

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 24/03/2021 09:41 (SGT)
Date of Accident 25/02/2021 13:20 (SGT)
Exact Location of Accident Ang Mo Kio Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB6631E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HENG HUP ALUMINIUM & RENOVATION CONSTRUCTION
Company Reg No -
Email Address HENG-HUP@YAHOO.COM.SG
Mobile Phone No (Phone) +65-67436344
Alternative Phone No +65-67436344

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 1900236612-01
Cover Note Number -

DRIVER

Name of Driver ONG CHOON HENG
NRIC No SXXXX759C

Date Of Birth	20/09/1965
Occupation	Outdoor
Date Of Driving Pass	06/04/1987
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90276632
Alt. Phone Number	-
Email Address	HENG-HUP@YAHOO.COM.SG
Address	BLK 76 BEDOK NORTH RD #13-172
Address complement	-
Postcode	460076
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Kembangan Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007489999
Alt. Police Station Phone No	(Fax) +65-67454676
Police Station Address	Blk 112 Lengkong Tiga #01-215 Singapore 410112
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210310/2088

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	SLH6267Z
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**IMPORTANT NOTICE**

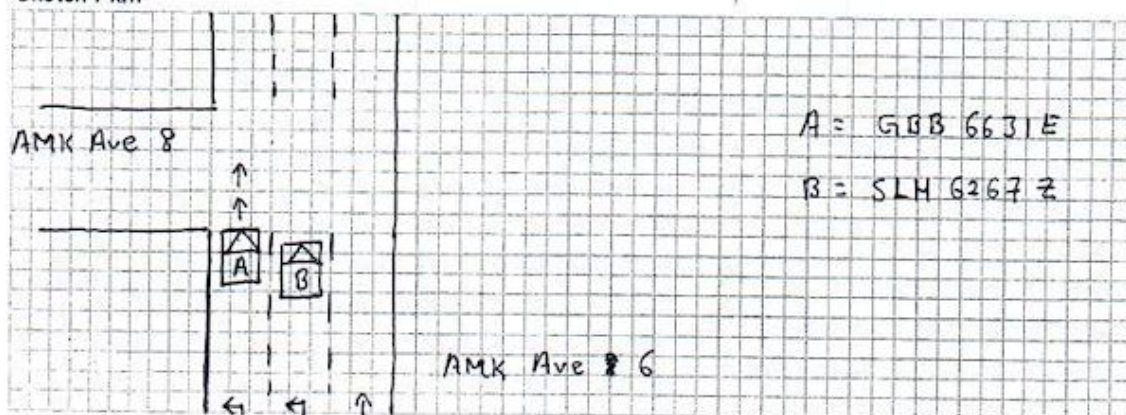
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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/are 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 based outside of Singapore, for one or more of the above Purposes.

**HENG HUP ALUMINIUM &
RENOVATION CONSTRUCTION**
Blk 3006, #02-378 Ubi Road 1
Singapore 408700
Tel: 7436344 Fax: 7435391

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/20210310/2088

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

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**SINGAPORE
POLICE FORCE**


T/20210310/2088

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

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Report No. T/20210310/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2021 16:09		Vide Report No.:		Station Diary No.: 28
Informant's Particulars				
Name of Informant: ONG CHOON HENG		Address: APT BLK 76 BEDOK NORTH ROAD #13-172 SINGAPORE 460076		
ID Type / ID No.: NRIC NO / S1710759C		Contact No.: Home/Office: Mobile: 90276632		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 20/09/1965	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: BUSINESS OWNER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 25/02/2021 13:20	Type of Location: Bend
Location: ANG MO KIO AVENUE 8				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Unsure if there was a collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6631E	Lorry				No Damage	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210310/2088

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

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Report No. T/20210310/2088

CONTINUATION OF REPORT

Driver			
Name	ONG CHOON HENG	ID No.	S1710759C
Related Vehicle	GBB6631E (Lorry)	Contact No.	90276632
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/02/2021 at about 1320hrs, I was driving on the left lane along Ang Mo Kio Ave 8. As the traffic light turned red, my lorry and the ambulance beside drop to a stop with me on the left turning lane and the ambulance on the lane to my right. There are 3 lanes along the road that I was driving on, the left lane that I was on and the middle lane that the ambulance was on can only turn left while the third lane allows cars to go straight. After the traffic light turned green, I did not make a left turn but went straight illegally, thus causing the ambulance next to me to come to a sudden halt after they started moving. However, I did not feel that there was any collision and was unaware of any collision, thus I continued onward. As I knew that I was in the wrong, I drove back to the incident location however I could not locate the ambulance anymore. Thus, I am lodging this traffic accident report and I had received a letter from Traffic Police to lodge a traffic accident report. I did not sustain any injuries and my vehicle did not suffer any damage whatsoever. I would also like to mention that I do not have an on-board camera in my lorry.



**SINGAPORE
POLICE FORCE**



T/20210310/2088

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

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Report No. T/20210310/2088

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 2 HAM SHEARES

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/03/2021 16:09

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE