

## 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             | 05/10/2020 17:27               |
| Date Of Accident           | 03/10/2020 19:00               |
| Exact Location Of Accident | WEST COAST FLYOVER TWDS KEPPEL |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMP4356J             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ONG RONGHUA, RICHARD |
| NRIC No                     | SXXXX093H            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96602362 |
| Alternative Phone No        | OFFICE-96602362      |

### Vehicle Particulars

|  |                         |
|--|-------------------------|
| Manufacturer   | HONDA                   |
| Model  | SHUTTLE HYBRID 1.5 AUTO |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                 |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES                     |
| If No, Please state action to be taken                                       |                         |
| Vehicle Category   | PRIVATE HIRE            |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5112627456-01                          |
| Cover Note Number         |  |

### Driver

|                      |  |
|----------------------|--|
| Name of Driver       | ONG RONGHUA, RICHARD (WANG RONGHUA, RICHARD) |
| NRIC No              | SXXXX093H                                    |
| Date Of Birth        | 17/12/1982                                   |
| Occupation           | OUTDOOR                                      |
| Date Of Driving Pass | 19/11/2010                                   |
| Driving Experience   | 9 YEARS AND 10 MONTHS                        |
| Gender               | MALE   |
| Mobile Number        | (LOCAL) +65-96602362                         |
| Fax Number           |  |
| Contact Number       | OFFICE-96602362                              |
| Email Address        | NOEMAIL                                      |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 618A PUNGGOL DRIVE<br>#11-703 |
| Postcode  | 821618                            |
| 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   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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                         | 3                           |
| 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: : -<br>GENDER: : MALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | SENGKANG NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201004/2051.

#### Attachment(s)

|   |                                   |
|---|-----------------------------------|
| Are accident photos available for attachment? | YES                               |
| Was there any video captured by Car Camera?   | YES                               |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH TRAFFIC POLICE |
| Was there any audio recorded?                 | NO                                |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SGX4010K    |
| 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 UNKNOWN  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number 96360997  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ONG RONGHUA, RICHARD (WANG RONGHUA, RICHARD)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMP4356J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan


### SKETCH PLAN

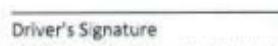
#### IMPORTANT NOTICE

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.

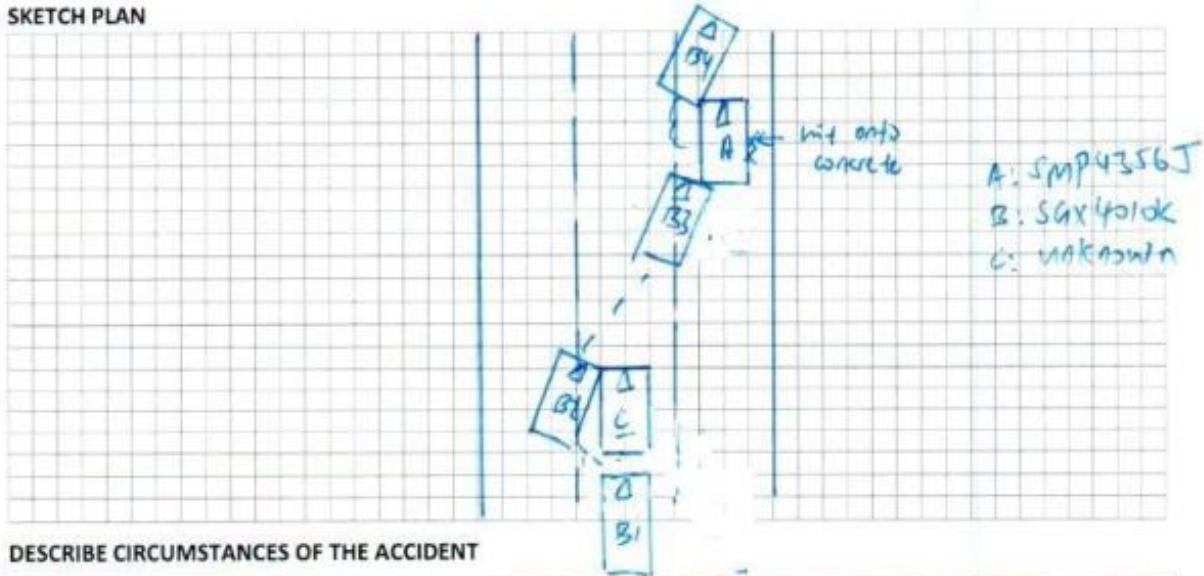
  
Policyholder's Signature  
Date & Time:

  
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

refer to police report - 7/22/2004/205.

### 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/20201004/2051

1 of 4

Report No. T/20201004/2051

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |  |                           |                            |
|--|------------|------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made:<br>04/10/2020 14:48 |            | Vide Report No.:             |  | Station Diary No.:<br>107 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                           |                            |
| Name of Informant:<br>ONG RONGHUA, RICHARD |            |                              | Address:<br>APT BLK 618A PUNGGOL DRIVE #11-703 SINGAPORE<br>821618 |                           |                            |
| ID Type / ID No.:<br>NRIC NO / S8243093H   |            |                              | Contact No.:<br>Home/Office: Mobile: 96602362                      |                           |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                           |                            |
| Sex:<br>Male                               | Age:<br>37 | Date of Birth:<br>17/12/1982 | Type of Informant:<br>Driver                                       |                           |                            |
| Race:<br>Chinese                           |            |                              | Language:  |                           | Institution / School Name: |
| Occupation:<br>PRIVATE HIRE DRIVER         |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3                   |                           | Date of Expiry:            |

## General Information of the Accident

|  |                       |                                    |  |                              |
|--|-----------------------|------------------------------------|--|------------------------------|
| Type of Accident:  | Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>03/10/2020 19:00 | Type of Location:<br>Flyover |
| Location:<br><br>KEPPEL ROAD                                 |                       |                                    |  |                              |
| Weather:<br>Clear  |                       | Road Surface:<br>Dry               | Road Speed Limit:                          |                              |
| Traffic Flow:<br>One Way                                     |                       | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                              |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                       |                                    | Anyone conveyed by ambulance:<br>No        |                              |

## Details of Vehicle Involved

| Vehicle No. | Type | Make  | Model                   | Color | Condition         | No of Passenger |
|-------------|------|-------|-------------------------|-------|-------------------|-----------------|
| SMP4356J    | Car  | HONDA | SHUTTLE HYBRID 1.5 AUTO | Blue  | Seriously Damaged | 1               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SMP4356J    | NTUC Income Insurance Co-Operative Limited | 5112627456-01 | 25/09/2020 | 24/09/2021  |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201004/2051

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Report No. T/20201004/2051

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

## CONTINUATION OF REPORT

| Details of Person Involved        |                                     |  |   |
|-----------------------------------|-------------------------------------|--|---|
| Any Pedestrian Involved: No       |                                     |  |   |
| No. of Pedestrians Injured: NIL   |                                     | Use of Pedestrian Crossing: NA         |   |
| <b>Driver</b>                     |                                     |  |   |
| Name                              | ONG RONGHUA, RICHARD                | ID No.                                 | S8243093H                               |
| Related Vehicle                   | SMP4356J (Car)                      | Contact No.                            | 96602362                                |
| Hospital/Clinic                   | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | 04/10/2020                          | Date Discharge                         | 04/10/2020                              |
| No. of Days granted Medical Leave | 07                                  | Degree of Injury                       | Serious                                 |
| <b>Driver</b>                     |                                     |  |   |
| Name                              | Sirius                              | ID No.                                 | 0                                       |
| Related Vehicle                   | NIL                                 | Contact No.                            | 96360997                                |
| Hospital/Clinic                   | NIL                                 | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL       |
| Date Treatment                    | NIL                                 | Date Discharge                         | NIL                                     |
| No. of Days granted Medical Leave | NIL                                 | Degree of Injury                       | NIL                                     |

## Brief Details.

On the 03/10/2020 at about 1900hrs, I was travelling on West Coast flyover towards Keppel, next to Vivocity, when all of a sudden I felt an impact on the rear. I was driving on the first lane at about 70km/h when I was hit by another car, on the rear left. I was unsure of the plate number of the said vehicle as he then hit onto another car before fleeing.

The other vehicle whom the car had hit did not manage to capture his plate number as well. I have given the SD card of the footage of the accident to the Traffic Police, who then came shortly after. My car was severely damaged, with the number plate being dislodged as well. I had one passenger in my vehicle as I was driving Grab however when ambulance came shortly after, the paramedics had assessed the both of us. Both of us were not conveyed by the ambulance. I wish to state that my spectacles broke due to the impact and that my phone screen cracked as well.

The other party had saw that there were 4 Indian male subject in the hit and run vehicle. The other party had also found an iPhone, suspecting that it belonged to one of the hit and run subject, and had passed the phone to the Traffic Police attended.

I wish to state that I had sustained injuries - neck pain that requires an MRI scan, and received 7 days of MC from the 04/10/2020 to 10/10/2020.

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20201004/2051

3 of 4

Report No. T/20201004/2051

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201004/2051

4 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20201004/2051

## 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 1 NUR SYAHIRAH BINTE MD LAZIM

Signature Of Informant

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/10/2020 14:48

Officer In Charge Of Case:  
TP / HRT /  
SI TAN JEOK LENG  
Contact No.: 65476144

Classification Of Case:

Authentication Stamp  
NP168



Signature:

Singapore Police Force

SN 005

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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Accident Photo



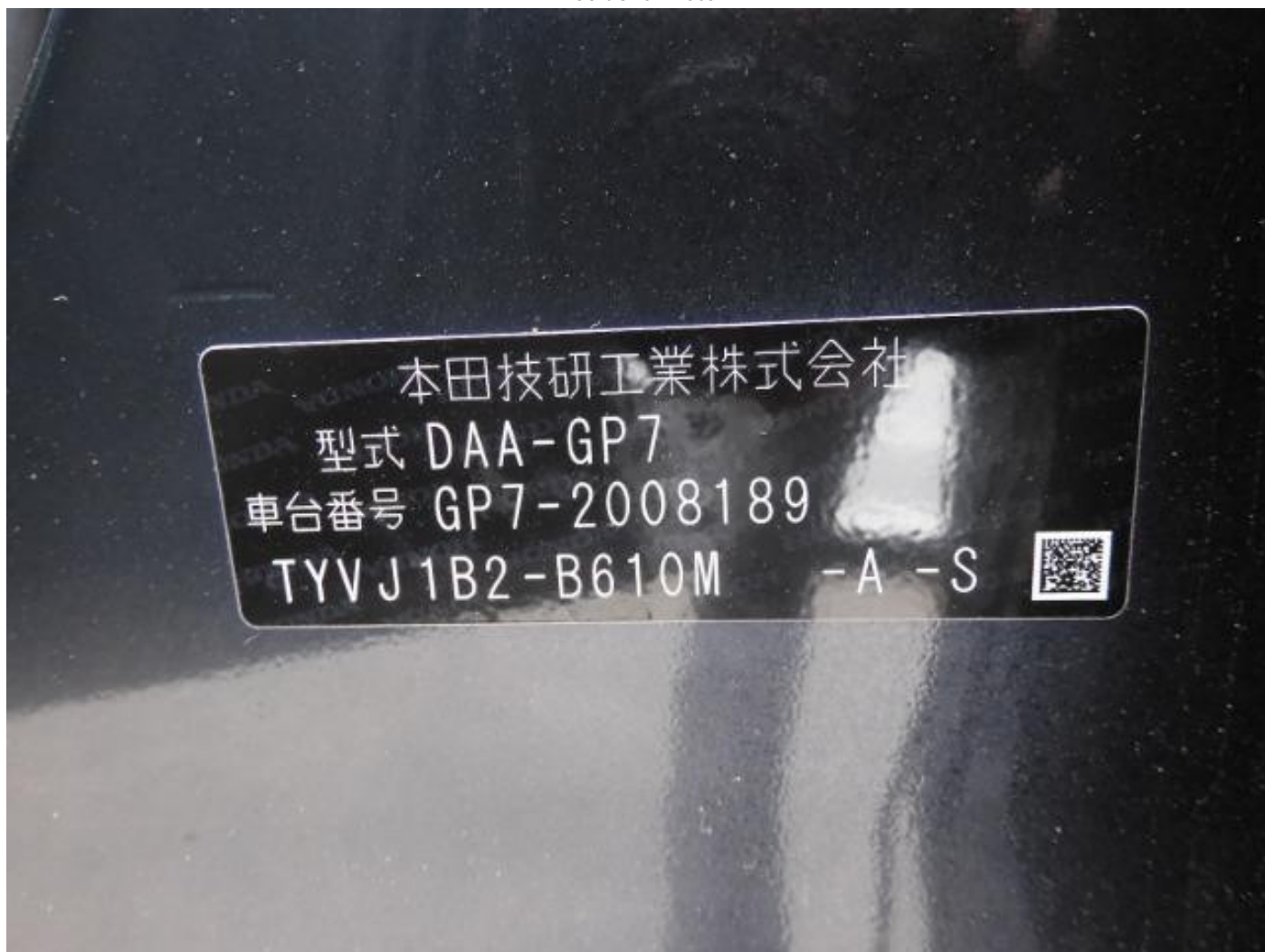
Accident Photo



Accident Photo







## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120086936 Vehicle Registration No: UMP43567  
Name(as shown in NRIC) : Ang Ronghuu, Richard NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 96602362  
Email Address : \_\_\_\_\_  
Date of Accident : 3/12/20 Time of Accident : 19:00  
Place of Accident : West Coast flyover twds Keppel  
Insurance Company: NTUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to own damage claim.  
Vehicle currently at MOVA Automotive Pte Ltd  
contact number: 64763333  
email: nithu@mova.com.sg  
Location: Blk 1008 Bukit Merah Lane 3  
101-04/04/08, Singapore (159722)

Policyholder / Driver's Signature  
Date:

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