

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	16/01/2021 11:08 (SGT)
Date of Accident	15/01/2021 11:10 (SGT)
Exact Location of Accident	Near Marine Parade Flyover, Singapore
Additional Location Information	Slip Road of ECP to Still Road South / East Coast Park Service Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3374T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BIS Motoring Pte Ltd
Company Reg No	2XXXXX055D
Email Address	keifan@bismotoring.com.sg
Mobile Phone No	(Phone) +65-66815720
Alternative Phone No	+65-66815720

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
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	Allianz
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	COI-SPMF1000000413-SLV3374T
Cover Note Number	-

DRIVER

Name of Driver	Ong Seng Thye
NRIC No	SXXXX499H
Date Of Birth	23/01/1962

Occupation	Outdoor
Date Of Driving Pass	27/12/1979
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91075682
Alt. Phone Number	-
Email Address	davidong1062@gmail.com
Address	Block 641 Ang Mo Kio Avenue 4
Address complement	#11-808
Postcode	560641
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Gojek pax
Gender	Female

PASSENGER 2

Name	Gojek pax
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On the above mentioned date and time, I was driving my vehicle (A: SLV3374T) from ECP slip Road to Still Road South. A vehicle (B: GBG3073J) suddenly dashed out from the exit of East Coast Park Service Road and hit onto the left portion of my vehicle.

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	GBG3073J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Ong Seng Thye
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV3374T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

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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.
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

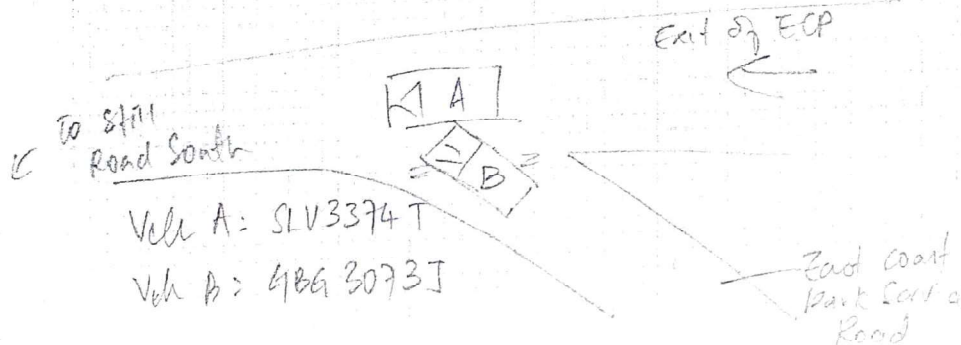
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

After written statement and Police report: 7/20/2015/2015

Destination

While driving the responsibility for the accident was on the driver.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Ang Mo Kio North N.P.C.
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4249999

Report No: T202101152006

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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 do not have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F/ Sgt 2 WU QIAN RONG <i>ky</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2021 18:49
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No: 65476404	Classification Of Case:


Authentication Stamp
NP168

SINGAPORE POLICE FORCE
ky
SIGNATURE

BN164

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
559784
Tel No: 1800-4949899

 T/20210115/2096

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Report No. T/20210115/2096

CONTINUATION OF REPORT

Brief Details.
On 15/01/2021, at 1110 hrs, I was driving my vehicle bearing plate number SLV3374T travelling along the exit of East Coast Park road towards Marine Parade. I was carrying two passengers with me.

A s a van bearing the vehicle plate number GBG30731 suddenly dashed out from the exit of East Coast Park Service road. I was not able to stop in time. As such, the van collided onto my vehicle's left.

After the collision, we alighted from the vehicles and exchanged particulars and took some photos of the accident scene.

I have a 4 days MC for my back injuries, the two passengers suffered no injuries at that point of time.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Ang Mo Kio North N / P / C
51 Ang Mo Kio Avenue 5 SINGAPORE
589784
Tel No. 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2021 18:45

Vide Report No:

Stationery No: 49

Informant's Particulars

Name of Informant: ONG SENG THYE

Address: APT BLK 641 ANG MO KIO AVENUE 4 #11-858 SINGAPORE 660641

ID Type / ID No: NRIC NO / S1647490H

Contact No: Mobile: 91075682

Nationality: SINGAPORE CITIZEN

Email:

Sex: Male Age: 58 Date of Birth: 23/01/1962

Type of Informant: Driver

Race: Chinese

Language: Institution / School Name:

Occupation: GOJEK DRIVER

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: 15/01/2021 11:10	Type of Location: Bend
Location: STILL ROAD SOUTH				

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG3073J	Van					0
SLV3374T	Car					2