Name HUSSIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 7

Name CEDRIC SIAH YI

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 8

Name DARREN TAY JUN WEI

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBJ9550T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
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- 5) **Any false reporting may be referred to the police for investigation.**
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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

  
Policy holder's signature  
Date / time:


  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN

Layang Way



A. GBJ95507  
B. SJWS208X  
C. SMK717A.P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

## DECLARATION

I/We declare the foregoing particulars are true in every respect.




Policy holder's signature  
 Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200211/2148

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20200211/2148

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2020 22:44	Vide Report No.:	Station Diary No.: 123
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### Informant's Particulars

Name of Informant: JACKIE ONG JUN JIE			Address: APT BLK 217 ANG MO KIO AVENUE 1 #08-969 SINGAPORE 560217	
ID Type / ID No.: NRIC NO / S9537844G			Contact No.:	Mobile: 97687727
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 24	Date of Birth: 21/10/1995	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Painter			Driving Licence Information: Class:	
			Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2020 20:20	Type of Location: T-Junction
Location: Along Road 1 LOYANG WAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
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
GBJ9550T	Van	TOYOTA	HI ACE	Orange	Seriously Damaged	7
SJW5208X	Car	MAZDA	MAZDA 3	Grey		0
SMK7117P	Car	BMW		White		0



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6 Tampines Avenue 4 SINGAPORE 529682  
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Report No. T/20200211/2148

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JACKIE ONG JUN JIE	ID No.	S9537844G
Related Vehicle	GBJ9550T (Van)	Contact No.	97687727
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/02/2020	Date Discharge	11/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	FOO JIN WEI JUSTIN	ID No.	S8531350I
Related Vehicle	SJW5208X (Car)	Contact No.	88205954
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	REGINALD WOO YI YUN	ID No.	S9304822I
Related Vehicle	SMK7117P (Car)	Contact No.	87777117
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

### Brief Details.

ON 11.02.2020 AT 2020HRS, I WAS DRIVING ALONG LOYANG WAY TOWARDS A TRAFFIC LIGHT JUNCTION. THE TRAFFIC LIGHT WAS RED AND THERE WAS A VEHICLE, SMK7117P, A WHITE BMW STOPPED AT THE JUNCTION. I STOPPED MY VEHICLE BEHIND IT AS THE LIGHT WAS RED. WHILE WAITING FOR THE LIGHT TO TURN GREEN, SUDDENLY ANOTHER VEHICLE, SJQ5208X, A GREY IN COLOUR MAZDA 3 HIT MY REAR VEHICLE AND HAD CAUSED MY VEHICLE TO HIT THE VEHICLE IN FRONT OF ME. I HAD 7 PASSENGERS IN MY VEHICLE WHO ARE MY COLLEAGUES. ALL 3 DRIVERS EXCHANGED PARTICULARS AND CONTACT NUMBERS. WE LEFT THE SCENE AMICABLY. NO GOVT PROPERTY WAS DAMAGED AND NO ONE WAS CONVEYED. 5 OF MY

Police Report



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POLICE FORCE**



T/20200211/2148

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Report No. T/20200211/2148

**CONTINUATION OF REPORT**

PASSENGERS HAD GONE TO OUR FAMILY PHYSICIAN CLINIC AND SURGERY AND HAD GOTTEN MCs. BELOW ARE THEIR DETAILS.

PASSENGER 1:  
MIA RUBEL, G2179021X, M/28  
HP: 84305036, 5 DAYS MC

PASSENGER 2:  
HAQUE MD EMDADUL, G8467461W, M/32  
HP: 83462654, 5 DAYS MC

PASSENGER 3:  
JONI, G7021600R, M/40  
HP:84050731, 3 DAYS MC

PASSENGER 4:  
HASSAN AMRAN, G2173969W,M/30  
HP:84554395, 3 DAYS MC

PASSENGER 5:  
HOSSIN, G8498850U, M/37  
HP:85788157, 3 DAYS MC

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T/20200211/2148

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Report No. T/20200211/2148

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

S/S  
No

Officer

**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 3 MUHAMMAD FARHAN BIN MAZLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/02/2020 22:44

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

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

