

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	31/08/2020 10:09
Date Of Accident	30/08/2020 01:30
Exact Location Of Accident	JUNCTION OF HOUGANG AVE 6 & AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ3938M
Insured/Policyholder	
Name Of Registered Owner	ONG PENG HUA
NRIC No	SXXXX057Z
Email Address	JOLH88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90477671
Alternative Phone No	OFFICE-90477671

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	ONG CHONG HAN JOHNATHAN
NRIC No	SXXXX316F
Date Of Birth	04/11/1988
Occupation	INDOOR
Date Of Driving Pass	04/01/2006
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90477671
Fax Number	
Contact Number	OFFICE-90477671
Email Address	NOEMAIL

Address	BLK 527 HOUGANG AVE 6 #09-217
Postcode	S530527
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK2543E
Vehicle Make/Model/Colour	FUSO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MONDOL BIMOL KUMAR
NRIC/Passport Number	GXXXX898L
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ONG CHONG HAN JOHNATHAN
Approximate Age	32
Injuries Sustain	
Injured person in which vehicle?	SDQ3938M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 527 HOUGANG AVE 6 #09-217
Postcode	S530527

Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE ~~REFER~~ REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature

Date & Time:

31 AUG 2020 10AM

Driver's Signature
(If driver is not the policyholder)

Date & Time:

31 AUG 2020 10AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

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6. The 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 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:

3/16/2020 10AM

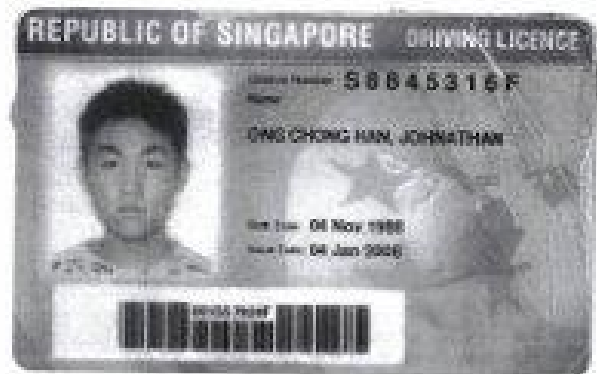
Driver's Signature
(if driver is not the policyholder)
Date & Time:

3/16/2020 10AM

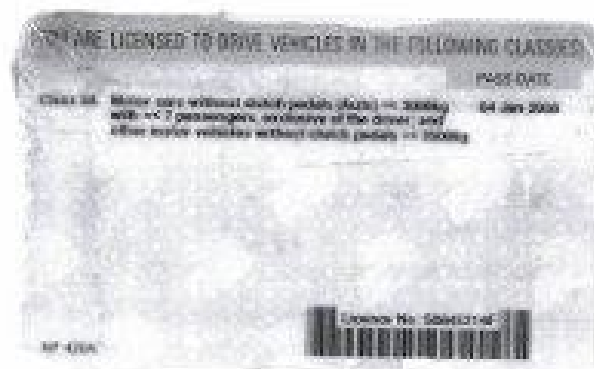
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Driving License



Identification Card



Police Report



**SINGAPORE
POLICE FORCE**



T/20200830/2033

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20200830/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2020 12:58		Vide Report No.:		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: ONG CHONG HAN, JOHNATHAN			Address: APT BLK 527 HOUGANG AVENUE 6 #09-217 SINGAPORE 530527		
ID Type / ID No.: NRIC NO / S8845316F			Contact No.:		Mobile: 90477671
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 04/11/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: RESEARCH ASSOCIATE			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2020 01:30	Type of Location: T-Junction
Location: HOUGANG AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
GBK2543E	Lorry	FUSO		White		0
SDQ3938M	Car	TOYOTA		Black	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20200830/2033

2 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4860999

Report No. T/20200830/2033

CONTINUATION OF REPORT

Driver			
Name	MONDOL BIMOL KUMAR	ID No.	G6525898L
Related Vehicle	GBK2543E (Lorry)	Contact No.	94881025
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 CHONG HAN, JOHNATHAN	ID No.	S8845316F
Related Vehicle	SDQ3938M (Car)	Contact No.	90477671
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE LTD.	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	30/08/2020	Date Discharge	30/08/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 30/08/2020 at about 0130hrs, I stopped my vehicle along Hougang Avenue 6, at the junction of Hougang Avenue 6 and Hougang Avenue 10, as the traffic light was red. My car was stationary on the 1st lane as I wanted to make a U-turn.

All of a sudden, I felt an impact at the rear of my car, which caused my car to move about 2 cars length to the front. The impact also caused me to suffer a whiplash injury. Thereafter, I alighted and discovered that a lorry had collided into the rear of my car, causing some serious damages on my car's boot area. Both of us exchanged our particulars and he admitted that he caused the collision as he felt sleepy. We left the scene shortly after.

On the same day at about 0300hrs, I proceeded to Sengkang General Hospital where I was issued with 4 days of MC from 30/08/2020 to 02/09/2020, due to tightness on the back of my neck and bruises on my upper right arm and left calf.

I am therefore lodging this report for the purpose of insurance claim. There was no dash camera in my car at the time of the accident.

Police Report



SINGAPORE
POLICE FORCE



T/20200830/2033

3 of 3

Report No. T/20200830/2033

Police Station Of Origin:

Hougang N.P.C

80 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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 /

Sgt 3 ANNA ANTHONY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/08/2020 12:58

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP169

CERTIFICATE OF INSURANCE



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5058021556-07

Cover : drive CLASSIC

1. Index Mark and Registration Number of Vehicle

= SDQ3938M

Chassis Number

= MRO538K4107018683

2. Name of Policyholder

= ONG PENG HUA

3. Effective Date of Insurance

= 30 Apr 2020

4. Expiry Date of Insurance

= 29 Apr 2021

5. Persons or Classes of Persons entitled to drive

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

= S\$600

EXCESS (SECTION 2)

= N/A

WINDSCREEN EXCESS

= S\$100

ADDITIONAL EXCESS

= N/A

UNNAMED DRIVER EXCESS

= PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

= NO

INSURE WITH COE

= YES

NCD PROTECTION

= YES (FREE)

TRANSPORT ALLOWANCE

= NO

EXCESS WAIVER

= NO

PRIMARY DRIVER

= ONG PENG HUA

NAMED DRIVER (1)

= TOM LUCY

NAMED DRIVER (2)

= N/A

HIRE PURCHASE COMPANY

= N/A

SUM INSURED

= MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 30 Mar 2020 09:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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Accident Photo



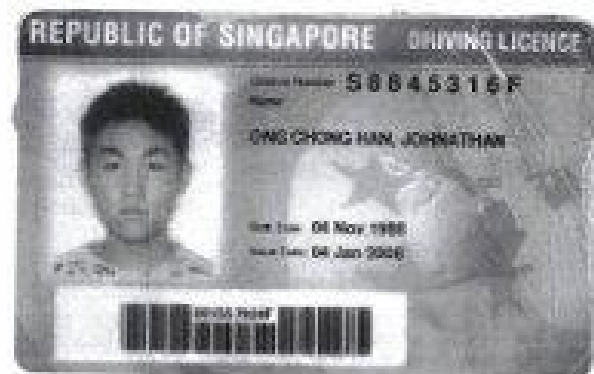
Accident Photo



Accident Photo



Identification Card



Driving License

