

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	15/09/2020 12:00
Date Of Accident	14/09/2020 14:45
Exact Location Of Accident	CTE L/P 579
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY2211C
Insured/Policyholder	
Name Of Registered Owner	ONG HWEE KHENG
NRIC No	SXXXX697E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98165439
Alternative Phone No	OFFICE-98165439

Vehicle Particulars

Manufacturer	BMW
Model	520I
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120021981602
Cover Note Number	

Driver

Name of Driver	ONG HWEE KHENG
NRIC No	SXXXX697E
Date Of Birth	01/09/1965
Occupation	INDOOR
Date Of Driving Pass	16/12/1994
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98165439
Fax Number	
Contact Number	OFFICE-98165439
EEmail Address	NOEMAIL

Address	BLK 704 JURONG WEST ST 71 #08-94
Postcode	640704
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	CHAIN COLLISION
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	4
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: : XIAO YUN FEI GENDER: : MALE

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

Circumstances of Accident

REFER TO POLICE REPORT T/20200915/7002

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	SGU7067T
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SCF921A
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GZ549P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 HWEE KHENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SCY2211C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name XIAO YUN FEI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SCY2211C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

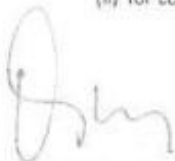
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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:



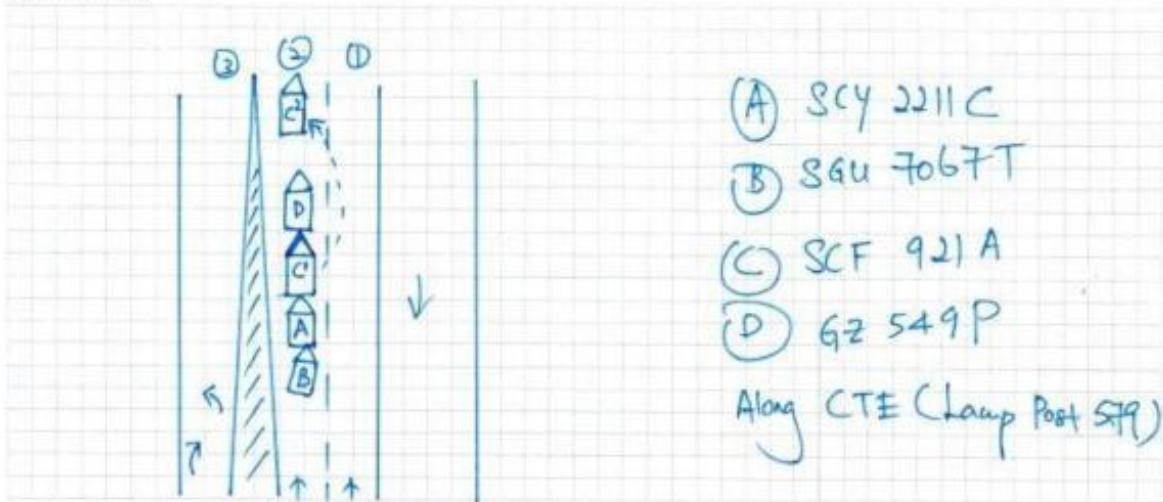
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14-09-2020 @ about 14:45hrs, I was driving my car (SCY 2211C) along CTE in the 2nd lane from the right hand side with my 2 workers inside my car. Suddenly vehicle in front of me stop so i slow down and stop in time too. Suddenly i felt an impact from behind, due to the huge impact my car being push forward and collided onto rear portion of the vehicle C and vehicle C (SCF 921A) moved to the front ahead after accident collision. When i come out to inspect my car and i realized that i was involving 4 cars chain collision accident. Hence I hereto lodge this report to claim against Veh B's Insurance for my accident damages. We & my passenger was left uncomfortable after accident and we want to see doctor after accident and doctor was give us 3 days leave, we will follow up our medical treatment if necessary.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200915/7002

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

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Report No. T/20200915/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2020 11:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG HWEE KHENG			Address: 704 JURONG WEST STREET 71 #08-94 SINGAPORE 640704		
ID Type / ID No.: NRIC NO / S1700697E			Contact No.: Home/Office: Mobile: 98165439		
Nationality: SINGAPORE CITIZEN			Email: jeffong88@gmail.com		
Sex: Male	Age: 55	Date of Birth: 01/09/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Administration manager			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: 14/09/2020 14:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GZ549P	Lorry					0
SCF921A	Car					0
SCY2211C	Car	BMW	520I AT D/AB 2WD 4DR LED NAV	Grey		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200915/7002

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

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Report No. T/20200915/7002

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGU7067T	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCY2211C	UNITED OVERSEAS INSURANCE LIMITED	DHOM120021981602	30/06/2020	29/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	XIAO YUN FEI		ID No. G2547569R
Related Vehicle	SCY2211C (Car)		Contact No. 92729739
Hospital/Clinic	NORTHEAST (BUKIT BATOK) 24 HR FAMILY CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	14/09/2020		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ONG HWEE KHENG		ID No. S1700697E
Related Vehicle	SCY2211C (Car)		Contact No. 98165439
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	14/09/2020		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 14-09-2020 AT ABOUT 14:45HRS, I WAS DRIVING MY CAR (SCY 2211C) ALONG CTE TOWARDS AYE IN THE 2ND LANE FROM THE RIGHT HAND SIDE WITH MY 1 WORKER INSIDE MY CAR. SUDDENLY VEHICLE IN FRONT OF ME STOP SO I SLOW DOWN AND STOP IN TIME TOO. SUDDENLY I FELT AN IMPACT FROM BEHIND. DUE TO THE HUGE IMPACT MY CAR BEING PUSH FORWARD AND COLLIDED ONTO REAR PORTION OF THE VEHICLE C (SCF 921A) AND VEHICLE C MOVED TO THE FRONT AHEAD AFTER ACCIDENT COLLISION. WHEN I COME OUT TO INSPECT MY CAR AND I REALIZED THAT I WAS INVOLVING 4 CARS CHAIN COLLISION ACCIDENT. HENCE I HERETO LODGE THIS REPORT TO CLAIM AGAINST VEH.B (SGU 7067T)'S INSURANCE FOR MY ACCIDENT DAMAGES. ME AND MY PASSENGER (XIAO YUN FEI) WAS FELT

Police Report



**SINGAPORE
POLICE FORCE**



T/20200915/7002

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

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Report No. T/20200915/7002

CONTINUATION OF REPORT

UNCOMFORTABLE AFTER ACCIDENT AND WE WENT TO SEE DOCTOR AFTER ACCIDENT.
DOCTOR WAS GIVE US 3 DAYS MC, WE WILL FOLLOW UP OUR MEDICAL TREATMENT IF
NECESSARY.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200915/7002

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

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Report No: T/20200915/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394

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:
15/09/2020 11:01

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



