

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 07/12/2020 21:19 (SGT)
Date of Accident 03/12/2020 19:05 (SGT)
Exact Location of Accident Tampines Ave 9, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ4896K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG CHING SENG @ ANG SIN SENG
NRIC No SXXXX804A
Email Address cassandraong@gmail.com
Mobile Phone No (Phone) +65-96736488
Alternative Phone No +65-96736488

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100491749-03
Cover Note Number -

DRIVER

Name of Driver ONG CHING SENG @ ANG SIN SENG
NRIC No SXXXX804A
Date Of Birth 24/08/1956
Occupation Indoor

Date Of Driving Pass	31/05/1979
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96736488
Alt. Phone Number	+65-96736488
Email Address	casssandraong@gmail.com
Address	BLK 569 #12-68
Address complement	PASIR RIS STREET 51
Postcode	510569
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CASSANDRA ONG YEE TING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SJX7055B
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	CASSANDRA ONG YEE TING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLJ4896K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:

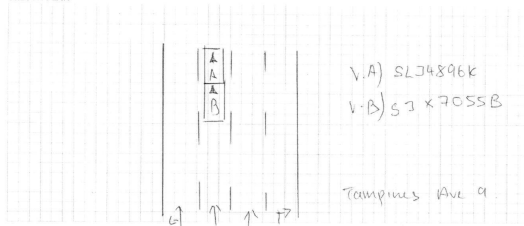
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Personnel's Signature
Name:
NRIC/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight in my lane, slowed down and came to a complete stop as traffic turned amber. Suddenly I felt a great impact from the rear shortly I alighted my vehicle and realised it was SJX7055B collided against my stationary vehicle. Initially the driver wanted to provide some, however my daughter was injured and the SJX7055B the not agree with the medical bill amount and also the repair he promised was to replace but it was repair instead. The workshop also dismounted my rear bumper and reinforcement bar we did not manage to settle this privately hence I'm filing this for insurance claim purposes.

RESICK ARBOR T/20201204/7045

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.:







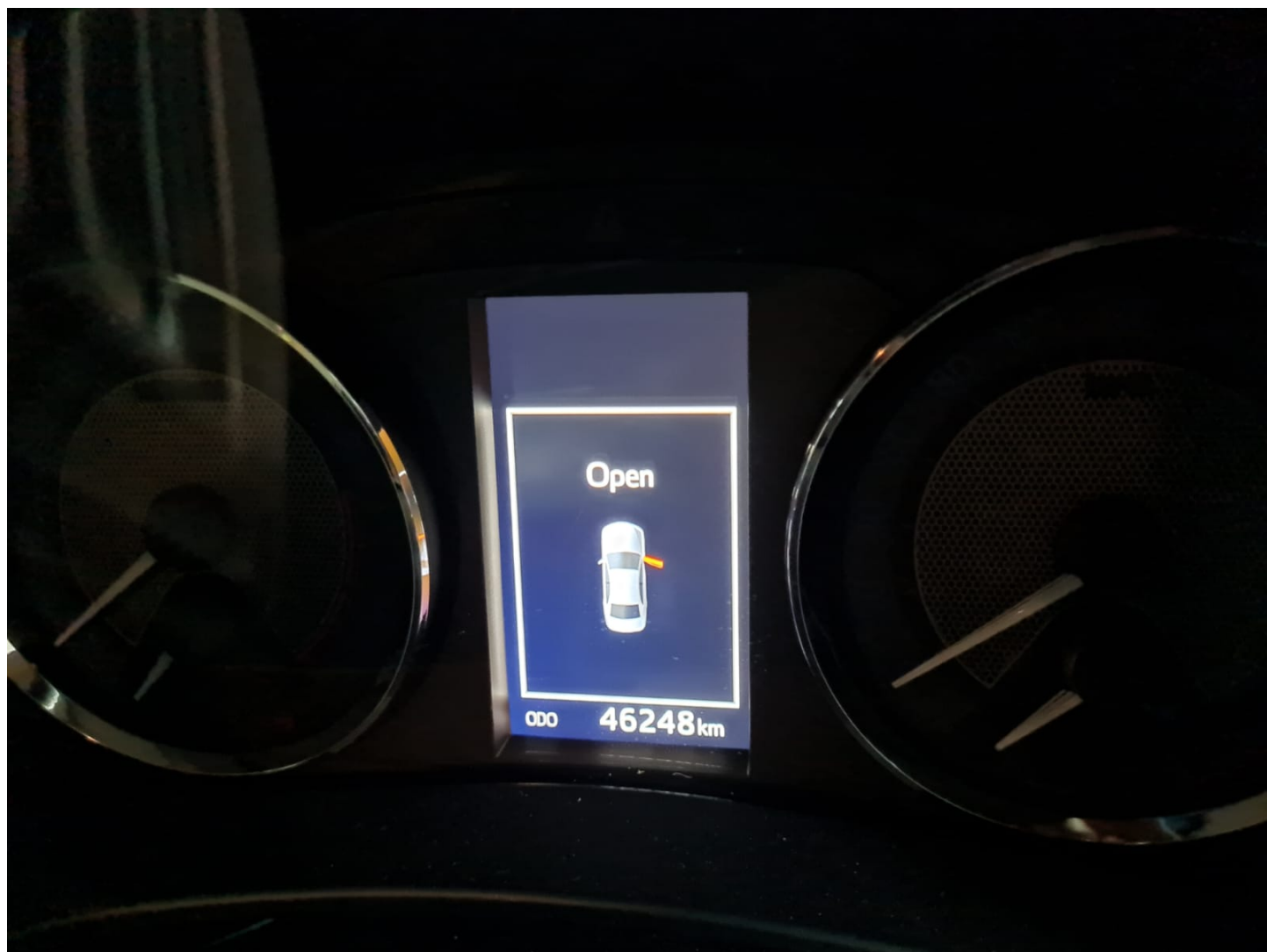














**SINGAPORE
POLICE FORCE**



T/20201204/7045

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

1 of 3
Report No. T/20201204/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2020 19:25 Vide Report No.: Station Diary No.:

Informant's Particulars				
Name of Informant: ONG CHING SENG			Address: 569 PASIR RIS STREET 51 #12-68 SINGAPORE 510569	
ID Type / ID No.: NRIC NO / S1178804A			Contact No.: Home/Office: Mobile: 96736488	
Nationality: SINGAPORE CITIZEN			Email: cassandraong@gmail.com	
Sex: Male	Age: 64	Date of Birth: 24/08/1956	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2020 19:05	Type of Location: Straight Road
Location: TAMPINES AVENUE 9				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SLJ4896K	Car	TOYOTA	COROLLA+ ALTIS+1.6+ CVT	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLJ4896K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100491749-03	29/11/2020	28/11/2021



**SINGAPORE
POLICE FORCE**



T/20201204/7045

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

2 of 3
Report No: T/20201204/7045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CASSANDRA ONG YEE TING	ID No.	S9344183D
Related Vehicle	SLJ4896K (Car)	Contact No.	97717010
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/12/2020	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	ONG CHING SENG	ID No.	S1178804A
Related Vehicle	SLJ4896K (Car)	Contact No.	96736488
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	NIL

Brief Details.

On the above stated date and time, Vehicle SJX7055B hit onto the rear of my vehicle with a huge impact causing my vehicle to move forward. My daughter, the passenger gotten a 5 days mc hence i am doing this report.



**SINGAPORE
POLICE FORCE**

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



T/20201204/7045

3 of 3

Report No. T/20201204/7045

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

Authentication Stamp
NP-168

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

Date/Time:
04/12/2020 19:25

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048590
 Tel (65) 6224 0020 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S665500205 / GST Reg. No.: M406017795

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 : SN0820C7000F Vehicle Registration No: SLJ 4896K
 Name (as shown in NRIC) : CHIAH HONG & CHIAI SIM HONG NRIC/FIN/Passport No : S665500205
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 08/12/2020 Time of Accident : 19:05
 Place of Accident : TAMPINES DMV S
 Insurance Company : OCF

(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:

To Inform Policy Number on SR 2100491749-02

Policyholder / Driver's Signature
 Date:

Reporting Centre Person's Signature
 Name: