

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	15/06/2020 15:18
Date Of Accident	14/06/2020 17:50
Exact Location Of Accident	JUNC OF AMK AVE W & AMK ST 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ1357S
Insured/Policyholder	
Name Of Registered Owner	ONG KIAN SOON
NRIC No	SXXXX106F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96984998
Alternative Phone No	OTHERS-98892499

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z20VP05025445
Cover Note Number	

Driver

Name of Driver	ONG GUAN FUH
NRIC No	SXXXX184D
Date Of Birth	13/06/1995
Occupation	INDOOR
Date Of Driving Pass	11/03/2015
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98892499
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 401 ANG MO KIO AVE 10 #06-601
Postcode	560401
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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?	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: : CHUA LINGNA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200614/2059

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	SKZ6874M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OOI HOI CHUN
NRIC/Passport Number	SXXXX062B
Contact Number	91372185

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

DETAILS OF INJURED PERSON 1

Name ONG GUAN FUH
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGQ1357S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHUA LINGNA
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGQ1357S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

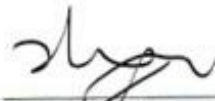
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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:



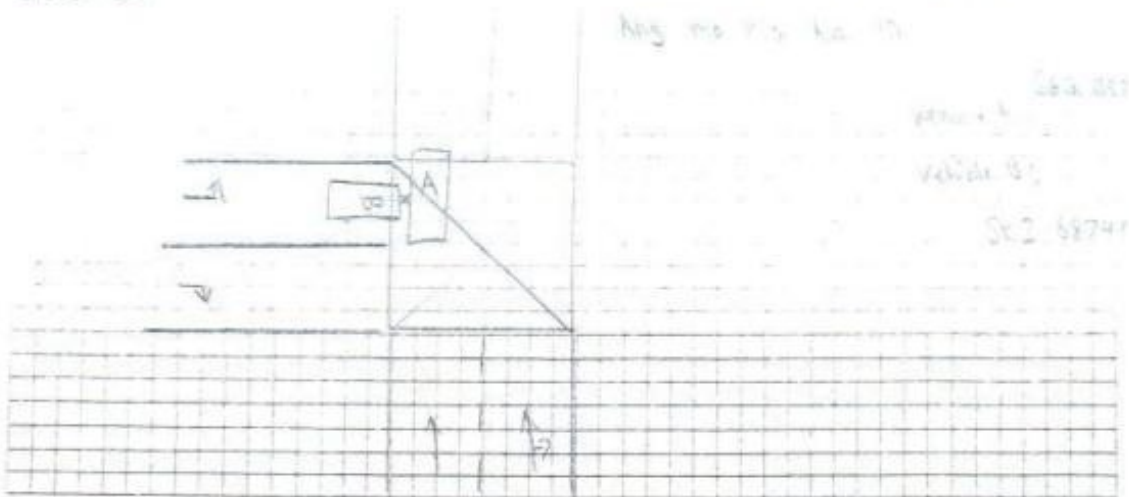
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

JUNC OF AMK AVE W & AMK ST 41

A:SGQ13575
B:SKZ6874M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A was traveling straight on the stated route. Suddenly vehicle B turn left from another junction & collided onto my vehicle left portion.

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/20200614/2059

2 of 4

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20200614/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Chua Lingna	ID No.	S1415003Z
Related Vehicle	SGQ1357S (Car)	Contact No.	98237150
Hospital/Clinic	INTEMEDICAL 24hr Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/06/2020	Date Discharge	14/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ONG GUAN FUH	ID No.	S9521184D
Related Vehicle	SGQ1357S (Car)	Contact No.	98892499
Hospital/Clinic	Intemedical 24hr Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/06/2020	Date Discharge	14/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Ooi Hoi Chun	ID No.	S0747062B
Related Vehicle	SKZ6874M (Car)	Contact No.	91372185
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 14/6/2020 at about 5.45pm, I was driving my father's car, SGQ1357S along AMK Ave 10 towards AMK Ave 3. I was driving on the left lane of AMK Ave 10. I was approaching a T junction of AMK Ave 10 and AMK St 41 when one vehicle, SKZ6874M was turning left to the main road from AMK St 41. The car then collided to the left side of my car. My mother was sitting at the rear left passenger seat. All of us came down from our car and exchange particulars. There was no in-car camera in my vehicle. The other party has an in car camera, and all of us tried to view but there was no footages captured during the accident. There was dent onto the front and rear left side of the car. There was scratches, and slight crack on the lower part of the front part of the other car.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200614/2059

3 of 4

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20200614/2059

CONTINUATION OF REPORT

I felt some pain on my neck, shoulder and back body. My mother also suffered some pain on her neck, shoulder and back body. Thus, both of us went to Intermedical 24hr Clinic at Blk 525 AMK and was given medical leave from 14-16 June 2020.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200614/2059

1 of 4

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4598999

Report No: T/20200614/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2020 21:30		Vide Report No:		Station Diary No: 20	
Informant's Particulars					
Name of Informant: ONG GUAN FUH			Address: APT BLK 401 ANG MO KIO AVENUE 10 #06-601 SINGAPORE 560401		
ID Type / ID No: NRIC NO / S95211640			Contact No: Home/Office		Mobile: 98892459
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 13/06/1995	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name: NTU
Occupation: STUDENT			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: 14/06/2020 17:45	Type of Location: T-Junction
Location: Along Road 1 ANG MO KIO AVENUE 10				
T Junction of AMK Ave 10 and Ang Mo Kio St 41				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
SGQ1357S	Car	NISSAN	LATIO 1.5L T	Grey	Slightly Damaged	1
SKZ8874M	Car	BMW	216D GRAN TOURER LED NAV 7 SEATER	Blue		0

Police Report



**SINGAPORE
POLICE FORCE**



1/20200014/2059

2 of 4

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No: 1/20200014/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger:			
Name	Chua Lingna	ID No.	S14150032
Related Vehicle	SGQ1357S (Car)	Contact No.	98237150
Hospital/Clinic	INTEMEDICAL 24hr Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/06/2020	Date Discharge	14/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver:			
Name	ONG GUAN FUH	ID No.	S9521184D
Related Vehicle	SGQ1357S (Car)	Contact No.	98892499
Hospital/Clinic	Intemedical 24hr Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/06/2020	Date Discharge	14/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver:			
Name	Ooi Hoi Chun	ID No.	S0747062B
Related Vehicle	SKZ6874M (Car)	Contact No.	91372185
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

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Police Report



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T/20200614/2059

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Police Report



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T/20200614/2059

4 of 4

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Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No: T/20200614/2059

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/

Sr Staff Sgt MUHAMMAD ALI BIN MANSOR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/06/2020 21:30

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No: 65476172

Classification Of Case



Authentication Stamp

MP188