

# 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 Submission ..... 26/11/2020 16:45 (SGT)  
Date of Accident ..... 26/11/2020 14:00 (SGT)  
Exact Location of Accident ..... 391A Orchard Rd, Singapore 238873  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJT9598J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SHL MOTOR PTE LTD  
Company Reg No ..... 2XXXXX814M  
Email Address ..... KSCGP8@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-62826184  
Alternative Phone No ..... +65-62826184

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... STREAM 1.8X A  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... 5109792828-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ONG CHIN HUNG (WANG ZHENHANG)  
NRIC No ..... SXXXX521H  
Date Of Birth ..... 30/12/1981  
Occupation ..... Outdoor

Date Of Driving Pass .....	25/07/2005
Driving experience .....	15 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83882252
Alt. Phone Number .....	(Office) +65-83882252
Email Address .....	KSCGP8@GMAIL.COM
Address .....	BLK 953 JURONG WEST STREET 91 #09-611
Address complement .....	-
Postcode .....	640953
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201126/2082.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLF1877G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... ONG CHIN HUNG (WANG ZHENHANG)  
Address .....  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### WITNESS DETAILS

WITNESS 1

Name ..... FRANK  
Phone ..... (Phone) +65-92992717  
Email ..... -

**SKETCH PLAN**

**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. 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:

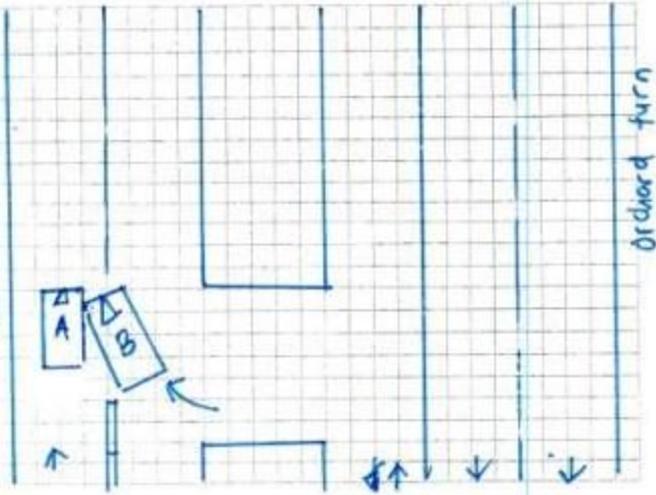
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A: 5J79598J  
 B: 5UF18776

Ngee Ann City pickup point.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along extreme left lane near Ngee Ann City pickup point. Suddenly I felt an impact of my vehicle and realised that vehicle B make a right turn from orchard turn towards Ngee Ann city pickup point. Vehicle B cut onto my lane and causes damage to my vehicle on the front right portion.

DECLARATION

I/We declare that 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.:

*[Handwritten signature]*

*[Handwritten signature]*
























**SINGAPORE  
POLICE FORCE**


T/20201126/2082

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20201126/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/11/2020 19:10	Vide Report No.:	Station Diary No.: 133
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: ONG CHIN HUNG		Address: APT BLK 953 JURONG WEST STREET 91 #09-611 SINGAPORE 640953	
ID Type / ID No.: NRIC NO / S8141521H		Contact No.: Home/Office:                      Mobile: 83882252	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 31/12/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2020 14:00	Type of Location:
Location: ORCHARD ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT9598J	Car	HONDA	STREAM	Black	Slightly Damaged	0
SLF1877G	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT9598J	NTUC Income Insurance Co-Operative Limited	5109792828010000 20	23/05/2020	22/05/2021



**SINGAPORE  
POLICE FORCE**



T/20201126/2082

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20201126/2082

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHIN HUNG	ID No.	S8141521H
Related Vehicle	SJT9598J (Car)	Contact No.	83882252
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/11/2020	Date Discharge	26/11/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 26/11/2020 at about 1400hrs, I was driving from Tower B of Ngee Ann City and heading towards the pick up point. There are 2 lanes there and I was on the left lane as I wanted to enter the pick up point.

Suddenly, there was a car which made a turn from Orchard Turn and wanted to enter the pick up point as well. The car did not give way and the front left of the car collided onto the front right of my car.

I spoke to the driver who was a female and she did not want to provide her particulars to me. She advised me to use the vehicle registration number and lodge a report with insurance. I was not injured at that time. There was no Traffic Police or Ambulance at scene.

After some time I felt pain on my neck and back. Thus, I consulted the doctor and was given 5 days of MC.

The vehicle I was driving belongs to SHL Motor Pte Ltd for grab usage.



**SINGAPORE  
POLICE FORCE**



T/20201126/2082

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3  
Report No. T/20201126/2082

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: J/ Sgt 3 GUNASEELAN RAVESADRAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	
Authentication Stamp NP188	

Signature Of Informant:	
Date/Time: 26/11/2020 19:10	
Classification Of Case:	





**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: S665500206 / 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 : MNA 120105393-01 Vehicle Registration No: SJT9598J  
 Name (as shown in NRIC) : SHL MOTOR PTE LTD NRIC/FIN/Passport No : 2XXXXX814M  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : 62826184 Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 26/11/2020 Time of Accident : 1400  
 Place of Accident : NGEE ANN CITY PICK-UP POINT  
 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:

Add in email : kscgp8@gmail.com



Policyholder / Driver's Signature  
 Date:

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