

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 17/05/2022 16:33 (SGT)
Date of Accident 14/05/2022 11:15 (SGT)
Exact Location of Accident Bukit Batok, Singapore
Additional Location Information TOWARDS JURONG TOWN HALL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF1140L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG SOK TENG
NRIC No SXXXX949D
Email Address Philip.ong531@gmail.com
Mobile Phone No (Phone) +65-97261835
Alternative Phone No +65-97261835

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
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 1995

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00205602101
Cover Note Number -

DRIVER

Name of Driver ONG PHANG KOK
NRIC No SXXXX071J

Date Of Birth	27/05/1950
Occupation	Indoor
Date Of Driving Pass	13/01/1970
Driving experience	52 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98150507
Alt. Phone Number	-
Email Address	Philip.ong531@gmail.com
Address	BLK 531 JELAPANG ROAD
Address complement	#11-07
Postcode	670531
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	NG SOK TENG
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

PLS REFER TO THE POLICE REPORT : T/20220514/7026

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	SJU8729A
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK5582Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHA9397X
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 PHANG KOK
Gender	Male
Phone No	(Phone) +65-98150507
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMF1140L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



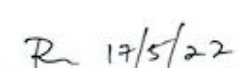

INJURED 2

Name of injured person	NG SOK TENG
Gender	Female
Phone No	(Phone) +65-97261835
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMF1140L
Were seat belts worn?	-
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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
<p>Sketch Plan</p> <p style="color: blue;">Rukit batok road towards Jurong town hall road.</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <p>Vehicle A: SMF1140L</p> <p>Vehicle B: STJ8729A</p> <p>Vehicle C: GBK3582Y</p> <p>Vehicle D: SHA9397X</p> </div> </div>		

Describe Circumstances of the Accident

I was travelling along Bukit batok road towards Jurong Town hall road. The vehicle in front of me slow down and stop. I followed to slow down and stop without any contact with the front vehicle. Suddenly I felt a huge impact from the rear of my vehicle. The impact causes my vehicle to shift forward and hit onto the vehicle in front of me. I got down & realized I was involved in a 4 car chain collision, and I was the second vehicle.

Police Report Attached: T/20220514/7026.

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

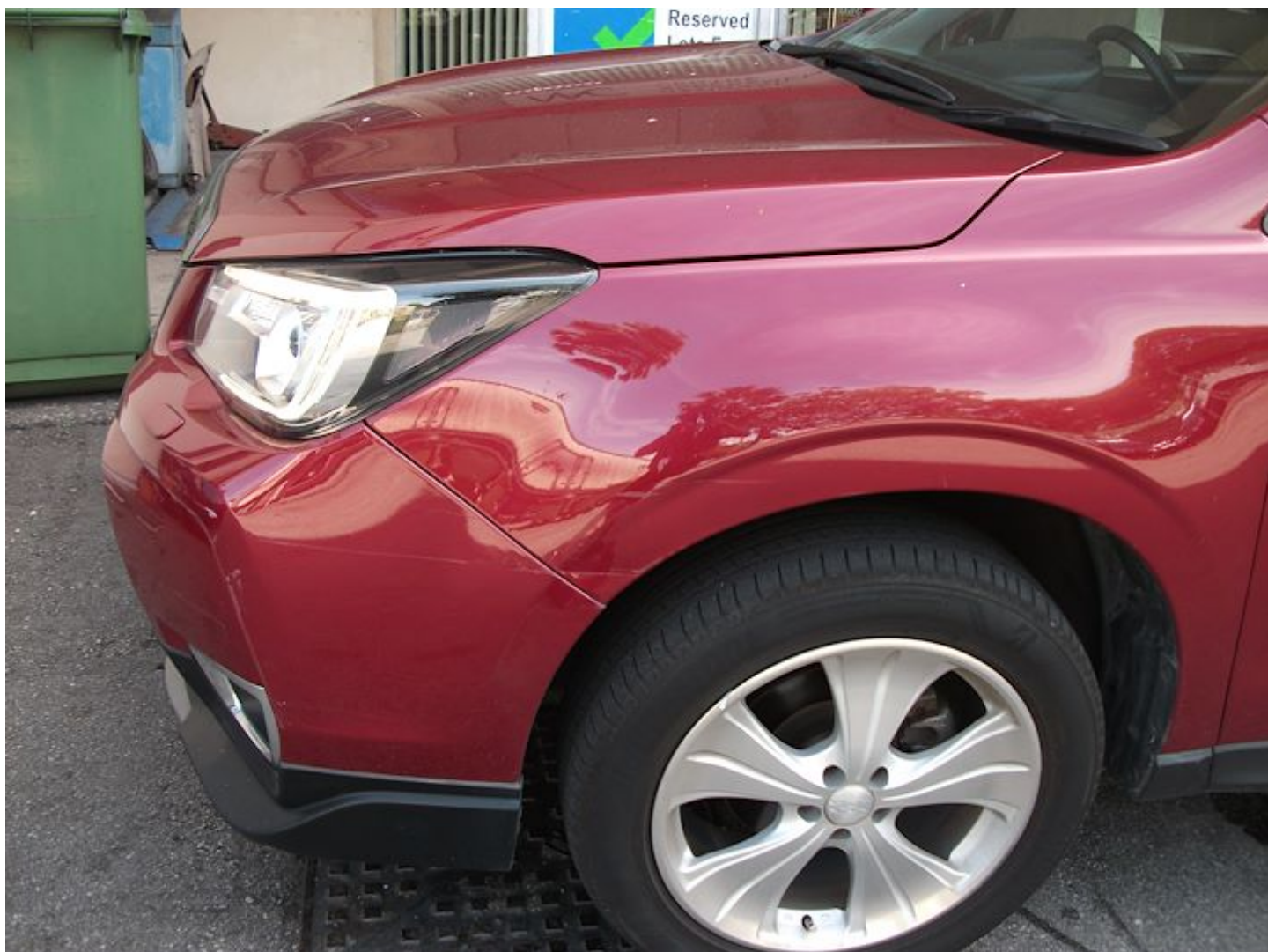
R 17/5/22

Witnessed by Reporting Centre Personnel





















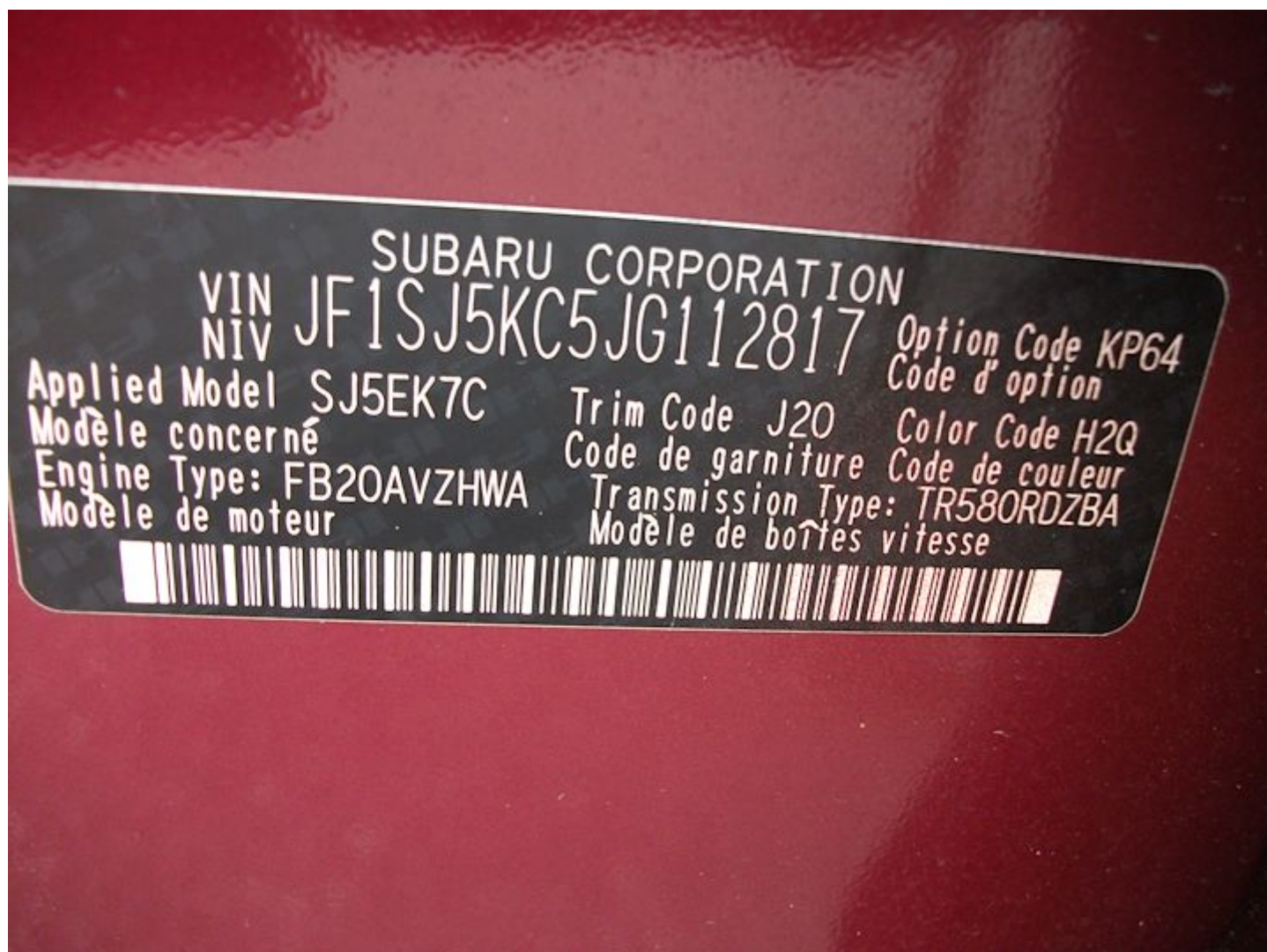
















**SINGAPORE
POLICE FORCE**



T/20220514/7026

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

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Report No. T/20220514/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2022 14:41		Vide Report No.: J/20220514/0074		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG PHANG KOK			Address: 531 JELAPANG ROAD #11-07 SINGAPORE 670531		
ID Type / ID No.: NRIC NO / S0973071J			Contact No.: Home/Office: Mobile: 98150507		
Nationality: SINGAPORE CITIZEN			Email: philip.ong531@gmail.com		
Sex: Male	Age: 71	Date of Birth: 27/05/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retire			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/05/2022 11:15	Type of Location: Straight Road
Location: BUKIT BATOK WEST AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 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: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK5582Y	Lorry					0
SHA9397X	Car					0
SJU8729A	Car					0
SMF1140L	Car					0



**SINGAPORE
POLICE FORCE**



T/20220514/7026

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

2 of 3

Report No. T/20220514/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NG SOK TENG	ID No.	S1490949D
Related Vehicle	SMF1140L (Car)	Contact No.	97261835
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/05/2022	Date	14/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ONG PHANG KOK	ID No.	S0973071J
Related Vehicle	SMF1140L (Car)	Contact No.	98150507
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/05/2022	Date	14/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was traveling along Bukit Batok road towards Jurong town hall road. I was traveling on my own lane. The vehicle Infront of me slow down and stop, I followed to slow down and stop without any contact with the front vehicle. Suddenly I felt a huge impact from the rear portion of my vehicle. The impact pushes my car forward and hit onto the vehicle Infront of me. I got down and realised I was involved in a 4 car collision and I was the 2nd vehicle.



**SINGAPORE
POLICE FORCE**



T/20220514/7026

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

3 of 3

Report No. T/20220514/7026

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 /
DAVID YAP
Contact No.: 65476138

NP168

Signature Of Informant:

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

Date/Time:
14/05/2022 14:41

Classification Of Case: