

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 18/06/2021 14:42 (SGT)
Date of Accident 16/06/2021 17:30 (SGT)
Exact Location of Accident Paya Lebar Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD3737M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG SOO KHIN
NRIC No SXXXX976B
Email Address JENNIFERONGSK@YAHOO.COM.SG
Mobile Phone No (Phone) +65-97611631
Alternative Phone No +65-97611631

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPPHQ20-004304
Cover Note Number -

DRIVER

Name of Driver ONG SOO KHIN
NRIC No SXXXX976B

Date Of Birth	24/10/1973
Occupation	Outdoor
Date Of Driving Pass	16/04/2001
Driving experience	20 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97611631
Alt. Phone Number	+65-97611631
Email Address	JENNIFERONGSK@YAHOO.COM.SG
Address	37 LANGSAT ROAD
Address complement	-
Postcode	4267019
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	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?	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	PHUA SI SI ANN
Gender	Female

PASSENGER 2

Name	NEO HONG QI ALLISON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Joo Chiat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18003459999
Alt. Police Station Phone No	(Fax) +65-64474181
Police Station Address	267 Onan Road Singapore 424773
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	PC1949B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMMAD SAZALI BIN ABDUL SAMAD
NRIC No	SXXXX577I
Contact Number	(Phone) +65-87796935
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 SOO KHIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMD3737M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PHUA SI SI ANN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMD3737M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	NEO HONG QI ALLISON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMD3737M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

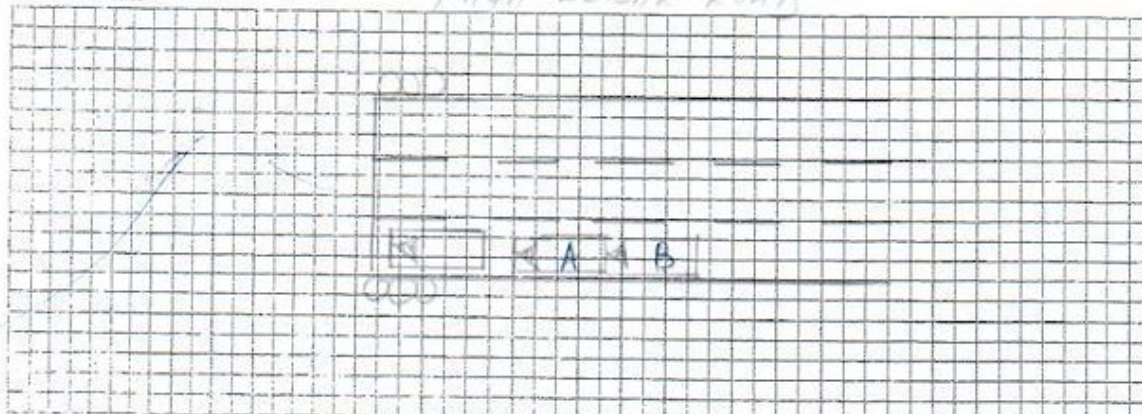
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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

[Signature] 18/6
Policyholder's Signature / Date & Time

[Signature] 18/06/21
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 18/06/21
Witnessed by Reporting Centre Personnel

Sketch Plan



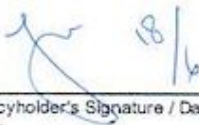
A - SMD3737M
B - PC1949B


Describe Circumstances of the Accident

P/S refer to the police report: T/20210617/2091

Declaration

I/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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210617/2091

3 of 4

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

Report No. T/20210617/2091

CONTINUATION OF REPORT

Passenger			
Name	NEO HONG QI ALLISON	ID No.	S9617406C
Related Vehicle	SMD3737M (Car)	Contact No.	98996984
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/06/2021	Date Discharge	17/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 16/06/2021 at about 1727hrs, while I was driving my car bearing registration number SMD3737M along Macpherson Road towards Paya Lebar Road, I was involved in a traffic accident with a mini bus. The registration number of the mini-bus is PC1949B.

Before the accident happened, I had just turned left onto the slip road of Macpherson Road and driving towards Paya Lebar Road. I then keep left on the said location and stopped at the traffic junction as traffic light was red. All of a sudden, the mini-bus mentioned earlier hit the rear side of my car. I was taken a back by the collision and after I had regained my composure, I alighted from the car to make a check. I realised that there were dents on the rear bumper of my car and due to that the door is also unable to open. The driver also alighted from the mini bus and he admitted that he was wrong. He mentioned that he had accidentally fall asleep while driving. I would like to state that during the incident, I had 2 other passengers with me; my son and my friend

We then exchanged particulars and left the location. On 17/06/2021, my son and I went to see the doctor to make a check on the injuries. I felt some pains on my left back area, my left hand and I felt some giddiness. I was given 3 days of medical leave. My son felt some pains on his back and neck area and was also given 3 days of medical leave. My friend however felt pains on her right leg and neck area. My friend was also given 3 days of medical leave.







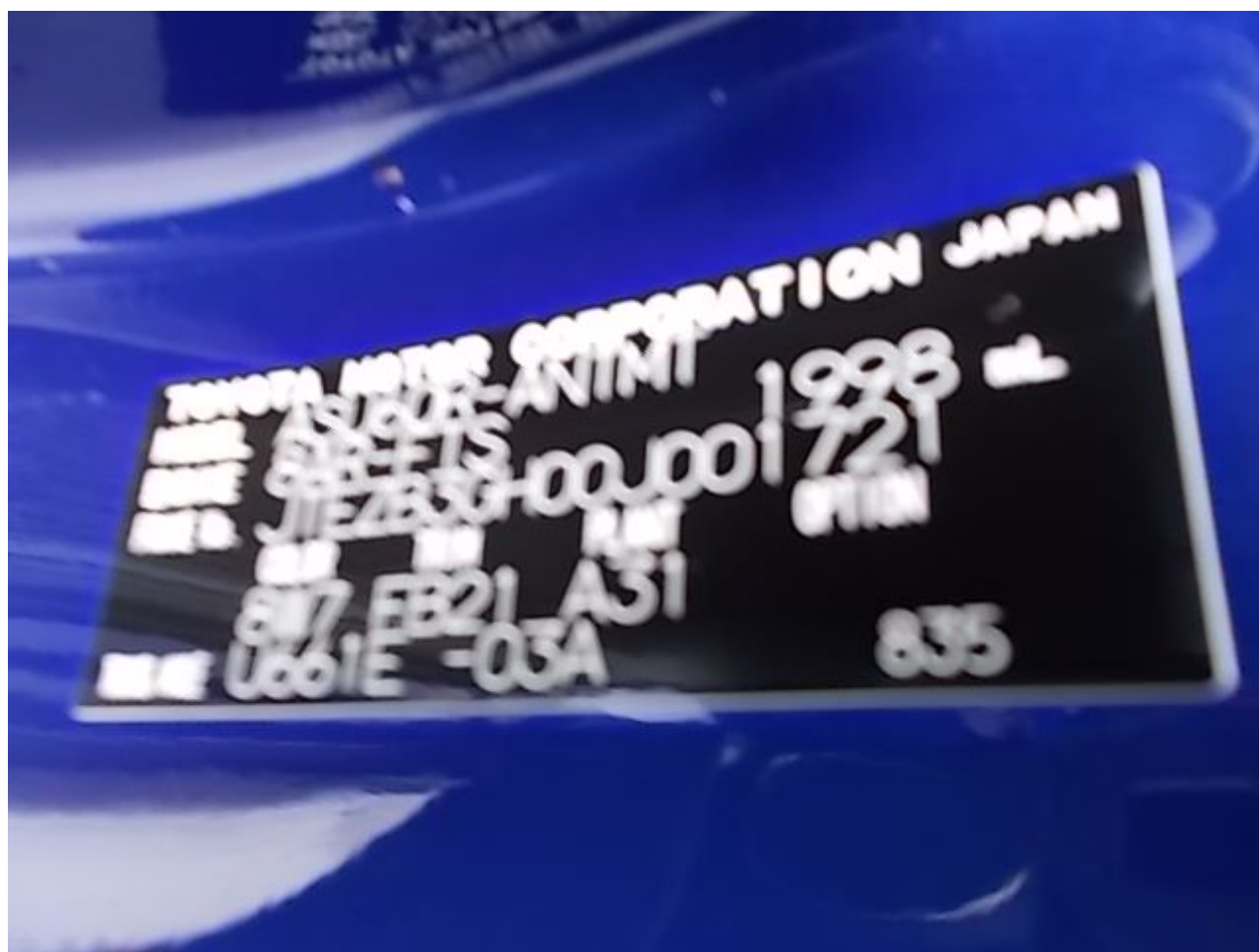
















**SINGAPORE
POLICE FORCE**



T/20210617/2091

1 of 4

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20210617/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2021 20:22		Vide Report No.:		Station Diary No.: 9
Informant's Particulars				
Name of Informant: ONG SOO KHIN		Address: 37 LANGSAT ROAD SINGAPORE 426719		
ID Type / ID No.: NRIC NO / S7336976B		Contact No.: Home/Office: Mobile: 97611631		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 47	Date of Birth: 24/10/1973	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PART TIME DELIVERY 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: 16/06/2021 17:30	Type of Location: SLIP ROAD
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		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
PC1949B	Bus/Coach/Mi nibus					0
SMD3737M	Car	TOYOTA	HARRIER M GRADE	Blue	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD3737M	EQ INSURANCE COMPANY LTD.	DMPPHQ20- 004304	10/07/2020	09/07/2021



**SINGAPORE
POLICE FORCE**



T/20210617/2091

2 of 4

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

Report No. T/20210617/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	MOHAMMAD SAZALI BIN ABDUL SAMAD	ID No.	S69255771
Related Vehicle	PC1949B (Bus/Coach/Minibus)	Contact No.	87796935
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 SOO KHIN	ID No.	S7336976B
Related Vehicle	SMD3737M (Car)	Contact No.	97611631
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/06/2021	Date Discharge	17/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	PHUA SI SI ANN	ID No.	S1805003Z
Related Vehicle	SMD3737M (Car)	Contact No.	NIL
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/06/2021	Date Discharge	17/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20210617/2091

3 of 4

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999



T/20210617/2091

4 of 4

Report No. T/20210617/2091

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 MUHAMMAD FARHAN BIN
SAFARUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/06/2021 20:22

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE