

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 30/03/2021 18:16 (SGT)
Date of Accident 26/03/2021 11:30 (SGT)
Exact Location of Accident Tampines Ave 10, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ5069A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EAGLES WINGS TRADING
Company Reg No 5XXXX137J
Email Address JACOBONGMENGLONG66@GMAIL.COM
Mobile Phone No (Phone) +65-99999999
Alternative Phone No +65-87777494

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5085019679-04
Cover Note Number -

DRIVER

Name of Driver ONG MENG LEONG(WANG MINGYANG)
NRIC No SXXXX287Z

Date Of Birth	12/02/1973
Occupation	Outdoor
Date Of Driving Pass	12/01/2012
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87777494
Alt. Phone Number	-
Email Address	JACOBONGMENGLEONG66@GMAIL.COM
Address	BLK 251 TAMPINES ST 21
Address complement	#11-448
Postcode	520251
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210327/2098

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	32089 MID
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government

Name of Driver	AFIQ
Contact Number	(Phone) +65-96654706
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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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.

EAGLES WINGS
TRADING
5334 8137J

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

JAMPINES AVE 10

A - G25069A

B - 32089 MID

Describe Circumstances of the Accident

Pls refer to the police report: 7/20210327/2098

Declaration

We declare the foregoing particulars are true in every respect.

EAGLES WINGS
TRADING
53348137J

Policyholder's Signature / Date &
Time

[Signature] 26/3/2020
Driver's Signature (if driver is not the policyholder) / Date
& Time

[Signature] 30/03/21
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210327/2098

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20210327/2098

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 /

Sr Staff Sgt TIONG YEE SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2021 17:53

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE












**SINGAPORE
POLICE FORCE**


T/20210327/2098

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20210327/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2021 17:53	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: ONG MENG LEONG			Address: APT BLK 251 TAMPINES STREET 21 #11-448 SINGAPORE 520251	
ID Type / ID No.: NRIC NO / S7306287Z			Contact No.:	Mobile: 87777494
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 48	Date of Birth: 12/02/1973	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 26/03/2021 11:15	Type of Location: T-Junction
Location: TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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 Passenger
32089MID	SAF 4 WHEEL VEHICLE					0
GZ5069A	Van				Slightly Damaged	0

Details of Person Involved

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469678
Tel No: 1800-2449999



T/20210327/2098

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Report No. T/20210327/2098

CONTINUATION OF REPORT

Driver		ID No.	0
Name	AFIQ		
Related Vehicle	32089MID (SAF 4 WHEEL VEHICLE)		Contact No. 96654706
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 MENG LEONG		ID No. S7306287Z
Related Vehicle	GZ5069A (Van)		Contact No. 87777494
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 26/03/2021 at about 11.15am, I was driving my van bearing registration number GZ5069A along Tampines Ave 10 toward Tampines Ave 1. While I was waiting for traffic light to turn green at the T junction, a Singapore Army Force (SAF) 4 wheel vehicle bearing registration number 32089mid in front of me had also stopped for the traffic light.

When the traffic light turn green, the vehicle in front started to move. When I started to move my van, the SAF vehicle make a sudden brake and I unable to brake on time as such my van collided at the rear of the SAF vehicle. No ambulance or traffic police needed as such we left the place after we had exchange particular.



SINGAPORE
POLICE FORCE



T/20210327/2098

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Report No. T/20210327/2098

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Sketch Plan

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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 /

Sr Staff Sgt TIONG YEE SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2021 17:53

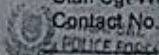
Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:



Authentication Stamp

NP168

SIGNATURE: