

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 22/11/2021 14:51 (SGT)
Date of Accident 19/11/2021 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF DEFU LANE 10 & DEFU AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG2264Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG KIM SWEE
NRIC No SXXXX042G
Email Address zoomautowerks@gmail.com
Mobile Phone No (Phone) +65-98479818
Alternative Phone No +65-98479818

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00086742104
Cover Note Number -

DRIVER

Name of Driver ONG PEI WEN
NRIC No SXXXX536C

Date Of Birth	22/07/1987
Occupation	Indoor
Date Of Driving Pass	14/01/2010
Driving experience	11 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98479818
Alt. Phone Number	-
Email Address	zoomautowerks@gmail.com
Address	BLK 162A PUNGGOL CENTRAL
Address complement	#09-51
Postcode	821162
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	LIEW KHEE CHEONG
Gender	Male

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/20211120/7007.

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	SDS3998D
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	ONG PEI WEN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SGG2264Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIEW KHEE CHEONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SGG2264Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

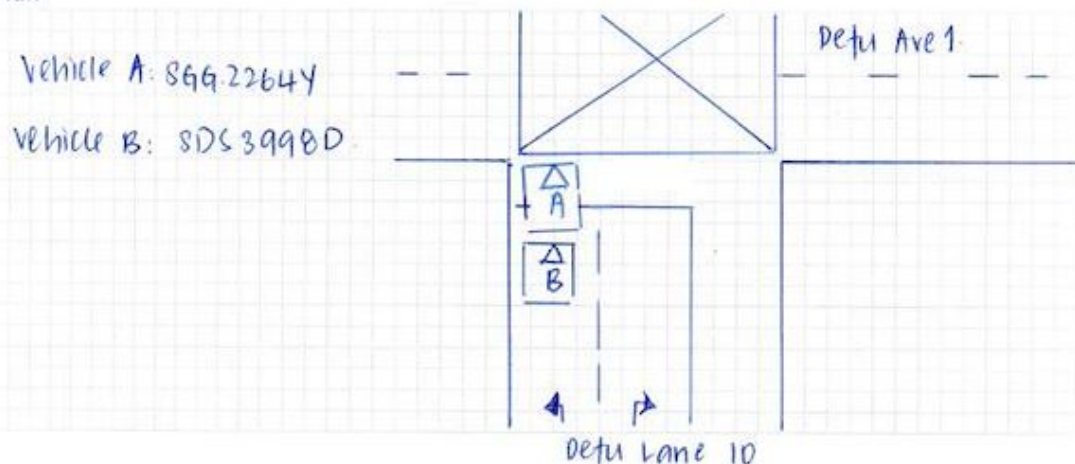
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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' 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



Describe Circumstances of the Accident

- Refer to Police Report - T/2021/1120/7007

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/20211120/7007

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

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Report No. T/20211120/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIEW KHEE CHEONG	ID No.	S7819726I
Related Vehicle	SGG2264Y (Car)	Contact No.	90403880
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/11/2021	Date	19/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	ONG PEI WEN	ID No.	S8720536C
Related Vehicle	SGG2264Y (Car)	Contact No.	98479818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/11/2021	Date	19/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 19/11/2021 AT ABOUT 12:30HR, I WAS DRIVING MY VEHICLE - SGG2264Y, ALONG DEFU LANE 10 TOWARDS DEFU AVENUE 1. I WAS STATIONARY BEFORE THE T-JUNCTION AS I WAS CHECKING ON ON-COMING TRAFFIC BEFORE I PROCEED. AS THERE WAS A MINI-BUS INTENDING TO TURN RIGHT, FROM MY RIGHT LANE TO DEFU AVENUE 1, I WAITED FOR CLEARANCE BEFORE I PROCEED. AFTER A MINUTE OR SO, I FELT A GREAT IMPACT ON MY VEHICLE'S REAR PORTION. THE IMPACT PROPELLED MY VEHICLE FORWARD A LITTLE.

THE SAID DRIVER THEN CAME DOWN AND APOLOGIZED AND OFFERED TO PRIVATE SETTLE WITH ME. HOWEVER, AFTER NEGOTIATION, I OBSERVED THAT I WAS SUFFERING FROM BACK ACHES, THUS WE SEEK MEDICAL ATTENTION AT INTEMEDICAL KOVAN AND DECLINED TO PRIVATE SETTLE THE MATTER.

















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T/20211120/7007

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

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Report No. T/20211120/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2021 10:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG PEI WEN			Address: 162A PUNGGOL CENTRAL #09-51 SINGAPORE 821162		
ID Type / ID No.: NRIC NO / S8720536C			Contact No.: Home/Office: Mobile: 98479818		
Nationality: SINGAPORE CITIZEN			Email: ongpeiwen87@gmail.com		
Sex: Female	Age: 34	Date of Birth: 22/07/1987	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Business development manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2021 12:30	Type of Location: T-Junction
Location: DEFU LANE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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	Condition	No of
SDS3998D	Car	LEXUS			Slightly Damaged	0
SGG2264Y	Car	TOYOTA	WISH	Red	Seriously Damaged	1



**SINGAPORE
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T/20211120/7007

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

2 of 3

Report No. T/20211120/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIEW KHEE CHEONG	ID No.	S7819726I
Related Vehicle	SGG2264Y (Car)	Contact No.	90403880
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/11/2021	Date	19/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	ONG PEI WEN	ID No.	S8720536C
Related Vehicle	SGG2264Y (Car)	Contact No.	98479818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/11/2021	Date	19/11/2021
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T/20211120/7007

3 of 3

Report No. T/20211120/7007

CONTINUATION OF REPORTSketch 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

NP168

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

Date/Time:
20/11/2021 10:34

Classification Of Case: