

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	28/03/2022	Time of Accident:	16:00
Exact Location:	PIE Towards Changi Before Toh Guan Exit		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SLW 1373 D	NRIC / FIN / Passport no:	S9021910C
Name of Registered Owner:	TENG ZHI YING		
Owner's Email:	junlong2308@hotmail.com		
Owner's Address:	BLK 899C Woodlands Drive 50 #08-288 Singapore 732899		
Vehicle Make:	Mercedes	Vehicle Model:	CLA 180
Engine Capacity (cc):	1595 cc	Transmission:	<input checked="" type="radio"/> Auto / <input type="radio"/> Manual
Type of Claim:	Own Damage / <input checked="" type="radio"/> Third Party / Reporting Only		
Vehicle Category:	<input checked="" type="radio"/> Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	NTUC		
Type of Policy:	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	5123083531		

DRIVER			
Name of Driver:	ONG CHUN LONG	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S8830415B	Date of Birth:	23/08/1988
Occupation:	Indoor / <input checked="" type="radio"/> Outdoor	Driving Pass Date:	07/04/2015
Contact Number:	8031-2323	Gender:	<input checked="" type="radio"/> Male / <input type="radio"/> Female
Address:	Blk 120 Ho Ching Road #01-97 Singapore 610120		
Relationship with Owner:	Owner / Employee / <input checked="" type="radio"/> Spouse / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / <input checked="" type="radio"/> Front to Rear / Others:		
Weather Condition:	Clear / Raining / <input checked="" type="radio"/> Others: Drizzling		
Road Surface:	Dry / <input checked="" type="radio"/> Wet / Others:		
Was anybody injured?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	Police Report Made?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	GBF 5269 D		
Vehicle Make / Model:			
Name of Driver:	Terry Giam Yang Li		
NRIC / FIN / Passport no:	S9404250Z		
Contact Number:	933744560		
Name of Insurance Co:			

DETAILS OF WITNESS			
Name:		Contact Info:	

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:	ONG CHUN LONG SLW 1373 D		

Head and Neck

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.



Signature of Driver

Date and time

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 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. 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

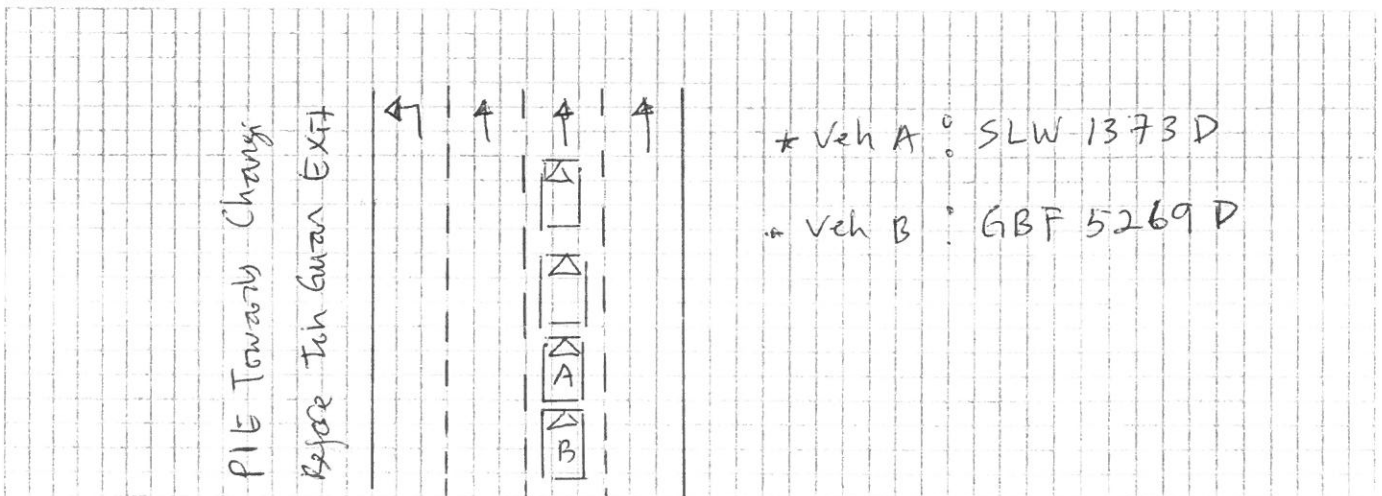
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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
7/2022 0329/7017

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



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2022 12:48			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: ONG CHUN LONG			Address: 120 HO CHING ROAD #01-97 SINGAPORE 610120			
ID Type / ID No.: NRIC NO / S8830415B			Contact No.: Home/Office: Mobile: 80312323			
Nationality: SINGAPORE CITIZEN			Email: junlong2308@hotmail.com			
Sex: Male	Age: 33	Date of Birth: 23/08/1988	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: Driver			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: 28/03/2022 16:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY TOWARDS CHANGI BEFORE TOH GUAN EXIT				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBF5269D	Van					0
SLW1373D	Car					0

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



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

CONTINUATION OF REPORT

Driver				
Name	TERRY GIAM YANG LI		ID No.	S9404250Z
Related Vehicle	GBF5269D (Van)		Contact No.	93374560
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	ONG CHUN LONG		ID No.	S8830415B
Related Vehicle	SLW1373D (Car)		Contact No.	80312323
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/03/2022		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Slight

Brief Details.

On the stated date and time, I (SLW 1373 D) was travelling along the sated venue. It was drizzling and the road surface was wet. As I saw front vehicles braked to stop, I followed to brake to stop too. When I have come to a complete halt, suddenly a vehicle bearing registration no: GBF 5269 D could not stop in time and collided onto the rear of my vehicle. The impact was huge and also caused my vehicle to move forward. I felt unwell and discomfort on my head and neck after the collision. I then proceeded to seek medical treatments at Mount Alvernia Hospital and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20220329/7017

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

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Report No. T/20220329/7017

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476201

Signature Of Informant:

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

Date/Time:
29/03/2022 12:48

Classification Of Case: