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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 27/11/2021 10:29 (SGT) Date of Accident 25/11/2021 08:15 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information ALONG SLE EXIT TO TPE (EXIT 1B) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number SDN8212G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG KIAN SWEE NRIC No SXXXX409A Email Address ks.ong888@hotmail.com Mobile Phone No (Phone) +65-94570857 Alternative Phone No +65-94570857

VEHICLE PARTICULARS

Manufacturer

Model Asx Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy Policy Number P10501421R00 Cover Note Number

DRIVER

Name of Driver ONG KIAN SWEE NRIC No. SXXXX409A

Date Of Birth 15/03/1965 Occupation Indoor Date Of Driving Pass 02/11/1983 Driving experience 38 YEARS Gender Male Mobile Number (Phone) +65-94570857 Alt. Phone Number +65-94570857 Email Address ks.ong888@hotmail.com Address BLK 857 WOODLANDS ST 83 #08-232 Address complement Postcode 730857 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Woodlands Division Headquarters Police Station Phone No (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBQ7101H
Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle
Name of Driver TAN



Contact Number	(Phone) +65-91633700
Address	-
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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 ladgment 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.
- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (li) 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARMC Sketch Plan Form V3

KETCH PLAN		
		A: 9DN82126
	1 1/25	B: FB9.7(0.H)
anc4969	K- TA	
	(6)	
	(2)	
SCOURS CIRCUMATERALIC		
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
	0-0 1 D1 D-1	
	Peder to Polia Peport	
	1/20211125 /7048	
	-1-00,1162 1048	
LARATION	A	
e declare the foregoing part	culars are true in every sespect.	
	0/	
1		
9	W	Cofunda
	Canver's Signature Rep	#
yholder's Signature & Time:	(If driver is not the policyholder) Nar	oorting gentre Personnel's Signature ne:





1 of 2

Report No. L/20211125/7048

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 25/11/2021 23:02	Vide Re	port No.		Station Diary No.
Name Of Informant ONG KIAN SWEE	Address 857 WOODLANDS STREET 83 #08-232 SINGAPORE 730857			
ID Type / ID No. NRIC NO / S1729409A	Contact No. Home/Office: Mobile: 94570857			
Nationality SINGAPORE CITIZEN	Email Address ks.ong888@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Quality assurance manager	Male	56	15/03/1965	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 25/11/2021 08:15 - 25/11/2021 08:25	Location Of Incident SELETAR EXPRESSWAY			
	- WEST WAS	TANGER OF THE PROPERTY OF THE	68000000000	

Brief details.

At about 0820hrs, I was driving my car (SDN8212G) along the first lane of SLE, and am exiting towards TPE.

While driving, a Silver Toyota Sienta (SNC4963M) cut across my lane abruptly, and promptly exit towards CTE without stopping.

To avoid hitting the car, i braked and the motorcycle (FBQ7101H) behind me hit the ear of my vehicle. The rider of the motorcycle (FBQ7101H) is named Tan, HP: 91633700.

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: 25/11/2021 23:02
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20211125/7048

Fortunately no one was injured.

My in-car camera recorded the accident and the Toyoya Sienta's actions.

Subjects Involved	d		
Suspect	į.		
Person Name	Driver of Toyota Sienta		
Gender	Unknown		
Victim	*		
Person Name	ONG KIAN SWEE		
ID Type	NRIC NO	ID No	S1729409A
Gender	Male	Age	56
Race	Chinese	Language	English
Occupation	Quality assurance manager	Address	857 WOODLANDS STREET 83 #08-232 SINGAPORE 730857
Mobile No	94570857	Is Informant A Victim?	Yes
Person Name	ONG KIAN SWEE (Informant)	1	*

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: 25/11/2021 23:02
Officer In-Charge Of Case:	Classification Of Case: