

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	06/11/2020 15:32
Date Of Accident	06/11/2020 06:45
Exact Location Of Accident	AIRPORT RD JUNC OF UBI ROAD 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8197D
Insured/Policyholder	
Name Of Registered Owner	AP AUTOMOTIVE SERVICES PTE LTD
Co Reg No	2XXXXX890H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67844465

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA / SIENTA HYBRID 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5119272968
Cover Note Number	

Driver

Name of Driver	ONG PANG CHEOW
NRIC No	SXXXX013E
Date Of Birth	26/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1980
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83083021
Fax Number	
Contact Number	
Email Address	ONGPC5@GMAIL.COM

Address	BLK 262A COMPASSVALE STREET #07-127
Postcode	541262
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: : MUZLITAH
	GENDER: : FEMALE

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

AS PER POLICE REPORT No. T/20201106/7008;

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	SJE6174Y
Vehicle Make/Model/Colour	TOYOTA / RUSH 1.5X A
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 INJURED PERSON 1

Name	ONG PANG CHEOW
Approximate Age	57
Injuries Sustain	
Injured person in which vehicle?	SMA8197D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 262A COMPASSVALE STREET #07-127
Postcode	541262

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacbk@vicom.com.sg

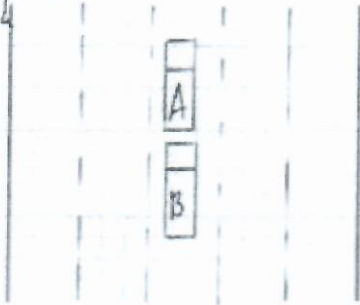
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: - 6 NOV 2020

Accident Sketch Plan

SKETCH PLAN

T-junction of
Report Rd 4
Whi Rd 2



(A) SMA 8197D

(B) STE 6174Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report: P10201106/T008



DECLARATION

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



Policyholder's Signature
Date & Time:

CS

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933

Tel: 67416697 Fax: 67492305
Email: vackb@vlcom.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: -- 6 NOV 2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201106/7008

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

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Report No. T/20201106/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 13:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG PANG CHEOW			Address: 262A COMPASSVALE STREET #07-127 SINGAPORE 541262		
ID Type / ID No.: NRIC NO / S1580013E			Contact No.: Home/Office: Mobile: 90069231		
Nationality: SINGAPORE CITIZEN			Email: ONGPC5@GMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 26/02/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/11/2020 06:45	Type of Location: T-Junction
Location: UBI ROAD 2 & AIRPORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SJE6174Y	Car					0
SMA8197D	Car					0

Details of Person Involved

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201106/7008

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20201106/7008

CONTINUATION OF REPORT

Passenger			
Name	MUZLITAH	ID No.	NIL
Related Vehicle	SMA8197D (Car)	Contact No.	92709342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	ONG PANG CHEOW	ID No.	S1580013E
Related Vehicle	SMA8197D (Car)	Contact No.	90069231
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

ON 06.11.2020 AT ABOUT 06:45hrs, I WAS TRAVELLING ALONG JUNCTION OF AIRPORT ROAD & UBI ROAD 2. UPON REACHING THE TRAFFIC JUNCTION, I SLOW DOWN & STOP. ONCE THE TRAFFIC TURN GREEN, UPON MOVING SLOW. ALL OF A SUDDEN, I FELT AN HARD IMPACT FROM THE REAR. THEN I REALISED A VEHICLE SJE 6174Y HAD COLLIDED ONTO MY REAR. THE IMPACT WAS GREAT & I VISIT A DOCTOR. I WAS GIVEN 5 DAYS OF MC. THAT'S ALL

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201106/7008

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

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Report No. T/20201106/7008

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 /
ONG YONG HOCK
Contact No.: 65476436

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

Date/Time:
06/11/2020 13:16

Classification Of Case:

Authentication Stamp
NP168