

## 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	24/02/2020 12:54
Date Of Accident	23/02/2020 02:10
Exact Location Of Accident	TAMPINES AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9700G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHOON LENG
NRIC No	SXXXX668E
Email Address	SINNEKEEL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96921717
Alternative Phone No	OTHERS-96921717

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 CVT SR
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA513755
Cover Note Number	

### Driver

Name of Driver	ONG CHOON LENG
NRIC No	SXXXX668E
Date Of Birth	22/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1995
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96921717
Fax Number	
Contact Number	OTHERS-96921717
EEmail Address	SINNEKEEL@GMAIL.COM

Address	BLK 870 TAMPINES STREET 83 #05-151
Postcode	520870
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 - HEAD TO REAR
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?	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: : LEE SIEW YAR GENDER: : FEMALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ2435U
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 LEE SIEW YAR

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLT9700G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name ONG CHOON LENG

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLT9700G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

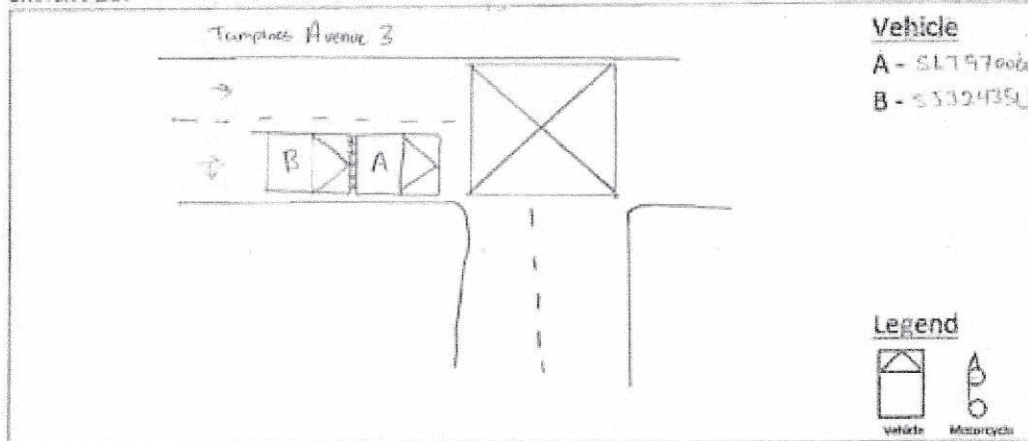
Address

Postcode



### Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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/20200224/7008

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

1 of 3

Report No. T/20200224/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/02/2020 12:19			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: ONG CHOON LENG			Address: APT BLK 870 TAMPINES STREET 83 #05-151 SINGAPORE 520870		
ID Type / ID No.: NRIC NO / S7206668E			Contact No.: Home/Office: Mobile: 96921717		
Nationality: SINGAPORE CITIZEN			Email: sinnekeet@gmail.com		
Sex: Male	Age: 48	Date of Birth: 22/02/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Crane operator (port)			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2020 02:10	Type of Location: T-Junction
Location:  TAMPINES AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
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
SJJ2435U	Car					0
SLT9700G	Car	TOYOTA	HARRIER PREMIUM 2.0 CVT SR	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT9700G	AXA INSURANCE SINGAPORE PTE LTD	GA513755	18/11/2019	17/11/2020



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200224/7008

2 of 3

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

Report No. T/20200224/7008

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	LEE SIEW YAR	ID No.	S7521828A
Related Vehicle	SLT9700G (Car)	Contact No.	94559919
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	04	Degree of Injury	Slight
<b>Driver</b>			
Name	ONG CHOON LENG	ID No.	S7206668E
Related Vehicle	SLT9700G (Car)	Contact No.	96921717
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	04	Degree of Injury	Slight

### Brief Details.

I was Stationary at the junction along Tampines Avenue 3 where suddenly Veh B: SJJ2435U suddenly collided on to the rear of my vehicle.

I then went down to check on the party then we both agreed to file insurance claim.

I am making this report for investigation and insurance claim purposes.

My wife and I have sustained injuries from the above mentioned accident and was issued 4 days of Medical Certificate.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200224/7008

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

3 of 3

Report No: T/20200224/7008

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 / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp

NP168

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

Date/Time:  
24/02/2020 12:19

Classification Of Case: