

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 16/06/2021 17:02 (SGT)
Date of Accident 15/06/2021 10:20 (SGT)
Exact Location of Accident 25 Greenwich Dr, Singapore 533073
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ8888S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BROADLINK SERVICES PTE. LTD
Company Reg No 2XXXXX548N
Email Address ROLAND.TIONG01@GMAIL.COM
Mobile Phone No (Phone) +65-94770120
Alternative Phone No +65-94770120

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 7545

INSURANCE COMPANY

Name of Insurance Company Great American Insurance Company
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MOMVC000005669-03-000
Cover Note Number -

DRIVER

Name of Driver ONG CHIN TONG
NRIC No SXXXX473C

Date Of Birth	01/06/1969
Occupation	Outdoor
Date Of Driving Pass	23/08/2017
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94770120
Alt. Phone Number	-
Email Address	ROLAND.TIONG01@GMAIL.COM
Address	BLK 119A RIVERVALE DRIVE
Address complement	#06-312
Postcode	541119
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 on 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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

PLS REFER TO THE POLICE REPORT:t/20210615/7020

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	GBH7452S
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG CHIN TONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	YQ8888S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

BROADLINK
SERVICES

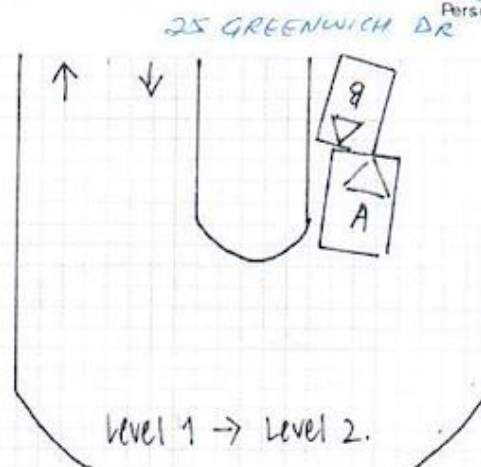
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: YA888BS
Vehicle B: GBH7452S



Describe Circumstances of the Accident

Refer to Police Report.

7/20210615/7020

Declaration

I/We declare the foregoing particulars are true in every respect.

BROADLINK
SERVICES

Policyholder's Signature / Date &
Time

[Signature]

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

[Signature] 16/06/21

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210615/7020

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

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Report No. T/20210615/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHIN TONG	ID No.	S6922473C
Related Vehicle	YQ8888S (Lorry)	Contact No.	94770120
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/06/2021	Date	15/06/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 15/06/2021 AT ABOUT 10:20HR, I WAS DRIVING MY COMPANY LORRY - YQ8888S, TO UNLOAD SOME GOODS ON LEVEL 3 OF TEE HAI BUILDING. AS I APPROACHED THE BEND FROM LEVEL 1 TO LEVEL 2 OF TEE HAI BUILDING, VEHICLE NUMBER - GBH7452S, WHO WAS COMING DOWN THE RAM, CAME ONTO MY LANE AND COLLIDED ONTO MY VEHICLE HEAD ON. THE SAID DRIVER THEN SHIFTED/REVERSED HIS VEHICLE AND ALIGHT HIS VAN.

SUBSEQUENTLY, I FELT DISCOMFORT AND WAS CONVEYED TO SENGKANG GENERAL HOSPITAL AND WAS GIVEN 3 DAYS MC.





















**SINGAPORE
POLICE FORCE**



T/20210615/7020

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

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Report No. T/20210615/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2021 14:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG CHIN TONG			Address: 119A RIVERVALE DRIVE #06-312 SINGAPORE 541119		
ID Type / ID No.: NRIC NO / S6922473C			Contact No.: Home/Office: Mobile: 94770120		
Nationality: SINGAPORE CITIZEN			Email: c.tiong.ong.86@gmail.com		
Sex: Male	Age: 52	Date of Birth: 01/06/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Delivery Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/06/2021 10:20	Type of Location: Bend
Location: GREENWICH DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH7452S	Van				Seriously Damaged	1
YQ8888S	Lorry	MITSUBISHI			Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210615/7020

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

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Report No. T/20210615/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHIN TONG	ID No.	S6922473C
Related Vehicle	YQ8888S (Lorry)	Contact No.	94770120
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/06/2021	Date	15/06/2021
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Tel No: 65470000



T/20210615/7020

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Report No. T/20210615/7020

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 / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

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

Date/Time:
15/06/2021 14:20

Classification Of Case: