

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	30/08/2021 17:39 (SGT)
Date of Accident	28/08/2021 09:25 (SGT)
Exact Location of Accident	431 Yishun Ave 1, Singapore
Additional Location Information	MSCP GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP140B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG LENG CHYE
NRIC No	SXXXX188C
Email Address	courageous0301@yahoo.com.sg
Mobile Phone No	(Phone) +65-83221712
Alternative Phone No	+65-83221712

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Aveo
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	Manual
CC	1399

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2021-00001446
Cover Note Number	-

DRIVER

Name of Driver	ONG LENG CHYE
NRIC No	SXXXX188C

Date Of Birth	26/02/1979
Occupation	Outdoor
Date Of Driving Pass	16/10/1998
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83221712
Alt. Phone Number	+65-83221712
Email Address	courageous0301@yahoo.com.sg
Address	BLK 429A YISHUN AVE 11
Address complement	#03-342
Postcode	761429
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE SEOK HOON
Gender	Female

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/20210830/7009

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	GBG1659H
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 LENG CHYE
Gender	Male
Phone No	(Phone) +65-83221712
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJP140B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

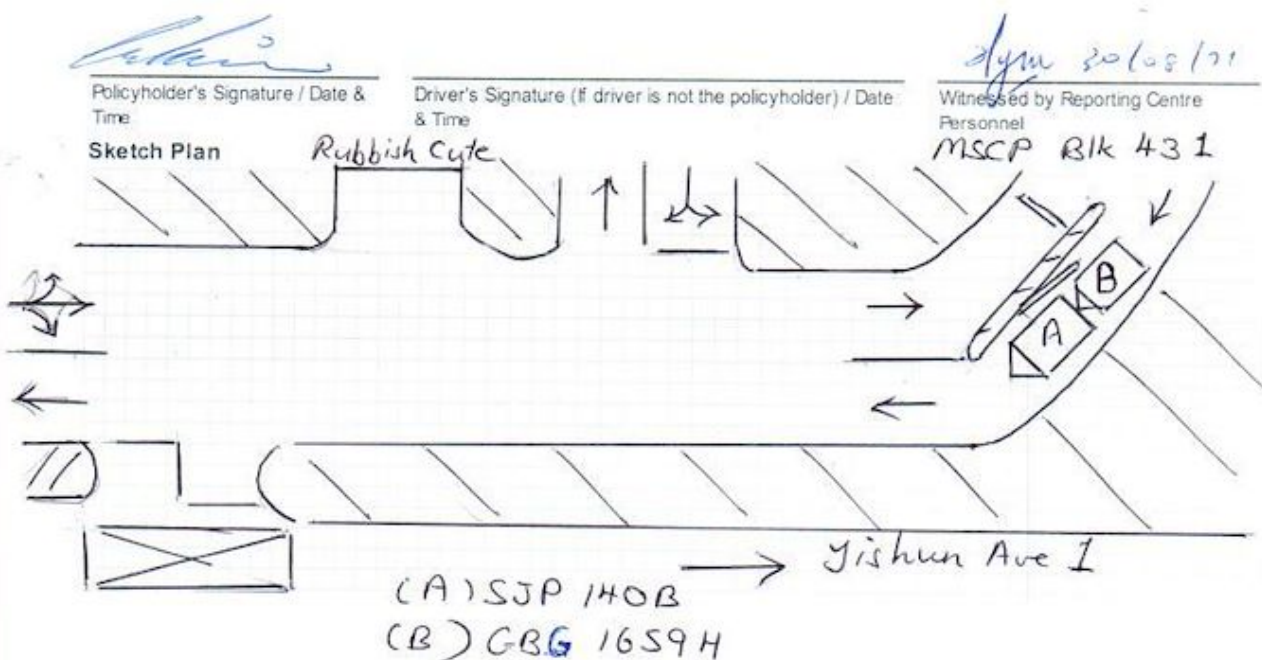
INJURED 2

Name of injured person	LEE SEOK HOON
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJP140B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



Describe Circumstances of the Accident

Refer to Police Report

Report No :-

T/20210830/7009

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

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210830/7009

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

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Report No. T/20210830/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP140B	FWD Singapore Pte. Ltd	PNPV2021-00001446	09/03/2021	08/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LEE SEOK HOON	ID No.	S7932126E
Related Vehicle	SJP140B (Car)	Contact No.	98769591
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	30/08/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ONG LENG CHYE	ID No.	S7906188C
Related Vehicle	SJP140B (Car)	Contact No.	83221712
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	30/08/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 28/08/2021 AT ABOUT 0925HRS AT CAR PARK GANTRY OF MSCP, BLOCK 431 YISHUN AVENUE 1. I WAS TRAVELLING TOWARDS THE ABOVE MENTIONED GANTRY AND COME TO A STOP WHILE WAITING FOR THE BARRIER TO LIFT UP. WHEN THE BARRIER LIFTED UP, I PROCEED TO MOVE FORWARD. WHILE DOING SO, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER INSIDE MY VEHICLE. BOTH OF US HAVE 3 DAYS MC FOR OUR INJURY.

VEHICLE A: SJP140B
VEHICLE B: GBG1659H



















SINGAPORE POLICE FORCE



T/20210830/7009

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

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Report No. T/20210830/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2021 10:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG LENG CHYE			Address: 429A YISHUN AVENUE 11 #03-342 SINGAPORE 761429		
ID Type / ID No.: NRIC NO / S7906188C			Contact No.: Home/Office: Mobile: 83221712		
Nationality: SINGAPORE CITIZEN			Email: COURAGEOUS0301@YAHOO.COM.SG		
Sex: Male	Age: 42	Date of Birth: 26/02/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAFETY OFFICER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2021 09:25	Type of Location: Car Park
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBG1659H	Van					0
SJP140B	Car	CHEVROLET	AVEO 1.4MT 5DR T255	Red		1

Details of Vehicle Insurance

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



T/20210830/7009

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

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Report No. T/20210830/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP140B	FWD Singapore Pte. Ltd	PNPV2021-00001446	09/03/2021	08/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	LEE SEOK HOON	ID No.	S7932126E	
Related Vehicle	SJP140B (Car)	Contact No.	98769591	
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	30/08/2021	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	ONG LENG CHYE	ID No.	S7906188C	
Related Vehicle	SJP140B (Car)	Contact No.	83221712	
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	30/08/2021	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

ON 28/08/2021 AT ABOUT 0925HRS AT CAR PARK GANTRY OF MSCP, BLOCK 431 YISHUN AVENUE 1. I WAS TRAVELLING TOWARDS THE ABOVE MENTIONED GANTRY AND COME TO A STOP WHILE WAITING FOR THE BARRIER TO LIFT UP. WHEN THE BARRIER LIFTED UP, I PROCEED TO MOVE FORWARD. WHILE DOING SO, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER INSIDE MY VEHICLE. BOTH OF US HAVE 3 DAYS MC FOR OUR INJURY.

VEHICLE A: SJP140B
VEHICLE B: GBG1659H



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T/20210830/7009

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

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Report No. T/20210830/7009

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210830/7009

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20210830/7009

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 /
TAN JEOK LENG
Contact No.: 65476151

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:
30/08/2021 10:56

Classification Of Case: