

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	18/09/2020 10:10
Date Of Accident	16/09/2020 21:45
Exact Location Of Accident	PASIR RIS DRIVE 8 TOWARDS PASIR RIS DRIVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA783M
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	2XXXXX813C
Email Address	KAHUPLEASING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64589997

Vehicle Particulars

Manufacturer	MAZDA
Model	LANCER
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5114744432
Cover Note Number	

Driver

Name of Driver	ONG YONG HAO
NRIC No	SXXXX938A
Date Of Birth	28/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	16/10/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98593351
Fax Number	
Contact Number	OFFICE-98593351
Email Address	YONGHAO.ONG22@GMAIL.COM

Address	APT BLK 825 WOODLANDS STREET 81 #03-44 SINGAPORE
Postcode	730825
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?	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: : MUHAMMAD FADZLI BIN JANI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SMH292C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY JIN HWEE
NRIC/Passport Number	
Contact Number	96891049

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

DETAILS OF INJURED PERSON 1

Name ONG YONG HAO
Approximate Age 26
Injuries Sustain REFER POLICE REPORT (3 DAYS MC)
Injured person in which vehicle? SKA783M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address APT BLK 825 WOODLANDS STREET 81
#03-44 SINGAPORE
Postcode 730825

DETAILS OF INJURED PERSON 2

Name MUHAMMAD FADZLI BIN JANI
Approximate Age
Injuries Sustain REFER POLICE REPORT (2 DAYS MC)
Injured person in which vehicle? SKA783M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address NA
NA
Postcode NA

Sketch Plan

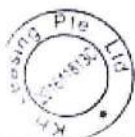
SKETCH PLAN

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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: 17/06/20
1407

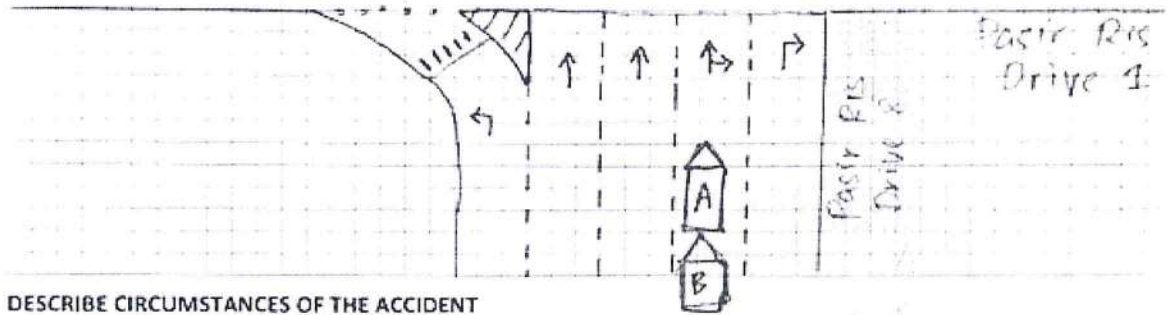
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN

A = SKA 783M

B = SMH 292C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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:

17/09/20
1407

Reporting Centre Personnel's Signature
Name:
NRIC/AIN No:



**SINGAPORE
POLICE FORCE**



T/20200917/2016

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Report No. T/20200917/2016

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2020 10:15		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: ONG YONG HAO			Address: APT BLK 825 WOODLANDS STREET 81 #03-44 SINGAPORE 730825		
ID Type / ID No.: NRIC NO / S9418938A			Contact No.: Home/Office:		Mobile: 98593351
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 28/05/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			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: 16/09/2020 21:45	Type of Location: X-Junction
Location: PASIR RIS STREET 51				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SKA783M	Car				Slightly Damaged	1
SMH292C	Car				Slightly Damaged	0

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

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**SINGAPORE
POLICE FORCE**



T/20200917/2016

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Report No. T/20200917/2016

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver			
Name	ONG YONG HAO	ID No.	S9418938A
Related Vehicle	SKA783M (Car)	Contact No.	98593351
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/09/2020	Date Discharge	17/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TAY JIN HWEE	ID No.	S9122343J
Related Vehicle	NIL	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

Brief Details.

On 16/09/2020 at about 945pm, I was driving my vehicle (SKA783M) traveling along Pasir Ris dr 8 towards Paris Ris dr 1. I was sending passenger to blk 457 Pasir Ris Dr 4. I stopped along the X-junction waiting to turn right to Paris Ris Dr 1. When the traffic light, green arrow appeared. All the vehicles starts to move off. However the vehicle in front of me had slow down. Due to that I step on my brake to slow down as well. That's when I felt an impact from the rear. I then realized that a vehicle (SMH292C) had collided onto my rear bumper.

I spoke to the driver and we exchanged contact details before leaving. After the incident I was feeling giddy and decided to go for a check at KTPH. I was given 3days of MC from 16/09/20 to 18/09/20. I do not have any in car camera in my vehicle. I got to know from my passenger that he was injured also but he did not reveal further.



**SINGAPORE
POLICE FORCE**



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Report No. T/20200917/2016


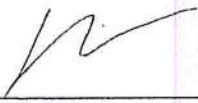

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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: L / Sgt 3 EDWARD SIM ZHI CHAO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2020 10:15
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: 
Authentication Stamp NP168	

