

# 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 .....	23/06/2021 16:50 (SGT)
Date of Accident .....	22/06/2021 20:00 (SGT)
Exact Location of Accident .....	Changi N Cres, Singapore
Additional Location Information .....	BESIDE UNIT NO 30
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMR1172G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ONG KIM TIONG
NRIC No .....	SXXXX813G
Email Address .....	DARRENONGGG24@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91279043
Alternative Phone No .....	+65-91279043

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Civic
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	20-MS012417-R01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ONG JING ZHI,DARREN
NRIC No .....	TXXXX310E

Date Of Birth .....	24/01/2000
Occupation .....	Indoor
Date Of Driving Pass .....	16/08/2018
Driving experience .....	2 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91804083
Alt. Phone Number .....	-
Email Address .....	DARRENONGGG24@GMAIL.COM
Address .....	BLK 707 TAMPINES STREE 71
Address complement .....	#08-78
Postcode .....	520707
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Side Swipe
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? .....	Yes
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 .....	GLADWYN
Gender .....	Male

#### PASSENGER 2

Name .....	SEAN
Gender .....	Male

#### 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/20210623/7009

#### 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 .....	FN30T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	UNKNOWN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FN30T
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

## 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

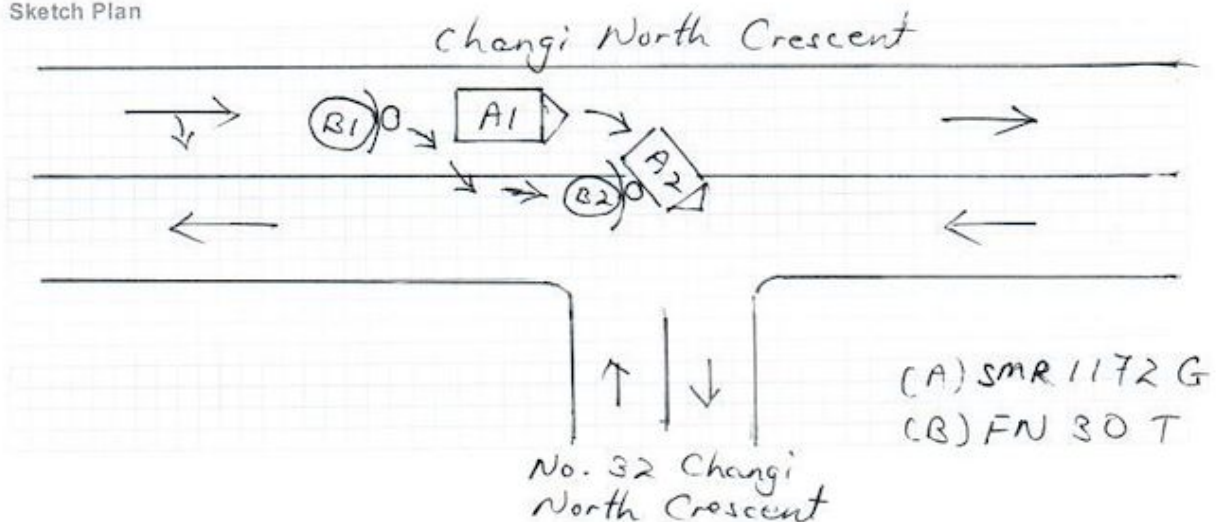
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

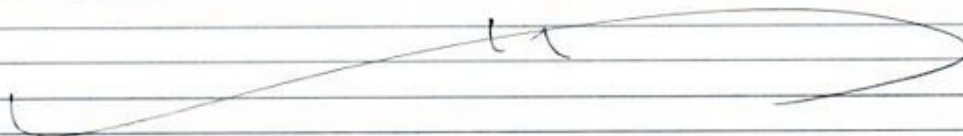
Refer to Police Report

Report No:-

7/20210623/7009

(A) SMR 1172 G

(B) FN 30 T



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

*Detm*

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

*afm 23/06/21*

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210623/7009

2 of 3

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

Report No. T/20210623/7009

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	FN30T (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
<b>Driver</b>				
Name	ONG JING ZHI, DARREN		ID No.	T0004310E
Related Vehicle	SMR1172G (Car)		Contact No.	91804083
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

**Brief Details.**

ON 22/06/2021 AT ABOUT 2000 HOURS AT ALONG CHANGI NORTH CRESCENT TOWARDS CHANGI NORTH RISE BESIDE UNIT NO. 32. I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AND WHILE MAKING A RIGHT TURN INTO UNIT 32, SUDDENLY A VEHICLE (B) FROM MY REAR OVERTAKE MY VEHICLE WITHOUT CAUTION AND HENCE COLLIDED ONTO MY RIGHT PORTION OF VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE . I HAVE 2 PASSENGERS INSIDE MY VEHICLE.

TP REFERENCE NO: G/20210622/154

(A) SMR1172G  
(B) FN30T























