

# 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 ..... 04/08/2021 17:50 (SGT)  
Date of Accident ..... 03/08/2021 17:25 (SGT)  
Exact Location of Accident ..... Bedok Reservoir Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKQ7976T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ONG SWEE LIN  
NRIC No ..... SXXXX389Z  
Email Address ..... info@carsmith.biz  
Mobile Phone No ..... (Phone) +65-91710343  
Alternative Phone No ..... +65-97216811

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Latio  
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 ..... 1498

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 21-MT103142-R03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAU LAY KIAM  
NRIC No ..... SXXXX362B

Date Of Birth .....	05/07/1959
Occupation .....	Outdoor
Date Of Driving Pass .....	31/08/1994
Driving experience .....	27 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97216811
Alt. Phone Number .....	-
Email Address .....	info@carsmith.biz
Address .....	BLK 631 BEDOK RESERVOIR ROAD #03-982
Address complement .....	-
Postcode .....	470631
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 - Major/Minor Rd
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ONG SWEE LIN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT G/20210804/7038

#### 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 .....	SJE112R
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	LAU LAY KIAM
Gender .....	Male
Phone No .....	(Phone) +65-97216811
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKQ7976T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ONG SWEE LIN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKQ7976T
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.
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. The 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.
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.

<p>Policyholder's Signature / Date &amp; Time</p> <p><i>[Signature]</i></p>	<p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p> <p><i>[Signature]</i></p>	<p>Witnessed by Reporting Centre Personnel</p> <p><i>[Signature]</i> 08/08/2021</p> <p>TELOK KURAI PRI SCHOOL</p>
<p>Sketch Plan</p> <p>Golden CHSIA</p> <p>Bedok Reservoir RD</p> <p>345D</p> <p>A SKQ 7976T</p> <p>B SJE 112R</p>		

**Describe Circumstances of the Accident**

I was driving in my lane at the extra right lane on a 2 lane traffic at Redole Reservoir Road suddenly I felt a straight impact from my right so I stopped my vehicle and alighted I saw vehicle B SJF 112R coming out from Garden Cassia without stopping at the stop line and drive out from the car park and collided onto my right portion of my vehicle due to the straight impact my tyre puncture, my RIM spoil, front bumper and my two side door dented with scrape. After the accident I and my wife neck and body feel pain so we both go to GARDIS FAMILY CLINIC and was given 3 day MC.

POLICE REPORT G/20210804/7036

**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

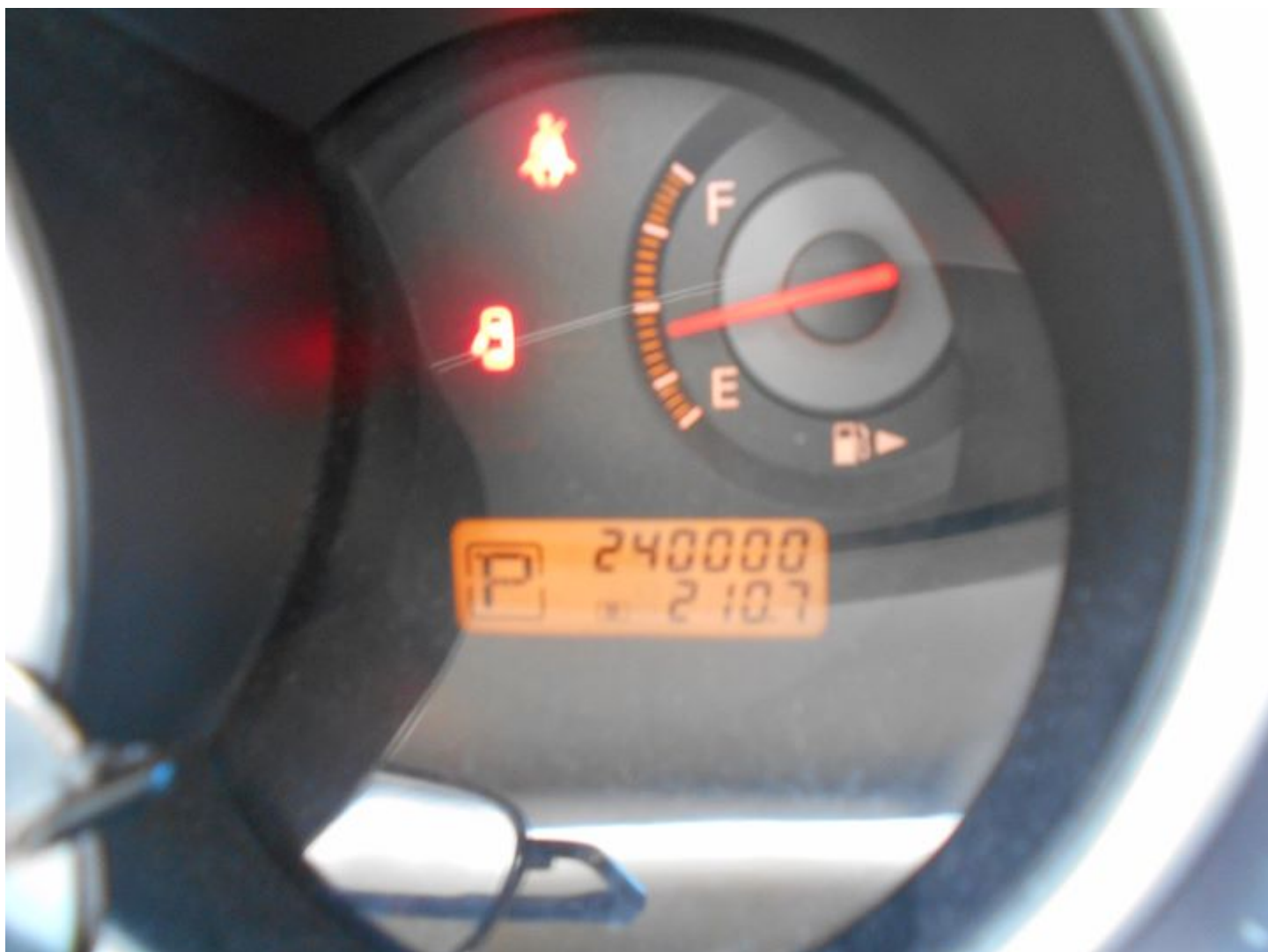


08/08/2021

Witnessed by Reporting Centre Personnel



































**SINGAPORE  
POLICE FORCE**



G/20210804/7038

1 of 1

**POLICE REPORT (NP299)**

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20210804/7038

Date/Time Report Made 04/08/2021 13:23	Vide Report No.	Station Diary No.
Name Of Informant LAU LAY KIAM	Address 631 BEDOK RESERVOIR ROAD #03-982 SINGAPORE 470631	
ID Type / ID No. NRIC NO / S1374362B	Contact No. Home/Office: Mobile: 97216811	
Nationality SINGAPORE CITIZEN	Email Address info@carsmith.biz	
Occupation Painter	Sex Male	Age 62
Institution/School Name	Date of Birth 05/07/1959	Race Chinese
Date/Time Of Incident 03/08/2021 17:35 - 03/08/2021 17:35	Location Of Incident 631 BEDOK RESERVOIR ROAD #03-982 SINGAPORE 470631	

**Brief details.**

I was driving in my lane at the first lane at the two lane traffic at Bedok Reservoir road .Vehicle B SJE 112 R coming out from car park never stop at the stop ling give way to me and collided onto my right side of my vehicle due to the strongh impact my car tyre punture,two side door dented in the accident my wife was inside the car after the accident my wife and me felt paint on the neck and bodily so we both go FAMILY CLINIC and we both was given 3 day MC .

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2021 13:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	