

## 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	14/07/2020 14:40
Date Of Accident	10/07/2020 00:20
Exact Location Of Accident	RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2959Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ESTEEM RENT-A-CAR PTE LTD
Co Reg No	2XXXXX390W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93683952
Alternative Phone No	OFFICE-67532112

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5117786610 (CLASSIC)
Cover Note Number	

### Driver

Name of Driver	ONG ENG SIAN
NRIC No	SXXXX536E
Date Of Birth	04/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1997
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93683952
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 22 SIN MING ROAD #10-254
Postcode	570022
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	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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 25 SIN MING ROAD , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4529999 - <b>FAX NO:</b> 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU9881K
Vehicle Make/Model/Colour	MERCEDES BENZ / SILVER
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 ENG SIAN
Approximate Age	46
Injuries Sustain	PAIN ON BACK, NECK AND RIGHT ELBOW
Injured person in which vehicle?	SMM2959Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 22 SIN MING ROAD #10-254
Postcode	570022

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:



14 JUL 2020

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

Reporting Centre Personnel's Signature  
Name:

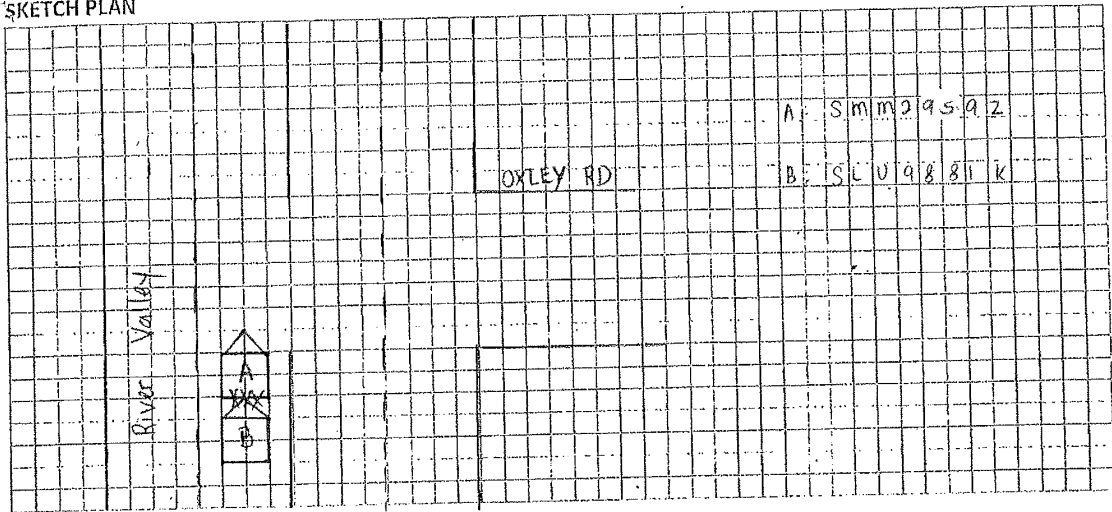
NRIC/FIN No:

NG WING KIN JAMES  
admin.vac@vicom.com.sg



# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT : T/20200711/2042

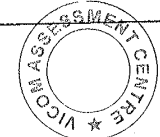
## DECLARATION

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.:

GIARMC SketchPlanForm V3

14 JUL 2020

**NG WING KIN JAMES**  
admin.vac@vicom.com.sg



**SINGAPORE  
POLICE FORCE**



T/20200711/2048

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3  
Report No. T/20200711/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/07/2020 16:21	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars			
Name of Informant: ONG ENG SIAN		Address: APT BLK 22 SIN MING ROAD #10-254 SINGAPORE 570022	
ID Type / ID No.: NRIC NO / S7400536E		Contact No.: Home/Office: Mobile: 93683952	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 04/01/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/07/2020 00:20	Type of Location: T-Junction
Location: Along Road 1 RIVER VALLEY ROAD  River valley road towards delta road. Before Oxley Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU9881K	Car	MERCEDES BENZ	GLA200 URBAN (R18 LED)	Silver		0
SMM2959Z	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	Silver	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20200711/2048

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

2 of 3

Report No. T/20200711/2048

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	SJU9881K (Car)	Contact No.	NIL
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	ONG ENG SIAN	ID No.	S7400536E
Related Vehicle	SMM2959Z (Car)	Contact No.	93683952
Hospital/Clinic	ORTHOPAEDICS INTERNATIONAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/07/2020	Date Discharge	11/07/2020
No. of Days granted Medical Leave	22	Degree of Injury	NIL

**Brief Details.**

On 10/07/2020 at about 0020Hrs I was travelling along River Valley Road towards delta road on the first lane. I then stopped as I wanted to turn right into Oxley road. Suddenly I felt a huge impact from the rear. I then came out of the vehicle with the help of passerby's as I was injured. I then made a check and realized that a car (SJU9881K) had collided into the rear of my vehicle. My car rear was badly dented due to the incident. Due to the impact my car had shifted into the first lane of the other side of River Valley Road. Then there was a resident nearby that came and render assistance. Subsequently SCDF and TP resources came to my scene. I was then conveyed to SGH by SCDF.

I was then discharged at SGH at about 0300Hrs on 10/07/2020. I then went home. On 10/07/2020 at about 1400Hrs I woke up and I felt pain on my back, neck and right elbow. On 11/07/2020 I went to Gleneagles hospital to see a doctor and was given an MC of 22 days.

I wish to state that my vehicle was badly damaged due to the accident and I have an in car camera that recorded the incident.



**SINGAPORE  
POLICE FORCE**



T/20200711/2048

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999



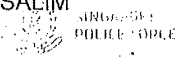

3 of 3  
Report No. T/20200711/2048

**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: E / SC2 XAVIER LAI GOON THENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2020 16:21
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SALIM Contact No.: 65476437 	Classification Of Case:  SN 070
Authentication Stamp NP168	 SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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