

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	02/02/2021 17:01 (SGT)
Date of Accident	30/01/2021 14:00 (SGT)
Exact Location of Accident	Punggol Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XA9969G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG PANG PUN
NRIC No	SXXXX637C
Email Address	ONGPANGPUN@GMAIL.COM
Mobile Phone No	(Phone) +65-90013311
Alternative Phone No	+65-90013311

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	-
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5104528720-02
Cover Note Number	-

DRIVER

Name of Driver	ONG PANG PUN
NRIC No	SXXXX637C
Date Of Birth	06/09/1960
Occupation	Outdoor



Date Of Driving Pass	30/09/1993
Driving experience	27 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90013311
Alt. Phone Number	+65-90013311
Email Address	ONGPANGPUN@GMAIL.COM
Address	BLK 522C TAMPINES CENTRAL 7 #13-33
Address complement	-
Postcode	523522
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	No Collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210131/2052

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	SLQ1015U
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) -

SKETCH PLAN

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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

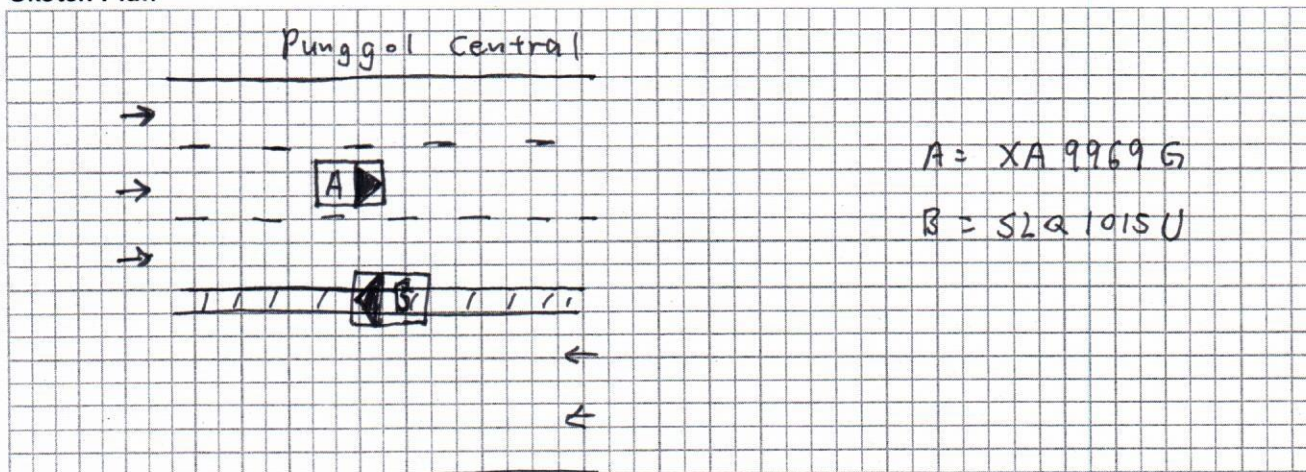
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to Police Report T/20210131 / 2052

We declare the foregoing particulars are true in every respect.



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



Witnessed by Reporting Centre Personnel	
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SINGAPORE POLICE FORCE



T/20210131/2052

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20210131/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2021 13:45	Vide Report No.: F/20210130/0161	Station Diary No.: 31
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Informant's Particulars

Name of Informant: ONG PANG PUN			Address: APT BLK 522C TAMPINES CENTRAL 7 #13-33 SINGAPORE 523522		
ID Type / ID No.: NRIC NO / S1428637C			Contact No.: Home/Office: Mobile: 90013311		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 06/09/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2021 14:00	Type of Location: Straight Road
Location: PUNGGOL CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ1015U	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Grey		2
XA9969G	Lorry	MITSUBISHI	FUSO FV70HJD2V DEA	White	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XA9969G	NTUC Income Insurance Co-Operative Limited	5104528720-02	17/10/2020	16/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH BOON GUAN	ID No.	NIL
Related Vehicle	SLQ1015U (Car)	Contact No.	82225122
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ONG PANG PUN	ID No.	S1428637C
Related Vehicle	XA9969G (Lorry)	Contact No.	90013311
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 31/01/2021 at 1400 hrs at the above mentioned location as I was driving my lorry plate number XA9969G. while I was driving straight in the middle lane I heard a loud banding sound as I stopped my vehicle to check. I saw a vehicle plate number SLQ1015U was at the most right side lane had drove into the railing of the road divider. However nobody was injured and the Traffic police came to the scene and gave me a case card F/20210130/0161 and had seized my dashcam SD card for further investigation. I wish to state that I did not cause the accident and my vehicle as no damages.

I am lodging this report for my own record purposes.



**SINGAPORE
POLICE FORCE**



T/20210131/2052

3 of 3

Report No. T/20210131/2052

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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:

G /

Sgt 1 HARIDAS S/O MANOGERAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ABDUL RAHIM BIN SALIM

Contact No.: 65476437

Signature Of Informant:

Date/Time:

31/01/2021 13:45

Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/01/2021 16:32"/>
Vehicle No.(For Motor)	<input type="text" value="XA9969G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104528720-02		ONG PANG PUN	S1428637C	GCV	Comprehensive	XA9969G	XA9969G	17/10/2020	16/10/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 1 / 21) (DD/MM/YYYY), TIME: (14 : 00) (HH:MM)

LOCATION: Punggol Central

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XA 9969 G
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mit Fuso 1000 15000 ☒ Auto
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Ong Pang Pun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90013311
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Tampines NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLQ 1015 U MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = ongpangpun@gmail.com

Fax = _____

VIDEO = Yes