

REF:

Veh No: SMC2379A Yr Regn: 2018/ June

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vios- C.C 1496.

Colour Silver A/C: Insured / Std / NI / NA

Sp. Reading 91691 T/Radio: Insured / Std / NI / NA

Enq/No:

C/No: MK2B23F3901122*803

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60 R15

R: 185/60R15

N/S	O/S

Front

Rear

R/Bal. 04 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 20/08/21

Survey held at Kany

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP China.
	MV :
	PV :
	Nett :

☐: Prelim. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

5) $S + RS \rightarrow SI$

Photos

5) Others

Report Format :

Lump Sum / L.B.: 0

Add Fee: : Site Insp (\$

☐ Interview (\$

□: Tech. Invs (3)

Weekend (6)

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	19/08/2021 15:51 (SGT)
Date of Accident	19/08/2021 10:00 (SGT)
Exact Location of Accident	Upper Serangoon View, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2379A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ComfortDelGro Driving Centre Pte Ltd
Company Reg No	1XXXXX882C
Email Address	daryltan@cdc.com.sg
Mobile Phone No	(Phone) +65-90072819
Alternative Phone No	+65-90072819

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0000618_01
Cover Note Number	-

DRIVER

Name of Driver	Ong Jun Quan
NRIC No	SXXXX510C

Date Of Birth	20/04/1991
Occupation	Indoor
Date Of Driving Pass	19/08/2021
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-96969706
Alt. Phone Number	-
Email Address	daryl@tan@cdc.com.sg
Address	Blk 237 Compassvale Walk #07-528
Address complement	-
Postcode	540237
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Learner
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	Wet

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 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	Lim Hoe Wee
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

See attached sketch plan and police report no: T/20210819/2047

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	SD card is with Traffic Police
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC2632H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	Thayalan
Contact Number	(Phone) +65-98400314
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	Lim Hoe Wee
Gender	Male
Phone No	(Phone) +65-96375090
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMC2379A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	Lim Hoe Wee
Phone	(Phone) +65-96375090
Email	-

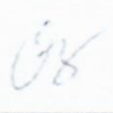
SKETCH PLAN

IMPORTANT NOTICE

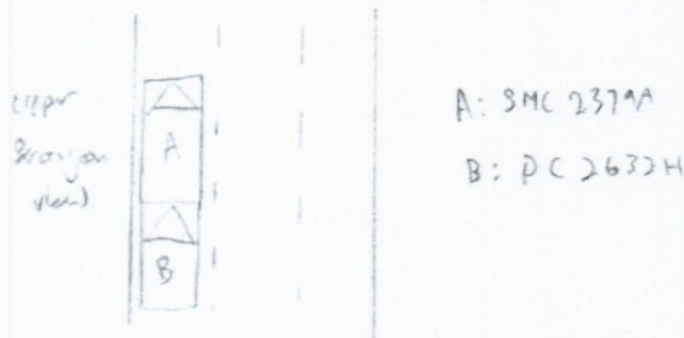
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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 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.

 
Policyholder's Signature / Date & Time

Sketch Plan


Driver's Signature (If driver is not the policyholder) / Date & Time 19/8/2021

Witnessed by Reporting Centre Personnel



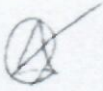
Describe Circumstances of the Accident


See attached Police report r/20210519/2021

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN 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
19/8/2021

Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20210819/2047

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20210819/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2021 13:17	Vide Report No.: F/20210819/0047	Station Diary No.: 34
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Informant's Particulars

Name of Informant: ONG JUN QUAN			Address: APT BLK 237 COMPASSVALE WALK #07-528 SINGAPORE 540237	
ID Type / ID No.: NRIC NO / S9114510C			Contact No.: Home/Office: Mobile: 96969706	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 30	Date of Birth: 20/04/1991	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: TUTOR			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/08/2021 10:00	Type of Location:
Location: UPPER SERANGOON VIEW				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2632H	Bus/Coach/Mi nibus			White	No Damage	0
SMC2379A	Car	TOYOTA		Silver	Slightly Damaged	1

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20210819/2047

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210819/2047

CONTINUATION OF REPORT

Driver			
Name	THAYALAN	ID No.	NIL
Related Vehicle	PC2632H (Bus/Coach/Minibus)	Contact No.	98400314
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 JUN QUAN	ID No.	S9114510C
Related Vehicle	SMC2379A (Car)	Contact No.	96969706
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
Passenger			
Name	LIM HOE WEE	ID No.	NIL
Related Vehicle	SMC2379A (Car)	Contact No.	96375090
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/08/2021	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I am a learner driver at Comfort Delgro Driving Centre. My Provisional Driving License is valid for the period of 11/5/2021-10/5/2023.

On 19/8/2021 at about 10am, I was driving my Learner's car, a silver Toyota SMC2379A on the 3rd lane of a 3-lane road along Upper Serangoon (towards Hougang) with my instructor, Mr Lim Hoe Wee, hp: 96375090; as passenger.

The weather was clear at that time but the road was still wet from the rain that had just finished.

While I was approaching the stretch of road near Blk 476D, I felt an impact at the rear of my car. It was just before bus stop number B64409.

**SINGAPORE
POLICE FORCE**

T/20210819/2047

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
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Report No. T/20210819/2047

CONTINUATION OF REPORT

I realized then that a minibus had crashed into my car from the back.

Both the bus driver and I, along with my instructor, came out of our respective vehicles to assess the situation.

I was not able to spot any visible damage on the bus. However there was a dent on the top part of my car's boot and the rear left tail-light was cracked.

The police and ambulance also attended to our scene afterwards.

As my instructor had complained of giddiness, double vision and pain on the back of his neck; he was conveyed to SKGH. At this point, he is still not discharged yet.

After processing the scene, the police advised me to lodge a report under IO Md Noor (tel: 65476201).


**SINGAPORE
POLICE FORCE**


T/20210819/2047

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No. T/20210819/2047

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:
F /
Staff Sgt LUBIS RATNO BIN REDWAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/08/2021 13:17

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FERAZ BIN HUSSEIN
Contact No.: 65476206

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

SN158

SIGNATURE