

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	29/08/2022 19:06 (SGT)
Reported by	Both
Date of Accident	27/08/2022 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG TOWN HALL RD TWDS AYE B4 JURONG EAST ST 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3868R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BERNARD ONG MING YEOW
NRIC No	SXXXX185A
Email Address	bernardomy@gmail.com
Mobile Phone No	(Phone) +65-86512231
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	DMPCSNW00073242201

DRIVER

Name of Driver	BERNARD ONG MING YEOW
NRIC No	SXXXX185A
Date Of Birth	28/05/1984
Occupation	Indoor

Date Of Driving Pass	22/11/2016
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86512231
Alt. Phone Number	-
Email Address	bernardomy@gmail.com
Address	BLK 25B JALAN MEMBINA
Address complement	#10-118
Postcode	164025
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	SITI NURBAETI
Gender	Female

PASSENGER 2

Name	DIOR ONG ZI YAN
Gender	Female

PASSENGER 3

Name	LEE CHUNXI
Gender	Female

PASSENGER 4

Name	ASHLEY ONG ZI XIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220827/2087

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 SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBL4383G
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person BERNARD ONG MING YEOW
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SJP3868R
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person UNKNOWN
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS
 Injured person in which vehicle? FBL4383G
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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

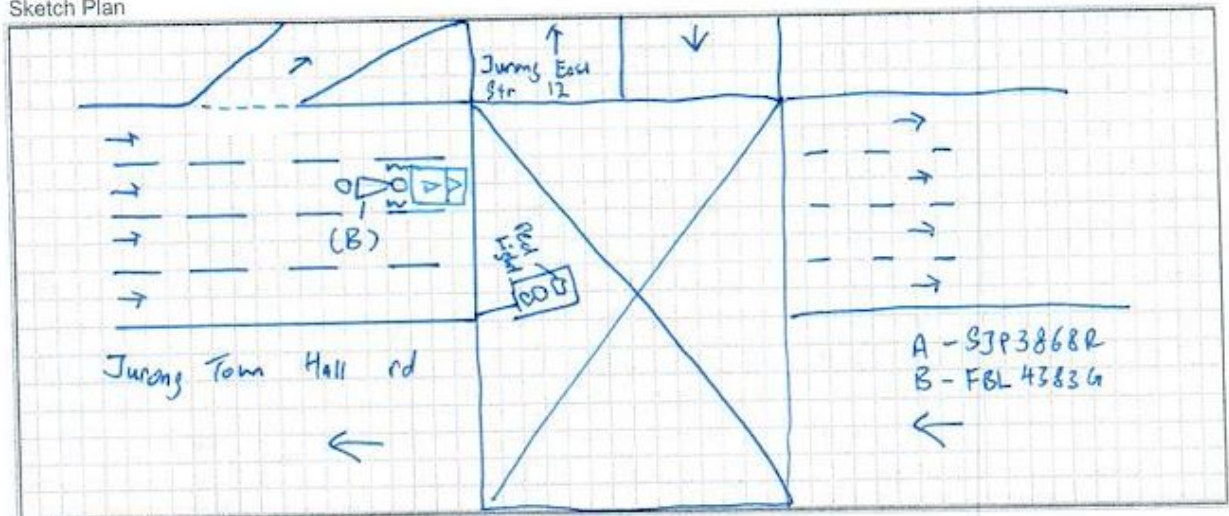
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

7 
Policyholder's Signature / Date & Time

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


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

Sketch Plan



Describe Circumstance of the Accident

As per police report T/20220827/2087

Declaration

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

y 
Policyholder's Signature / Date & Time

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

 29/08/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20220827/2087

Report No: T/20220827/2087

CONTINUATION OF REPORT

Passenger			
Name	LEE CHUNXI	ID No.	S8465185J
Related Vehicle	SJP3868R (Car)	Contact No.	84682027
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	Serious
Passenger			
Name	ASHLEY ONG ZI XIN	ID No.	T1932104A
Related Vehicle	SJP3868R (Car)	Contact No.	NIL
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

Brief Details.

On 27/08/2022 at around 1445hrs, I was driving along Jurong Town Hall road towards the AYE City on lane 3. As the traffic light was turning from green to red at the T-junction, I proceeded to slow down my vehicle and came to a stop. Moments later, I then felt a huge impact from my vehicle's rear and my vehicle moved forward cross the T-junction.

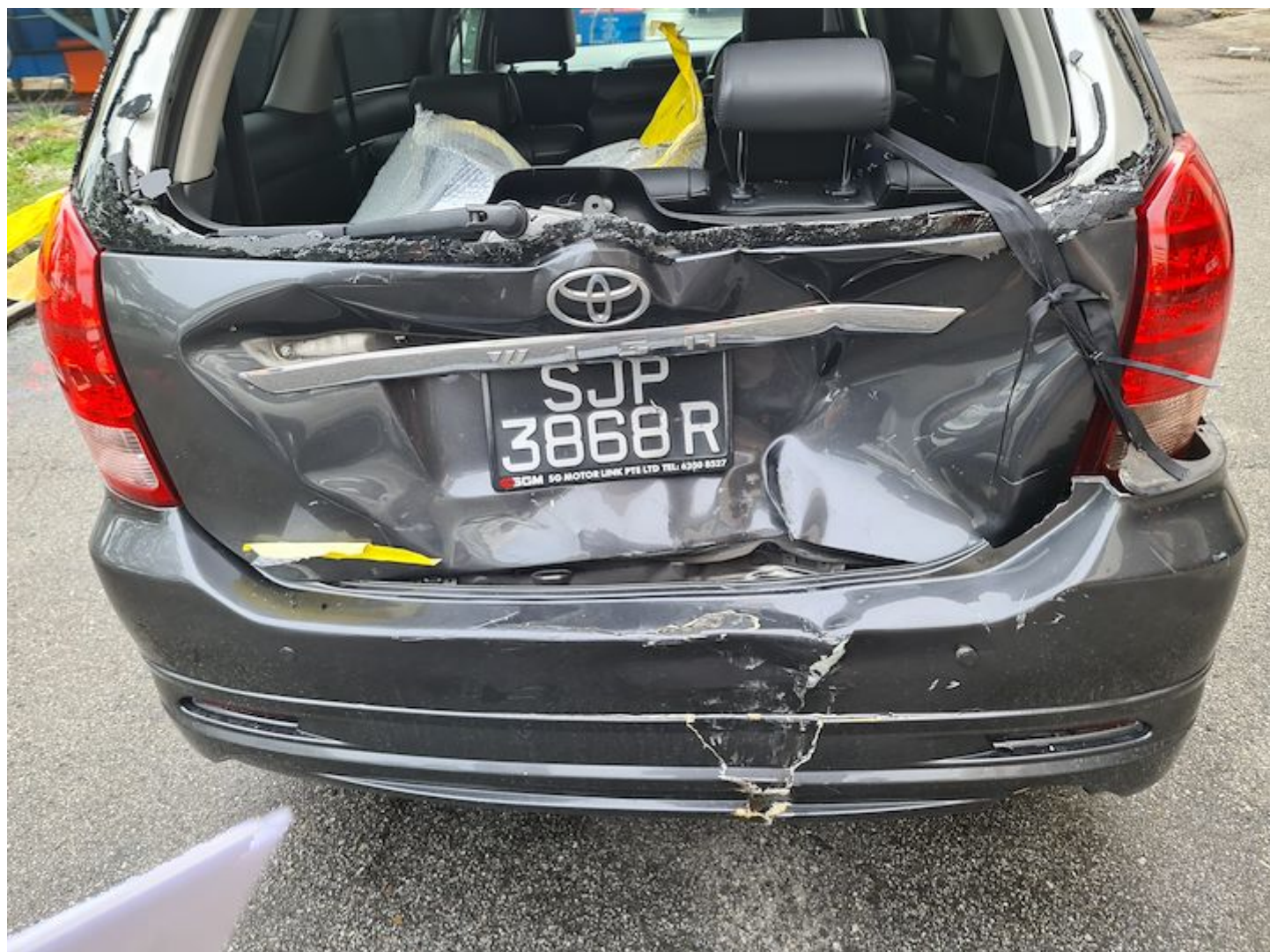
I was in a shocked and my two children who are in the vehicle with me then started crying loudly which alerted me. I then got down my vehicle and the saw that my vehicle is seriously damaged at the rear area and a motorcycle at the area where I had initially stopped. The motorcyclist was sitting up and someone was assisting to bring her to the side of the road. The motorcyclist was bleeding profusely from her forehead area.

Subsequently, paramedics and traffic police arrived at scene. The motorcyclist was then conveyed by the paramedics. The traffic police officer took my in car dash cam memory card and gave me a case card to lodge a police report.

I am lodging this report for record purposes.

























**SINGAPORE
POLICE FORCE**



T/20220827/0087

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20220827/0087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2022 17:20	Video Report No.: D/20220827/0082	Station Diary No.: 29
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Informant's Particulars

Name of Informant: BERNARD ONG MNG YEOW			Address: APT BLK 25B JALAN MEMBINA #10-118 SINGAPORE 164025		
ID Type / ID No.: NRIC NO / S8467185A			Contact No.: Home/Office: Mobile: 86512231		
Nationality: MALAYSIAN			Email: bernardomy@gmail.com		
Sex: Male	Age: 38	Date of Birth: 28/05/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Advertising salesman			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/08/2022 14:45	Type of Location: Straight Road
Location: JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4383G	Motorcycle				Seriously Damaged	0
SJP3868R	Car	TOYOTA	WISH 1.8 AUTO	Grey	Seriously Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP3868R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000732 42201	23/03/2022	22/03/2023



**SINGAPORE
POLICE FORCE**



T/20220827/2087

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Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20220827/2087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SITI NURBAETI	ID No.	G8935803K
Related Vehicle	SJP3868R (Car)	Contact No.	NIL
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
Passenger			
Name	DIOR ONG ZI YAN	ID No.	T2208530H
Related Vehicle	SJP3868R (Car)	Contact No.	NIL
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	BERNARD ONG MNG YEOW	ID No.	S8467185A
Related Vehicle	SJP3868R (Car)	Contact No.	86512231
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



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T/20220827/2087

Report No: T/20220827/2087

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Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629899



T/20220827/2087

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Report No. T/20220827/2087

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:

E /
SGT 1 CHAN JUN MIN,
STANLEY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/08/2022 17:20

Officer In Charge Of Case:
TP / GIT /
SI CHONG GUAN FATT
Contact No.: 65472077

Classification Of Case:

NP168