

# 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 Actual 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 ..... 26/08/2022 17:15 (SGT)  
Reported by ..... Both  
Date of Accident ..... 25/08/2022 18:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... KPE(TPE)B4 TAMPINES RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGG2264Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ONG KIM SWEE  
NRIC No ..... SXXXX042G  
Email Address ..... happw\_87@hotmail.com  
Mobile Phone No ..... (Phone) +65-92335254  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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 ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNA00105522205

### DRIVER

Name of Driver ..... ONG KIM SWEE  
NRIC No ..... SXXXX042G  
Date Of Birth ..... 12/03/1962  
Occupation ..... Indoor

Date Of Driving Pass .....	09/01/1998
Driving experience .....	24 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92335254
Alt. Phone Number .....	-
Email Address .....	happw_87@hotmail.com
Address .....	BLK 204A COMPASSVALE DRIVE
Address complement .....	#16-457
Postcode .....	541204
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 .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	LIM YI TING
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

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKD193A
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 KIM SWEE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	SGG2264Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LIM YI TING
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	SGG2264Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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6. This report will be forwarded by the insurers to 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

 26/08/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Vehicle A: SG62264Y

Vehicle B: SKD193A

KPE(TPE) before Tampines Rd

Diagram showing vehicle positions and accident details on a grid. Vehicle A is marked with a triangle and 'A', and Vehicle B is marked with a triangle and 'B'. The accident location is marked with a triangle and 'A' and 'B'.

Describe Circumstance of the Accident

- Refer to Police Report -

Declaration

I/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

 26/08/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20220826/7007

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

2 of 3  
Report No. T/20220826/7007

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG2264Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA00105522205	05/05/2022	04/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LIM YI TING		ID No.	S1759492C
Related Vehicle	SGG2264Y (Car)		Contact No.	91231381
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/08/2022		Date	25/08/2022
No. of Days granted Medical Leave		07	Degree of	Serious
Driver				
Name	ONG KIM SWEE		ID No.	S1521042G
Related Vehicle	SGG2264Y (Car)		Contact No.	92335254
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/08/2022		Date	25/08/2022
No. of Days granted Medical Leave		07	Degree of	Serious

**Brief Details.**

ON 25/08/2022 AT ABOUT 18:40HR, I WAS DRIVING MY VEHICLE - SGG2264Y, ALONG KPE TOWARDS TPE WITH MY WIFE IN MY VEHICLE. I WAS TRAVELLING ALONG LANE 1 ON THE RIGHT WHEN I EXITED THE TUNNEL AND FRONT VEHICLE SLOWED DOWN. I PROCEEDED TO SLOW DOWN AND SUDDENLY FELT A HUGE IMPACT ON MY VEHICLE'S REAR PORTION. UPON IMPACT, I TRIED TO SLAM ON MY BRAKES BUT MY VEHICLE CONTINUED TO ROLL FORWARD. I HAD TO PUT MY VEHICLE ON "PARKING" IN ORDER TO STOP MY VEHICLE. SUBSEQUENTLY, MY WIFE AND I FELT DISCOMFORT IN THE NIGHT AND SOUGHT FOR MEDICAL ATTENTION AT INTEMEDICAL KOVAN AND WERE BOTH GIVEN 7DAYS MC.





































**SINGAPORE  
POLICE FORCE**



T/20220826/7007

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

1 of 3

Report No. T/20220826/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/08/2022 12:08		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG KIM SWEE			Address: 204A COMPASSVALE DRIVE #16-457 SINGAPORE 541204		
ID Type / ID No.: NRIC NO / S1521042G			Contact No.: Home/Office: Mobile: 92335254		
Nationality: SINGAPORE CITIZEN			Email: happw_87@hotmail.com		
Sex: Male	Age: 60	Date of Birth: 12/03/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/08/2022 18:40	Type of Location: Straight Road
Location:  KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Raining		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
SGG2264Y	Car	TOYOTA	WISH 1.8 A	Grey	Seriously Damaged	1
SKD193A	Car	BMW			Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220826/7007

Police Station Of Origin:  
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Tel No: 65470000

2 of 3  
Report No. T/20220826/7007

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG2264Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA00105522205	05/05/2022	04/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LIM YI TING		ID No.	S1759492C
Related Vehicle	SGG2264Y (Car)		Contact No.	91231381
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/08/2022		Date	25/08/2022
No. of Days granted Medical Leave		07	Degree of	Serious
Driver				
Name	ONG KIM SWEE		ID No.	S1521042G
Related Vehicle	SGG2264Y (Car)		Contact No.	92335254
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/08/2022		Date	25/08/2022
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**SINGAPORE  
POLICE FORCE**

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



T/20220826/7007

3 of 3

Report No. T/20220826/7007

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
26/08/2022 12:08

Classification Of Case: