

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	16/11/2020 16:17
Date Of Accident	13/11/2020 15:15
Exact Location Of Accident	BUKIT BATOK RD TWDS CHOA CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW2916R
Insured/Policyholder	
Name Of Registered Owner	PET PALACE PET SHOP
Co Reg No	5XXXX718M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93638242
Alternative Phone No	OFFICE-93638242

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E 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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075326210-04
Cover Note Number	

Driver

Name of Driver	OW KOK KONG
NRIC No	SXXXX178D
Date Of Birth	30/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	04/05/2010
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96228348
Fax Number	
Contact Number	OFFICE-96228348
Email Address	NOEMAIL

Address	BLK 836 JURONG WEST STREET 81 #13-65
Postcode	640836
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201113/2119.

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	GBE2378Y
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	OW KOK KONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGW2916R
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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature
Date & Time:



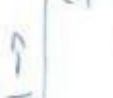
Driver's Signature
(If driver is not policyholder)
Date & Time:



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

SKETCH PLAN

but it takes time to check every road →



4 3 2 1

Veh A: SGV 2416 R

Vch B : GBE 23784

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

Policyholder's Signature
Date & Time:

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201113/2119

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20201113/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2020 21:25	Vide Report No.:	Station Diary No.: 111
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Informant's Particulars

Name of Informant: OW KOK KONG			Address: APT BLK 836 JURONG WEST STREET 81 #13-65 SINGAPORE 640836		
ID Type / ID No.: NRIC NO / S0138178D			Contact No.: Home/Office: Mobile: 96228348		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 30/12/1951	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Pet groomer			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: 13/11/2020 15:15	Type of Location: T-Junction
Location: BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE2378Y	Van				Slightly Damaged	0
SGW2916R	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW2916R	NTUC Income Insurance Co-Operative Limited	5075326210-04	12/07/2020	11/07/2021

Police Report



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POLICE FORCE**



T/20201113/2119

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20201113/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OW KOK KONG	ID No.	S0138178D
Related Vehicle	SGW2916R (Car)	Contact No.	96228348
Hospital/Clinic	Unihealth 24-Hr Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/11/2020	Date Discharge	13/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13 November 2020 at about 3.15 pm, I stopped my vehicle at the traffic junction of Bukit Batok Road and Choa Chu Kang Way as the traffic light was red. I was travelling towards Bukit Panjang. There were a few vehicles in front of my vehicle. Out of sudden, I felt an impact from the back of my vehicle and when I alighted from my vehicle to check. Subsequently I saw a vehicle GBE2378Y had knocked onto the rear of my vehicle. The driver of the other vehicle is a male Chinese and we then exchanged our details and I then left the place.

Later in the evening, I felt discomfort on my shoulders and neck and I then went to see a doctor at Unihealth 24-Hr Clinic located at Block 135 Jurong Gateway Road. I was then given 3 days of MC by the doctor.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201113/2119

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20201113/2119

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:

D /
SI TEO LAI HENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/11/2020 21:25

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

SN 34

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

