



# 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 ..... 28/03/2022 13:17 (SGT)  
 Date of Accident ..... 25/03/2022 23:38 (SGT)  
 Exact Location of Accident ..... Upper Bukit Timah Rd, Singapore  
 Additional Location Information ..... JUNCTIO WITH HUME AVENUE  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKW6860T

### INSURED/POLICYHOLDER

Is company? ..... No  
 Name Of Registered Owner ..... MIKEL ONG CHEE KIAT  
 NRIC No ..... SXXXX744B  
 Email Address ..... mikelandong@gmail.com  
 Mobile Phone No ..... (Phone) +65-90880700  
 Alternative Phone No ..... +65-90880700

### VEHICLE PARTICULARS

|  |                    |
|--|--------------------|
| Manufacturer ..... Nissan  | Model ..... Sylphy |
| 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 ..... 1598  |                    |

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
 Type of Coverage ..... Comprehensive  
 Fleet Policy ..... No  
 Policy Number ..... DMPCSNW00023252200  
 Cover Note Number ..... -

### DRIVER

Name of Driver ..... MIKEL ONG CHEE KIAT  
 NRIC No ..... SXXXX744B

Date Of Birth ..... 21/09/1972  
Occupation ..... Indoor  
Date Of Driving Pass ..... 06/05/1991  
Driving experience ..... 30 YEARS AND 10 MONTHS  
Gender ..... Male  
Mobile Number ..... (Phone) +65-90880700  
Alt. Phone Number ..... +65-90880700  
Email Address ..... mikelandong@gmail.com  
Address ..... 22 CHOA CHU KANG GROVE #09-51  
Address complement ..... -  
Postcode ..... 688213  
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 ..... MAY PHUA SIOK KHIM  
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

PLEASE REFER TO POLICE REPORT T/20220328/7008

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... WITH OWNER  
Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLS1698M

|   |                                     |
|---|-------------------------------------|
| Vehicle Manufacturer                    | -                                   |
| Vehicle Model                           | -                                   |
| Vehicle Variant                         | -                                   |
| Vehicle Colour                          | -                                   |
| Vehicle Category                        | Private car                         |
| Name of Driver                          | -                                   |
| Contact Number                          | -                                   |
| Address                                 | -                                   |
| Address complement                      | -                                   |
| Postcode                                | -                                   |
| Insurance Company Name                  | Sompo Insurance Singapore Pte. Ltd. |
| Nature Of Damage                        | -                                   |
| Details of property damaged in accident | -                                   |
| No. Of Passenger (Including Driver)     | -                                   |

### INJURED PERSONS DETAILS

#### INJURED 1

|   |                      |
|---|----------------------|
| Name of injured person                              | MIKEL ONG CHEE KIAT  |
| Gender  | Male                 |
| Phone No  | (Phone) +65-90880700 |
| Address   | -                    |
| Address Complement                                  | -                    |
| Post Code   | -                    |
| Approximate Age Years Old                           | -                    |
| Injuries Sustained                                  | SLIGHT INJURY        |
| Injured person in which vehicle?                    | SKW6860T             |
| Were seat belts worn?                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? | No                   |

#### INJURED 2

|   |                    |
|---|--------------------|
| Name of injured person                              | MAY PHUA SIOK KHIM |
| Gender  | Female             |
| Phone No  | -                  |
| Address   | -                  |
| Address Complement                                  | -                  |
| Post Code   | -                  |
| Approximate Age Years Old                           | -                  |
| Injuries Sustained                                  | SLIGHT INJURY      |
| Injured person in which vehicle?                    | SKW6860T           |
| Were seat belts worn?                               | Yes                |
| Was this injured conveyed to hospital by ambulance? | No                 |

SKETCH PLANIMPORTANT 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.
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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 GA 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:

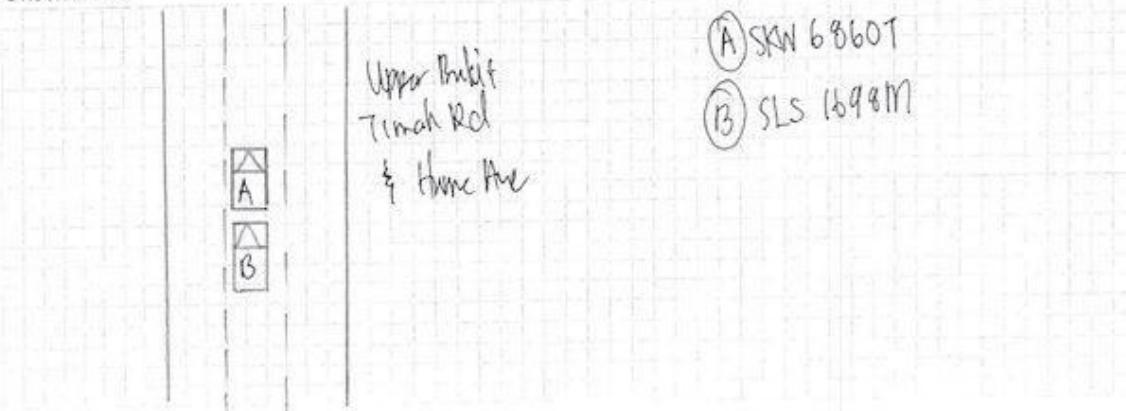


Driver's Signature (if driver is not the policyholder) / Date & Time:



Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

Ref to Police Report No: T20220328 | 7008

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  
  
28/03/2022


**SINGAPORE  
POLICE FORCE**


T/20220328/7008

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

1 of 3

Report No. T/20220328/7008

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>28/03/2022 11:04 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

**Informant's Particulars**

|  |  |                              |                  |
|--|--|------------------------------|------------------|
| Name of Informant:<br>MIKEL ONG CHEE KIAT  | Address:<br>22 CHOA CHU KANG GROVE #09-51 SINGAPORE 688213 |                              |                  |
| ID Type / ID No.:<br>NRIC NO / S7235744B   | Contact No.:   | Home/Office:                 | Mobile: 90880700 |
| Nationality:<br>SINGAPORE CITIZEN          | Email:   |                              |                  |
| Sex: Male<br>Age: 49                       | Date of Birth:<br>21/09/1972                               | Type of Informant:<br>Driver |                  |
| Race:<br>Chinese                           | Language:<br>English                                       | Institution / School Name:   |                  |
| Occupation:<br>Sales and marketing manager | Driving Licence Information:<br>Class:                     | Date of Expiry:              |                  |

**General Information of the Accident**

|  |   |                    |  |                                     |
|--|---|--------------------|--|-------------------------------------|
| Type of Accident:<br>Others                                  | Injury<br>Others                            | Drink Drive:<br>No | Date/Time of Accident:<br>25/03/2022 23:35 | Type of Location:<br>Straight Road  |
| Location:<br>UPPER BUKIT TIMAH ROAD                          |   |                    |  |                                     |
| Weather:   | Road Surface:<br>Dry                        |                    | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way                                     | Traffic Control:<br>Traffic Light - Working |                    | Traffic Volume:<br>Light                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |   |                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model                               | Color | Condition | No of |
|-------------|------|--------|-------------------------------------|-------|-----------|-------|
| SKW6860T    | Car  | NISSAN | SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR | Red   |           | 0     |
| SLS1698M    | Car  |        |                                     |       |           | 0     |


**SINGAPORE  
POLICE FORCE**


T/20220328/7008

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

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Report No. T/20220328/7008

**CONTINUATION OF REPORT**

| <b>Details of Vehicle Insurance</b> |   |                     |            |             |
|-------------------------------------|---|---------------------|------------|-------------|
| Vehicle No.                         | Insurance Company                             | Insurance No        | Effective  | Expiry Date |
| SKW6860T                            | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW000232 52200 | 13/01/2022 | 10/05/2023  |

| <b>Details of Person Involved</b> |                     |                                   |                                   |  |
|-----------------------------------|---------------------|-----------------------------------|-----------------------------------|--|
| Any Pedestrian Involved: No       |                     | Use of Pedestrian Crossing: NA    |                                   |  |
| <b>Passenger</b>                  |                     |                                   |                                   |  |
| Name                              | MAY PHUA SIOK KHIM  | ID No.                            | S7614008A                         |  |
| Related Vehicle                   | SKW6860T (Car)      | Contact No.                       | 97295533                          |  |
| Hospital/Clinic                   | NIL                 | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |  |
| Date                              | NIL                 | Date                              | NIL                               |  |
| No. of Days granted Medical Leave | NIL                 | Degree of                         | Slight                            |  |
| <b>Driver</b>                     |                     |                                   |                                   |  |
| Name                              | MIKEL ONG CHEE KIAT | ID No.                            | S7235744B                         |  |
| Related Vehicle                   | SKW6860T (Car)      | Contact No.                       | 90880700                          |  |
| Hospital/Clinic                   | NIL                 | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |  |
| Date                              | NIL                 | Date                              | NIL                               |  |
| No. of Days granted Medical Leave | NIL                 | Degree of                         | NIL                               |  |

**Brief Details.**

On 25.03.2022 at about 23:38hrs. I was travelling along Junction of Hume Avenue and Upper Bukit Timah Road. Upon reaching the junction, the traffic turn red. Ahead of me there's a vehicle slow down and stop. I follow suit. I was fully stop at the junction. While waiting, all of a sudden, I felt an hard impact from the rear. Then I realised a vehicle SLS1698M had collided onto my vehicle. Due to the impact, my vehicle was badly damaged. Me and my wife had a pain on our back. We seek for a doctor for assistance. That's all.



**SINGAPORE  
POLICE FORCE**

T/20220328/7008

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

3 of 3

Report No. T/20220328/7008

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable   | Signature Of Informant:<br>The identity of the person making this report has<br>been authenticated by Singpass. No signature is<br>required. |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>28/03/2022 11:04   |
| Officer In Charge Of Case:<br>TP / TPIB /<br>MOHAMAD ZULFAZDLI BIN ABDULLAH<br>Contact No.: 65476204 | Classification Of Case:  |

NP168