

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	12/10/2020 14:19
Date Of Accident	10/10/2020 09:50
Exact Location Of Accident	PIE TWDS CHANGI BEFORE WHITLEY EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD5710L
Insured/Policyholder	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	2XXXXX540Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00005692000
Cover Note Number	

Driver

Name of Driver	ONG CHEE HEONG
NRIC No	SXXXX672B
Date Of Birth	25/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1986
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83888053
Fax Number	
Contact Number	OFFICE-83888053
Email Address	NOEMAIL

Address	BLK 138 RIVERVALE STREET #07-754
Postcode	540138
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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: : GORDAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20201011/7018.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1882D
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO THIAM SENG
NRIC/Passport Number	SXXXX557C

Contact Number 85818012
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB635M
Vehicle Make/Model/Colour TOYOTA PRIUS
Details Of Properties
Vehicle Category TAXI
Name of Driver SIM SAY AUN
NRIC/Passport Number SXXXX882C
Contact Number 93212468
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG CHEE HEONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJD5710L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name GORDAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJD5710L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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:

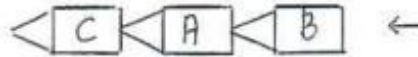

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Person's Signature
Name:
NRIC/PIN No.:

Accident Sketch Plan

SKETCH PLAN

PIE Towards Changi Before Whitley Exit
(Extreme Left).



- (A) SJD5710L
- (B) SHC1882D
- (C) SHB635M.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi before Whitley exit at the extreme left lane. when vehicle C stop. I also stopped in time and my vehicle was stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle. The impact is great and causing my vehicle move forward and hit onto vehicle C.

Whole accident was captured by vehicle built-in video recorder. It was a three vehicles chain collision

Please refer to the Police Report No: F/20201011/7018

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**



F/20201011/7018

1 of 2

POLICE REPORT (NP299)

Report No. F/20201011/7018

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 11/10/2020 11:39	Vide Report No.	Station Diary No.
Name Of Informant ONG CHEE HEONG	Address 138 RIVERVALE STREET #07-754 SINGAPORE 540138	
ID Type / ID No. NRIC NO / S6840672B	Contact No. Home/Office:	Mobile: 83888053
Nationality SINGAPORE CITIZEN	Email Address ONGSAM68@YAHOO.COM	
Occupation Grab driver	Sex Male	Age 51
Institution/School Name	Date of Birth 25/10/1968	Race Chinese
Date/Time Of Incident 10/10/2020 09:50 - 10/10/2020 10:30	Language English	
	Location Of Incident 138 RIVERVALE STREET #07-754 SINGAPORE 540138	

Brief details.

At the above date and time, I was fetching a passenger from Bukit Panjang to Funan Centre. I was travelling at PIE towards Changi (near Stevens road exit) in lane 3. Due to moderate traffic, a SMRT taxi (SHB635M) in front of me slow down and stop. I reacted accordingly and slow down and had came to a stop. Within seconds, I was hit from behind by a Comfort Taxi (SHC1882D) and that impact caused me to move forward and hit the SMRT taxi. Fortunately no one was hurt.

Subjects Involved

Victim

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

11/10/2020 11:39

Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



F/20201011/7018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201011/7018

Person Name	ONG CHEE HEONG		
ID Type	NRIC NO	ID No	S6840672B
Gender	Male	Age	51
Race	Chinese	Language	English
Occupation	Grab driver	Address	138 RIVERVALE STREET #07-754 SINGAPORE 540138
Mobile No	83888053	Is Informant A Victim?	Yes
Person Name	ONG CHEE HEONG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

11/10/2020 11:39

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



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