

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 10/08/2021 17:45 (SGT)
Date of Accident 06/08/2021 18:25 (SGT)
Exact Location of Accident Ubi Rd 2, Singapore
Additional Location Information JUNCTION OF UBI AVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV3587J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DARREN ONG
NRIC No SXXXX860G
Email Address darrenoje97@gmail.com
Mobile Phone No (Phone) +65-83683403
Alternative Phone No +65-83683403

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1500

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070138667
Cover Note Number -

DRIVER

Name of Driver DARREN ONG
NRIC No SXXXX860G

Date Of Birth	21/08/1997
Occupation	Indoor
Date Of Driving Pass	20/04/2017
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83683403
Alt. Phone Number	+65-83683403
Email Address	darrenoje97@gmail.com
Address	10 KITCHENER LINK
Address complement	#03-20
Postcode	207225
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	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?	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

PLS REFER TO THE ATTACHED STATEMENT.

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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA9922G
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	DARREN ONG
Gender	Male
Phone No	(Phone) +65-83683403
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMV3587J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

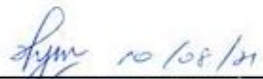
SKETCH PLAN

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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' 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.

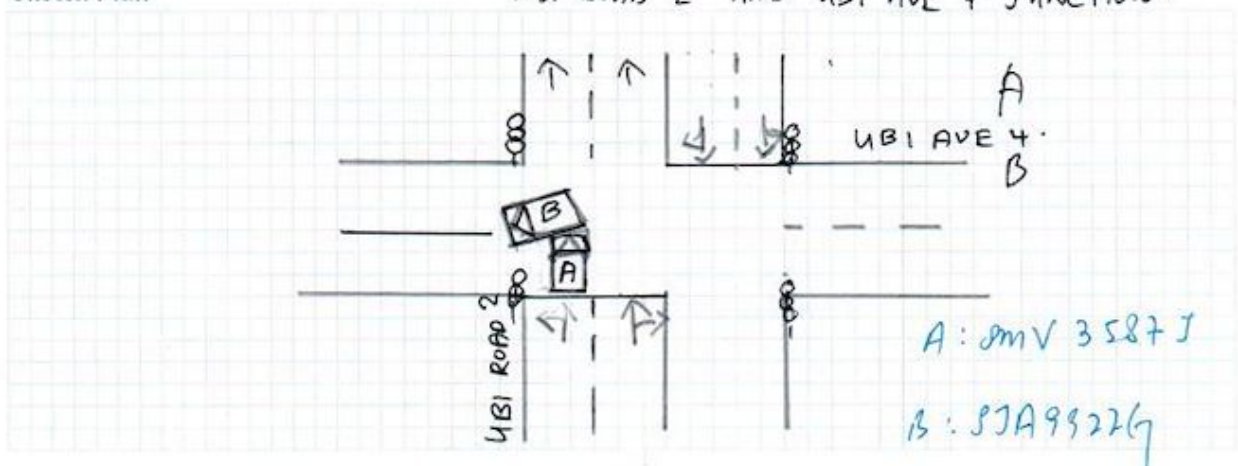

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

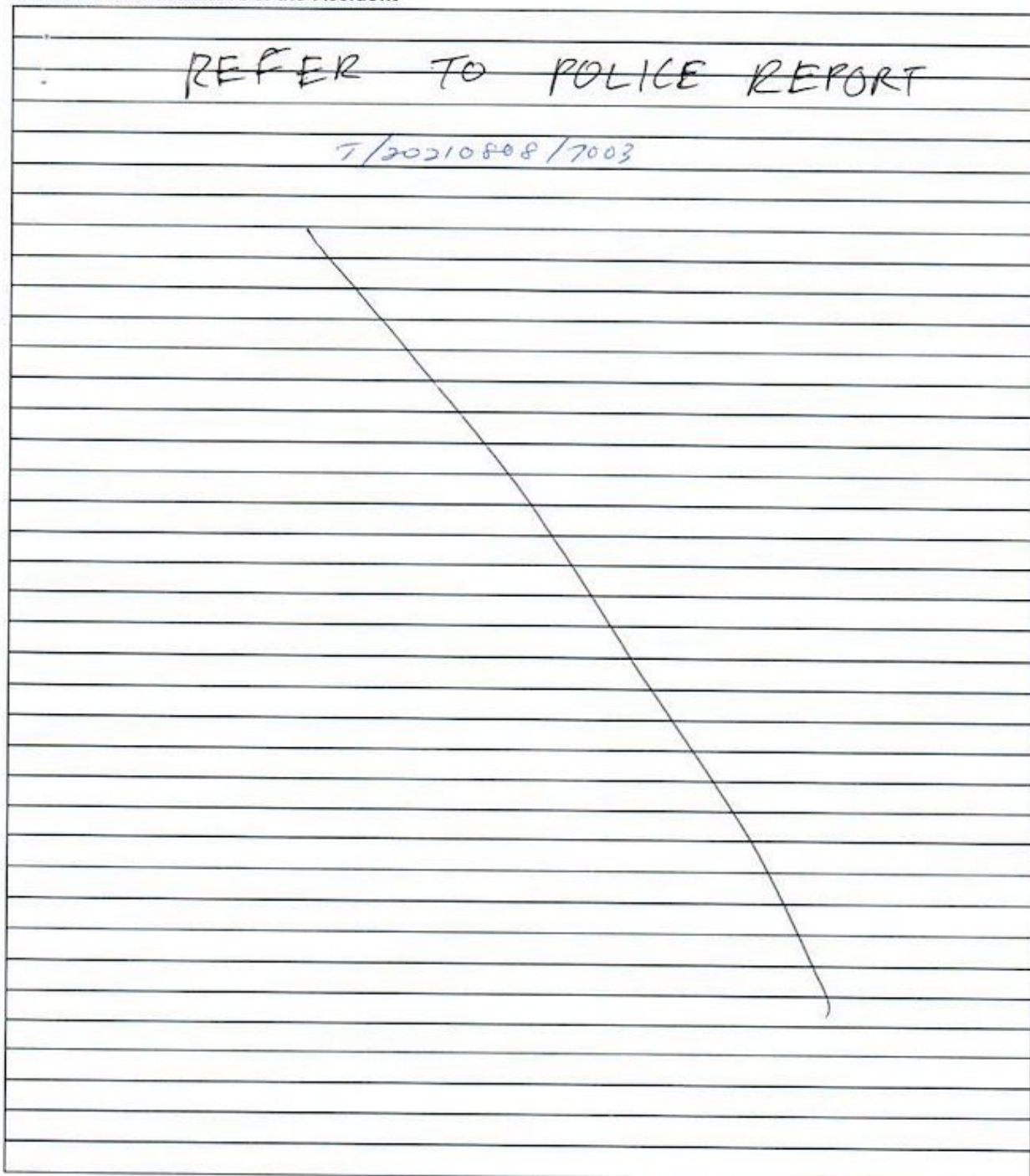
UBI ROAD 2 AND UBI AVE 4 JUNCTION.



Describe Circumstances of the Accident

REFER TO POLICE REPORT

T/20210808/7003




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

 10/08/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210808/7003

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

2 of 3
Report No. T/20210808/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV3587J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070138667	28/09/2020	27/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DARREN ONG		ID No. S9728860G
Related Vehicle	SMV3587J (Car)		Contact No. 83683403
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	07/08/2021		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

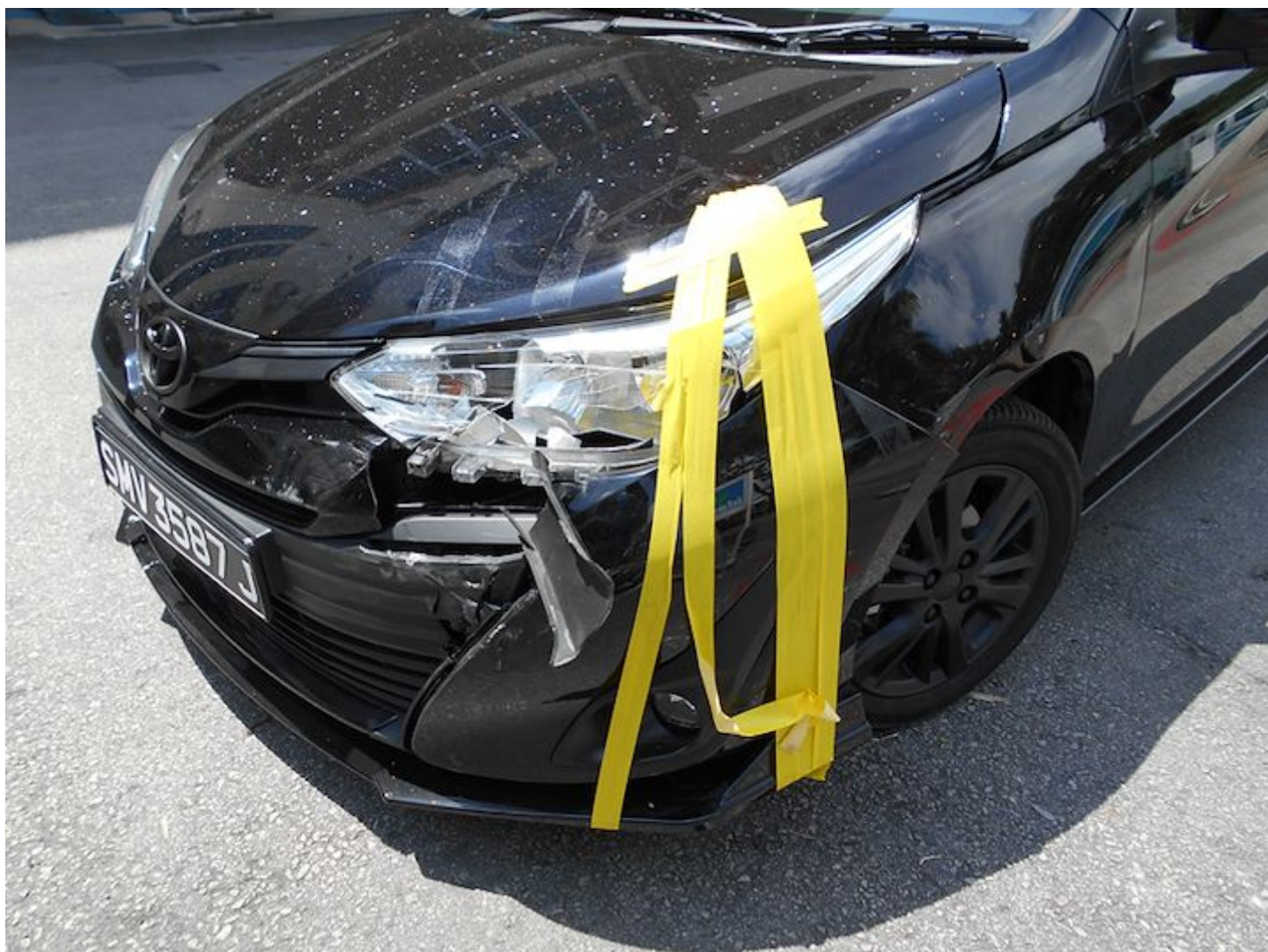
Brief Details:

I was travelling along Ubi Road 2 and Ubi Avenue 4 junction, the traffic light was green in my favour. I proceed to go straight, all of a sudden, a vehicle from the opposite traffic made a right turn, cuts into my lane and caused me to hit into his left side of his vehicle. The driver was irresponsible, did not stop to check for damages but simply drove off hurriedly. It was a hit and run accident but I was able to note down his vehicle number. I have a video exceeding 2MB from my car front camera that shows the collision.

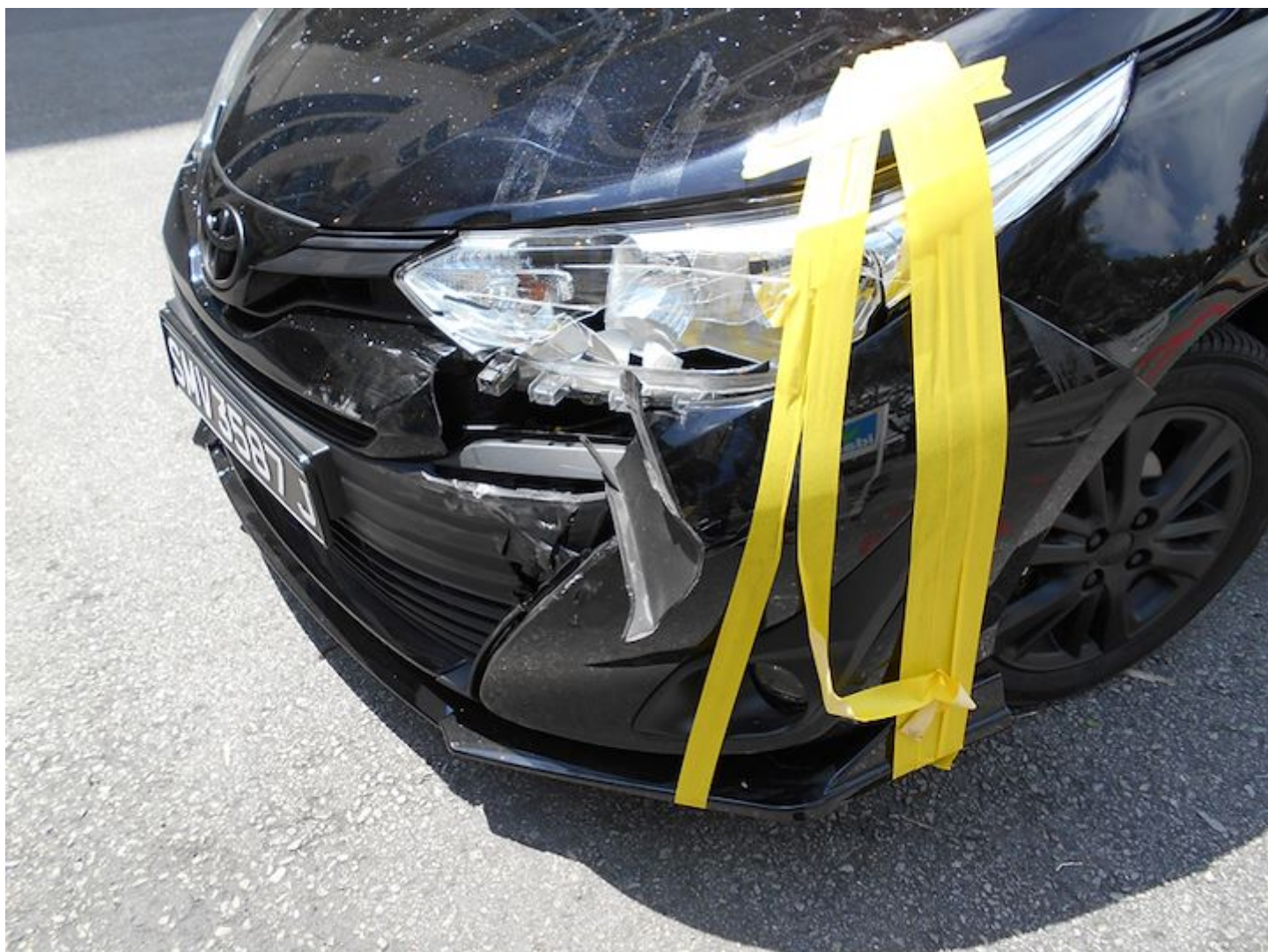




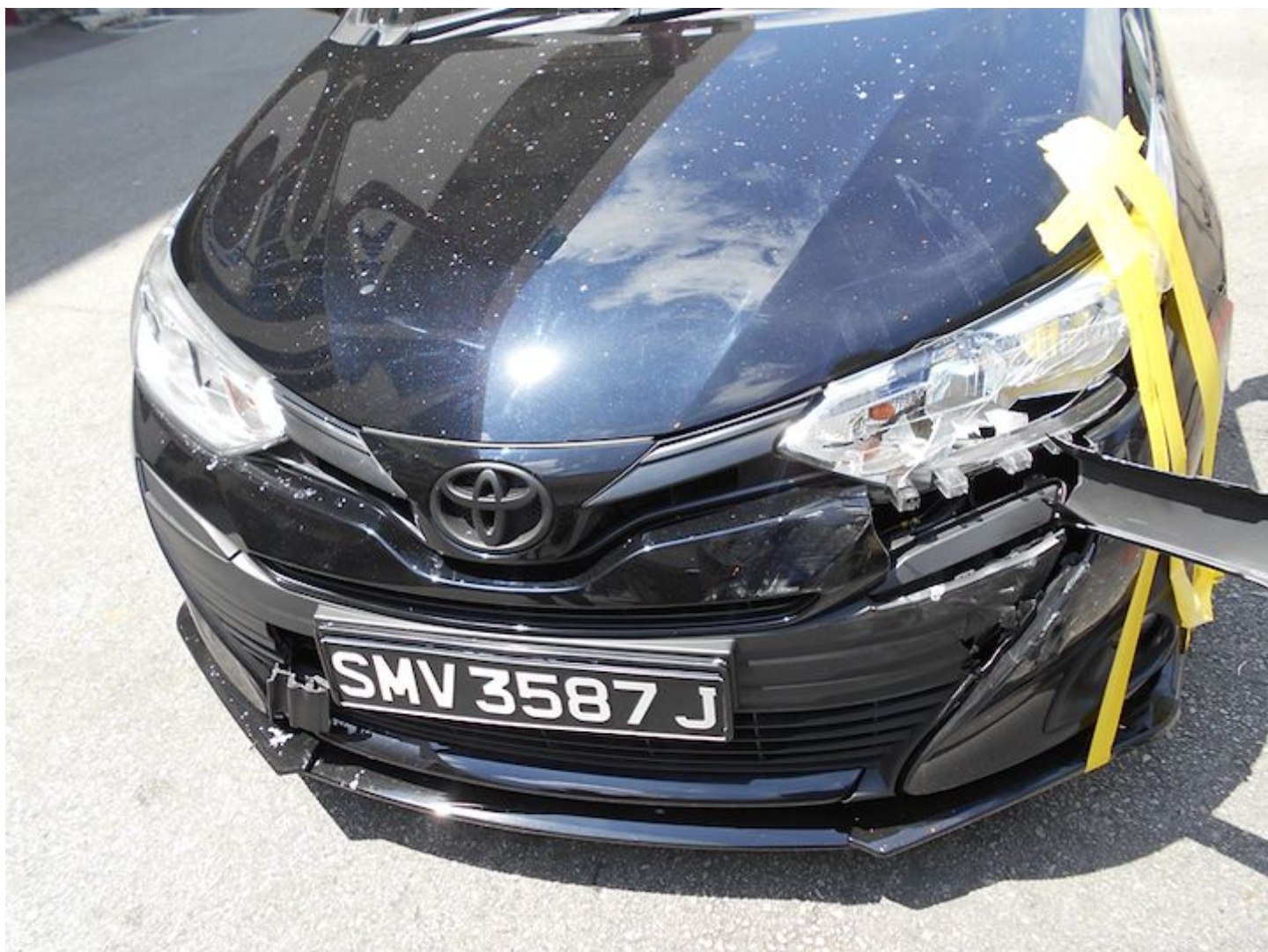


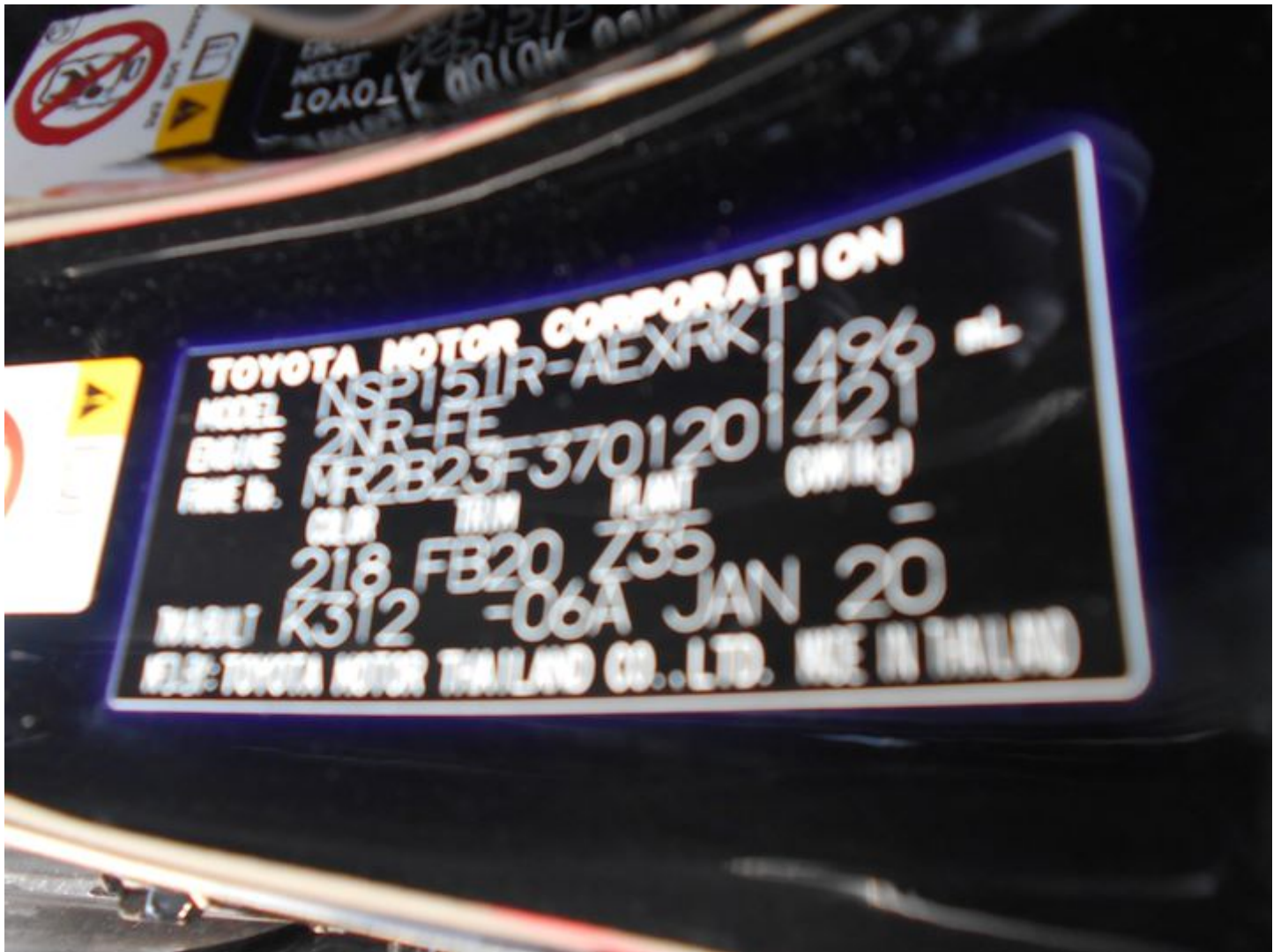
















**SINGAPORE
POLICE FORCE**



T/20210808/7003

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

1 of 3

Report No. T/20210808/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2021 12:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DARREN ONG			Address: 10 KITCHENER LINK #03-20 SINGAPORE 207225		
ID Type / ID No.: NRIC NO / S9728860G			Contact No.: Home/Office: Mobile: 83683403		
Nationality: SINGAPORE CITIZEN			Email: DARRENOJE97@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 21/08/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/08/2021 18:25	Type of Location: X-Junction
Location: UBI ROAD 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJA9922G	Car	TOYOTA	Camry			0
SMV3587J	Car	TOYOTA	VIOS 1.5 E (AUTO)	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210808/7003

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

2 of 3

Report No. T/20210808/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV3587J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070138667	28/09/2020	27/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DARREN ONG		ID No. S9728860G
Related Vehicle	SMV3587J (Car)		Contact No. 83683403
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	07/08/2021		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was travelling along Ubi Road 2 and Ubi Avenue 4 junction, the traffic light was green in my favour. I proceed to go straight, all of a sudden, a vehicle from the opposite traffic made a right turn, cuts into my lane and caused me to hit into his left side of his vehicle. The driver was irresponsible, did not stop to check for damages but simply drove off hurriedly. It was a hit and run accident but I was able to note down his vehicle number. I have a video exceeding 2MB from my car front camera that shows the collision.



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T/20210808/7003

3 of 3

Report No. T/20210808/7003

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 / TPB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp

Signature Of Informant:

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

Date/Time:
08/08/2021 12:45

Classification Of Case: