

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	08/08/2022 17:15 (SGT)
Reported by	Driver
Date of Accident	07/08/2022 12:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE FLYOVER SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8650L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOY WEE LENG JOANNE
NRIC No	SXXXX895F
Email Address	JOANNE_LOY@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98378723
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	HONDA / FREED HYBRID 1.5G AUTO
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	1496

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10579718R01

DRIVER

Name of Driver	ONG SOON HOW
NRIC No	SXXXX363Z
Date Of Birth	05/09/1962
Occupation	Indoor

Date Of Driving Pass	17/05/1993
Driving experience	29 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98532951
Alt. Phone Number	-
Email Address	JOSEPHSH.ONG@GMAIL.COM
Address	81 PASIR RIS GROVE #03-45
Address complement	-
Postcode	518210
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?	Yes
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	LOY WEE LENG JOANNE
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

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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 TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT9469M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH SHI HUI
NRIC No	SXXXX985B
Contact Number	(Phone) +65-88663622
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBJ1494A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	UNKNOWN
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	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBJ1494A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

REFER TO POLICE REPORT.

Declaration

I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

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



SINGAPORE POLICE FORCE



T/20220808/7022

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

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Report No. T/20220808/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2022 14:09	Vide Report No.: G/20220807/0137	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG SOON HOW			Address: 81 PASIR RIS GROVE #03-45 SINGAPORE 518210		
ID Type / ID No.: NRIC NO / S1545363Z			Contact No.: Home/Office: Mobile: 98532951		
Nationality: SINGAPORE CITIZEN			Email: josephsh.ong@gmail.com		
Sex: Male	Age: 59	Date of Birth: 05/09/1962	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 07/08/2022 12:35	Type of Location: Flyover
Location: PAN ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
FBJ1494A	Motorcycle	OTHERS		Black	Seriously Damaged	0
SMA8650L	Car	HONDA	FREED	White	Slightly Damaged	2
SMT9469M	Car	BMW		White	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220808/7022

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

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Report No. T/20220808/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA8650L	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10579718R01	21/06/2022	20/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	NOT RECORDED		ID No.	NIL
Related Vehicle	FBJ1494A (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight	
Driver				
Name	ONG SOON HOW		ID No.	S1545363Z
Related Vehicle	SMA8650L (Car)		Contact No.	98532951
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	
Passenger				
Name	LOY WEE LENG JOANNE		ID No.	S1640895F
Related Vehicle	SMA8650L (Car)		Contact No.	98378723
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	



**SINGAPORE
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T/20220808/7022

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Tel No: 65470000

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Report No. T/20220808/7022

CONTINUATION OF REPORT

Driver			
Name	LOH SHI HUI	ID No.	S9909985B
Related Vehicle	SMT9469M (Car)	Contact No.	88663622
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

PIE towards Jurong, near lamp post 425F.

I was driving along lane 1 towards Jurong and my wife Loy Wee Leng Joanne (NRIC S1640895F) was sitting in the front passenger seat.

Due to traffic congestion, the cars in front came to a complete stop.

I managed to break in time to avoid hitting the car in front, but the sedan car (BMW vehicle number SMT9469M) driven by Ms Yi Hui could not break in time and collided with the back of our car.

A motor cyclist which was behind SMT9469M hit the rear of SMT9469M and caused damages to the left side of the rear bumper and left rear type of SMT9469M.

The motor cyclist lost control and collided with a Honda Vezel (vehicle number SMX2547X) which was traveling in lane 2.

He fell to the road and suffered bruises to his face and body.

He was alert the whole time and was later attended by the paramedics from ambulance.

Our car did not have any contact with the motor cyclist and his motor cycle, nor any contact with Honda Vezel SMX2547X.

The only visible damage to our car were dents on its rear door above the rear bumper due to the impact caused by the front of SMT9469M.



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Report No. T/20220808/7022

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 /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

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

Date/Time:
08/08/2022 14:09

Classification Of Case: