

# 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 ..... 11/02/2022 12:25 (SGT)  
Date of Accident ..... 09/02/2022 22:10 (SGT)  
Exact Location of Accident ..... Changi Rd, Singapore  
Additional Location Information ..... TOWARDS JALAN EUNOS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLB7239E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ONG KAH LYE@ONG SEE KIANG  
NRIC No ..... SXXXX386C  
Email Address ..... michaelong@huphinho.com.sg  
Mobile Phone No ..... (Phone) +65-93661055  
Alternative Phone No ..... +65-93661055

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... ALTIS  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100461983-05  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ONG SENG YAN  
NRIC No ..... SXXXX868F

Date Of Birth .....	14/11/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	25/08/1994
Driving experience .....	27 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96209906
Alt. Phone Number .....	-
Email Address .....	michaelong@huphinho.com.sg
Address .....	15 LORONG 35 GEYLANG
Address complement .....	#05-08
Postcode .....	387945
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 .....	Raining
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? .....	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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKC4538T
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 SENG YAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOULDER & BACK
Injured person in which vehicle? .....	SLB7239E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

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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' 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.

*[Signature]*

X  
Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 11/02/22

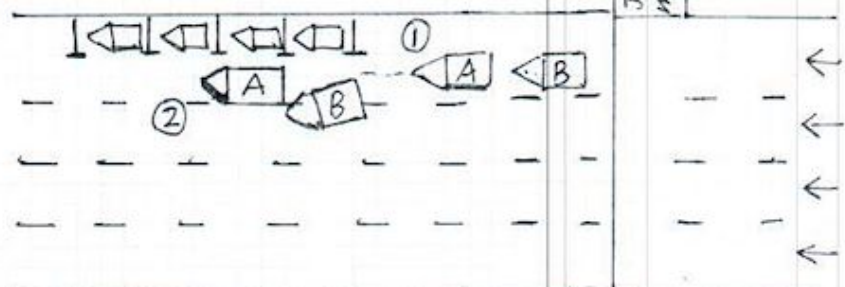
Witnessed by Reporting Centre Personnel

## **Sketch Plan**

CHANGI ROAD TOWARDS JALAN UNOS

VEH.A-SLB7239E

VEH.B-SKC4538T





## Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE 'A' WAS TRAVELLING STRAIGHT ALONG CHANGI ROAD TOWARDS BUNOS DIRECTION. I WAS KEEPING TO THE EXTREME LEFT OF THE EXTREME RIGHT LANE DUE TO THE ROW OF PARKING LOTS TO MY RIGHT. THE VEHICLE IN FRONT OF MINE CAME TO A STOP LIKELY DUE TO VEHICLES WANTING TO DO PARALLEL PARKING IN FRONT AND AS SUCH, I FOLLOWED SUIT.

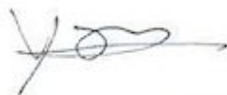
I WAS CHECKING FOR ONCOMING TRAFFIC ALONG THE LANE TO MY LEFT WHEN SUDDENLY, A HUGE IMPACT HIT ME FROM THE REAR, PROPELLING MY VEHICLE FORWARD. VEHICLE 'B' WHICH WAS INITIALLY TRAVELLING DIRECTLY BEHIND ME ALONG THE EXTREME RIGHT LANE, WAS NOT ABLE TO STOP IN TIME AND DESPITE ATTEMPTING TO SWERVE TO THE LEFT TO AVOID MY VEHICLE, STILL HIT ONTO MY VEHICLE'S REAR LEFT PORTION.

## Declaration

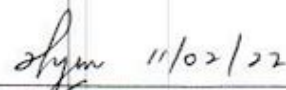
We declare the foregoing particulars are true in every respect.



X  
Policyholder's Signature / Date & Time



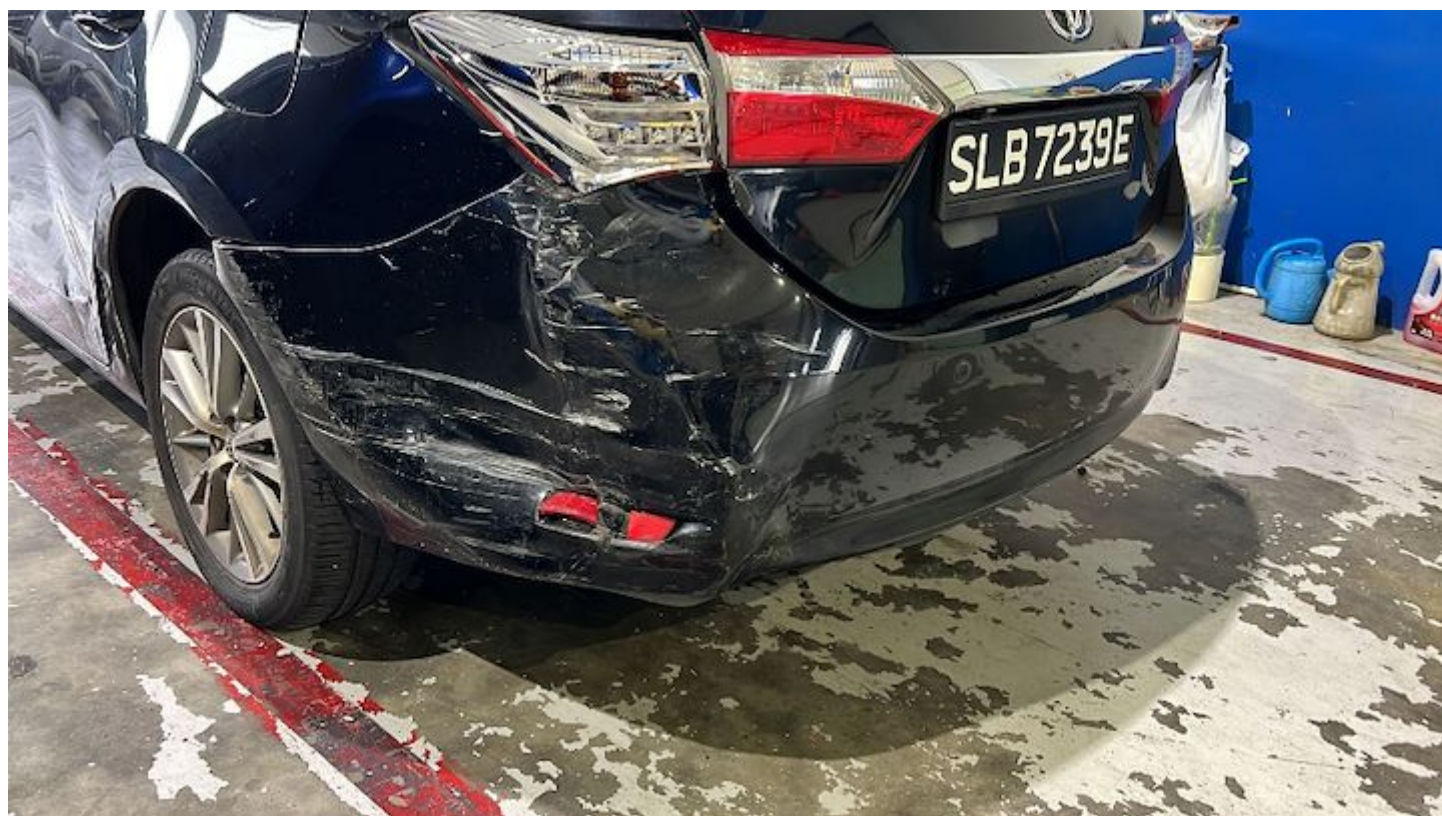
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel




















**SINGAPORE  
POLICE FORCE**


T/20220210/7053

1 of 3

Report No. T/20220210/7053

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/02/2022 21:41	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ONG SENG YAN			Address: 15 LORONG 35 GEYLANG #05-06 SINGAPORE 387945		
ID Type / ID No.: NRIC NO / S7143868F			Contact No.: Home/Office: Mobile: 96209906		
Nationality: SINGAPORE CITIZEN			Email: michaelong@huphinho.com.sg		
Sex: Male	Age: 50	Date of Birth: 14/11/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2022 22:10	Type of Location: Straight Road
Location:  Changi road towards Jalan Eunos				
Weather: Raining	Road Surface: Wet	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
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
SKC4538T	Car					0
SLB7239E	Car					0

**Details of Person Involved**

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





# SINGAPORE POLICE FORCE

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



T/20220210/7053

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Report No. T/20220210/7053

## CONTINUATION OF REPORT

Driver			
Name	ONG SENG YAN		ID No. S7143868F
Related Vehicle	SLB7239E (Car)		Contact No. 96209906
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	10/02/2022	Date	10/02/2022
No. of Days granted Medical Leave	03	Degree of	Slight

### Brief Details.

On the stated date and time, I, Vehicle (SLB7239E) was travelling straight along Changi road towards Eunos direction. I was keeping to the extreme left of the extreme right lane due to the row of parking lots to my right. The vehicle in front of mine came to a stop likely due to vehicles wanting to do parallel parking in front and as such, I followed suit. I was checking for oncoming traffic along the lane to my left when suddenly, a huge impact hit me from the rear, propelling my vehicle forward. Vehicle (SKC4538T which was initially travelling directly behind me along the extreme right lane, was not able to stop in time and despite attempting to swerve to the left to avoid my vehicle but still hit onto my vehicle's rear left portion.

The next day after the accident, I felt pain on my shoulder and back due to the accident. I then went to Lifeplus medical group (Bedok) to seek medical treatment and was given 3 days of MC.



# SINGAPORE POLICE FORCE



T/20220210/7053

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Report No. T/20220210/7053

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

## 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 /  
TAY CHUN KEEN  
Contact No.: 65476436

This report is lodged at Siglap NPP Kiosk  
NP168

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

Date/Time:  
10/02/2022 21:41

Classification Of Case: