

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 10/06/2022 13:58 (SGT)
Date of Accident 07/06/2022 17:55 (SGT)
Exact Location of Accident Temasek Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC3024E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG WEE KOK
NRIC No SXXXX363H
Email Address pat311277@gmail.com
Mobile Phone No (Phone) +65-98532077
Alternative Phone No +65-98532077

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNW00011742100
Cover Note Number -

DRIVER

Name of Driver ONG WEE KOK
NRIC No SXXXX363H

| | |
|--|----------------------|
| Date Of Birth | 31/12/1977 |
| Occupation | Outdoor |
| Date Of Driving Pass | 10/11/2014 |
| Driving experience | 7 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98532077 |
| Alt. Phone Number | +65-98532077 |
| Email Address | pat311277@gmail.com |
| Address | BLK 204 CCK AVE 1 |
| Address complement | #02-29 |
| Postcode | 680204 |
| 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) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Choa Chu Kang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007659999 |
| Alt. Police Station Phone No | (Fax) +65-67644104 |
| Police Station Address | No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220608/2078

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 WORKSHOP |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | SMP6070U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | PUNEET SINGH |
| NRIC No | SXXXX370E |
| Contact Number | (Phone) +65-87160609 |
| 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 WEE KOK |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS |
| Injured person in which vehicle? | SNC3024E |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

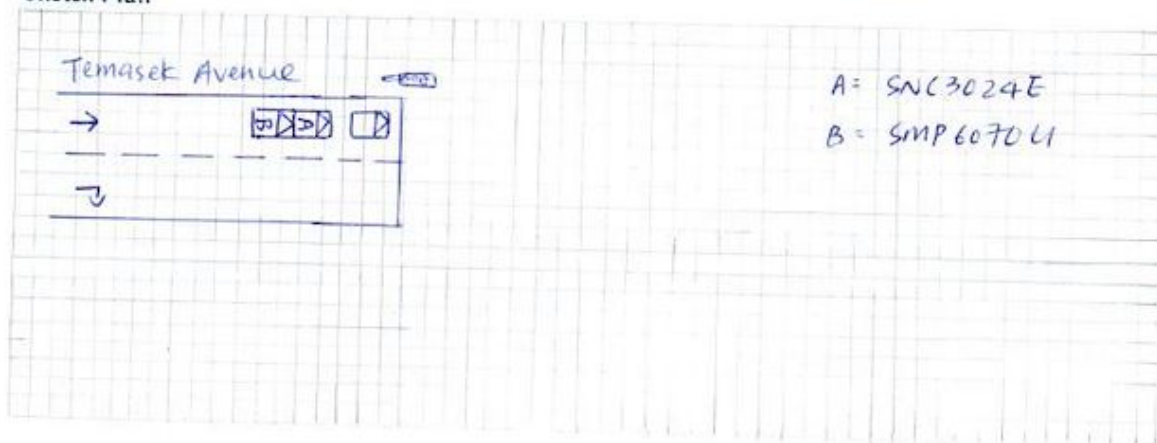
SKETCH PLAN**IMPORTANT NOTICE**

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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.


Policyholder's Signature / Date & Time


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

 10/06/22
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer to the Police Report No = T / 20220608 / 2078

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

 10/06/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220608/2078

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20220608/2078

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---|--------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
| SNC3024E | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMHCSNW00011742100 | 11/10/2021 | 10/10/2022 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Name | Puneet Singh | ID No. | S8167370E |
| Related Vehicle | SMP6070U (Car) | Contact No. | 87160609 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | ONG WEE KOK | ID No. | S7738363H |
| Related Vehicle | SNC3024E (Car) | Contact No. | 98532077 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 08/06/2022 | Date Discharge | 08/06/2022 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |

Brief Details.

On 07/06/2022 at about 1755hrs, I stopped at the traffic junction along Temasek Avenue and waited for the traffic to turn green. I then felt that there was an impact on the rear side of my vehicle.

We both then came down from our vehicle and that was when we exchanged our particulars and took photographs before leaving the vicinity.

I wish to state that there were two passengers on board of my vehicle SNC3024E and I did check with them if they were alright which they mentioned that they were fine. They then left the location and I did not manage to get their contact numbers.

On 08/06/2022 I then felt that I had to see a doctor, I then went down to Ng Teng Fong General Hospital to make a check which I was then given a 5 days medical leave and told me that I had some neck injury and need further checks on the injury another day.



















**SINGAPORE
POLICE FORCE**



T/20220608/2078

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20220608/2078

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 08/06/2022 16:21 | | Vide Report No.: | | Station Diary No.: 82 | |
| Informant's Particulars | | | | | |
| Name of Informant: ONG WEE KOK | | | Address: APT BLK 204 CHOA CHU KANG AVENUE 1 #02-29 SINGAPORE 680204 | | |
| ID Type / ID No.: NRIC NO / S7738363H | | | Contact No.: Home/Office: Mobile: 98532077 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 44 | Date of Birth: 31/12/1977 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: PHV 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: 07/06/2022 17:55 | Type of Location: Straight Road |
| Location: TEMASEK AVENUE | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|----------------------|--------|-------------------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| SMP6070U | Car | HONDA | VEZEL 1.5X CVT | Black | Seriously Damaged | 0 |
| SNC3024E | Car | TOYOTA | NOAH 1.8X HYBRID CVT | Maroon | Seriously Damaged | 2 |

| | | | |
|-------------------------------------|-------------------|---------------|-----------------------|
| Details of Vehicle Insurance | | | |
| Vehicle No. | Insurance Company | Insurance No. | Effective Expiry Date |



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T/20220608/2078

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Report No. T/20220608/2078

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| Details of Person Involved | | | |
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| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Name | Puneet Singh | ID No. | S8167370E |
| Related Vehicle | SMP6070U (Car) | Contact No. | 87160609 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | ONG WEE KOK | ID No. | S7738363H |
| Related Vehicle | SNC3024E (Car) | Contact No. | 98532077 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
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T/20220608/2078

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Report No. T/20220608/2078

CONTINUATION OF REPORT



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T/20220608/2078

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Report No. T/20220608/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /
SGT 2 CHAN JUN WEI,
KENNETH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:

Date/Time:
08/06/2022 16:21

Classification Of Case:

NP168

