

## 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	01/09/2020 16:26
Date Of Accident	31/08/2020 19:10
Exact Location Of Accident	BLK 166 BUKIT BATOK WEST AVE 8 CARPARK LOT 64
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT310S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHUAN SENG ELECTRICAL TRADER
Co Reg No	5XXXX662X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96610449

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN19370119000
Cover Note Number	

### Driver

Name of Driver	COACH ONG MING KHANG
NRIC No	SXXXX823J
Date Of Birth	05/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2006
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96610449
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 111 GANGSA ROAD #04-71
Postcode	670111
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SLV7346Z
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)	

## Accident Sketch Plan

Form 1A of 1A/1

Form 1A of 1A/1

Form 1A of 1A/1

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王樂成電器貿易  
ONG CHUAN SENG ELECTRICAL TRADER  
814 185 Bukit Merah West Ave #01-248  
Singapore 550186 Tel: 6343 6611  
Email: ongchuanheng@gmail.com

MB  
Date: 01/09/20

dyu 01/09/20  
Date: 01/09/20

Individual Statement

BLK 166 BUKIT BATOK WEST AVE 8

王樂成電器貿易  
ONG CHUAN SENG ELECTRICAL TRADER  
Blk 166 Bukit Batok West Ave 8 #01-248  
Singapore 650166 Tel: 65631811  
Email: ongchuanseong@gmail.com



(A)-GT3105

(B)-SLV7346Z

On the 31/08/2020 @ about 1910HRS, I parked my Vehicle (A) at lot No. 64 of carpark at Blk 166 Bukit Batok West Ave. 8. After I left my Vehicle, I suddenly heard a bang

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from where I parked my Vehicle. I looked in that direction, and I saw a Vehicle (B) making a 3-point turn of the left side of my Vehicle (A) ~~and~~, and he tried to flee after hitting the front left portion of my Vehicle (A). I chased him on foot and managed to catch up with him.

Note: Please note that your insurer may have 24 hrs. a time frame for you to submit an Own Damage Claim. Under your own comprehensive policy. Please check your policy for more information.

DISCLAIMER:

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Singapore 650166 Tel: 65631811  
Email: ongchuanseong@gmail.com  
Date of Time

  
Date of Time

 01/09/20  
Date of Time

Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

