

# 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 .....	29/07/2021 15:19 (SGT)
Date of Accident .....	28/07/2021 12:15 (SGT)
Exact Location of Accident .....	Pandan Loop, Singapore
Additional Location Information .....	SLIP ROAD TOWARDS JALAN BUROH
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ6847H
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LOGICODE PTE LTD
Company Reg No .....	-
Email Address .....	PAULAS1560@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98208448
Alternative Phone No .....	+65-98208448

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCVSNW00082162100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ONG HANG HING
NRIC No .....	SXXXX042I



Date Of Birth .....	28/06/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	10/02/1987
Driving experience .....	34 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98208448
Alt. Phone Number .....	-
Email Address .....	PAULAS1560@GMAIL.COM
Address .....	BLK 468B FERNVALE LINK #15-541
Address complement .....	-
Postcode .....	792468
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle 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

REFER TO POLICE REPORT NO T/20210728/7025

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH DRIVER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP7946U
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




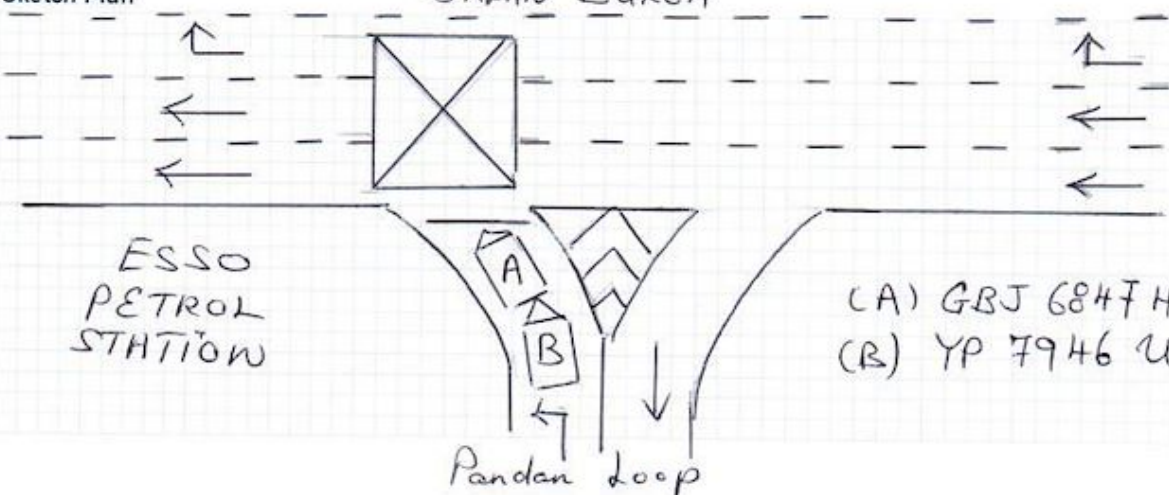
Name of injured person .....	ONG HANG HING
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY AND NECK
Injured person in which vehicle? .....	GBJ6847H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



# SKETCH PLAN

## IMPORTANT NOTICE

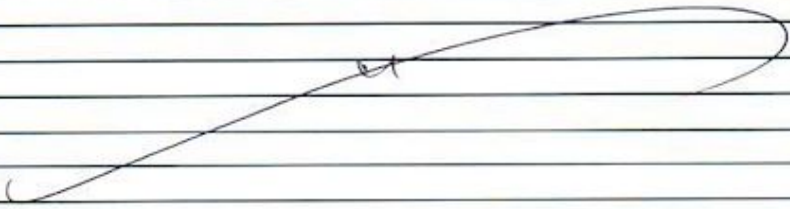
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time <b>SARAN BURUH</b>	 Witnessed by Reporting Centre Personnel
<p><b>Sketch Plan</b></p> 		



## Describe Circumstances of the Accident

Refer to Police Report  
Report No:-  
T/20210728/7025



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

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

Witnessed by Reporting Centre Personnel





































**SINGAPORE  
POLICE FORCE**



T/20210728/7025

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

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Report No. T/20210728/7025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/07/2021 17:13		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG HANG HING			Address: 468B FERNVALE LINK #15-541 SINGAPORE 792468		
ID Type / ID No.: NRIC NO / S16830421			Contact No.: Home/Office: Mobile: 98208448		
Nationality: SINGAPORE CITIZEN			Email: PAULAS1560@GMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 28/06/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: delivery technician			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/07/2021 12:15	Type of Location: Straight Road
Location:  PANDAN LOOP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ6847H	Van					0
YP7946U	Lorry					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210728/7025

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

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Report No. T/20210728/7025

**CONTINUATION OF REPORT**

Driver			
Name	ONG HANG HING	ID No.	S16830421
Related Vehicle	GBJ6847H (Van)	Contact No.	98208448
Hospital/Clinic	T M AUW CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/07/2021	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

ON 28/07/2021 AT ABOUT 1215 HOURS AT PANDAN LOOP TOWARDS JALAN BUROH BESIDE ESSO PETROL STATION, I WAS TRAVELLING ON THE ABOVE MENTIONED SLIP ROAD AND CAME TO A COMPLETE STOP WHILE WAITING FOR THE CLEARANCE OF THE MAIN TRAFFIC. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND WHEN I ALIGHT, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO THE REAR OF MY VEHICLE (A).  
I HAVE 7 DAYS MC FOR MY INJURY.

(A) GBJ6847H  
(B) YP7946U





**SINGAPORE  
POLICE FORCE**



T/20210728/7025

3 of 3

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

Report No. T/20210728/7025

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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:  
28/07/2021 17:13

Classification Of Case: