

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	14/09/2022 11:11 (SGT)
Reported by	Driver
Date of Accident	13/09/2022 12:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2839C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SIOK CHIN
NRIC No	SXXXX775Z
Email Address	Alimsc76@gmail.com
Mobile Phone No	(Phone) +65-96808592
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1597

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125973976 DC

DRIVER

Name of Driver	ONG CHOR PENG (WANG CHUPING)
NRIC No	SXXXX304C
Date Of Birth	19/09/1974
Occupation	Indoor

Date Of Driving Pass	29/11/1996
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92732680
Alt. Phone Number	-
Email Address	keithongcp@yahoo.com.sg
Address	BLK 576 ANG MO KIO AVE 10 #09-1903
Address complement	-
Postcode	560576
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SDA22J
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)	-

SKETCH PLAN

VEH NO: SKE 2839C
INSURER: Income
DATE OF ACC: 13/09/22 @ 1225

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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 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.

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)

Sketch Plan

PLEASE
TURN
OVER

Describe Circumstance of the Accident

**** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE**

Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

(✓) Claim OD/TP at other workshop ()

Sketch Plan

Vehicle No: SKE 2839C (Income)

Date & Time: 13/09/22 @ 1225 (raining/wet)

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

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



**SINGAPORE
POLICE FORCE**



T/20220913/2050

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20220913/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2022 18:37	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars

Name of Informant: ONG CHOR PENG			Address: APT BLK 576 ANG MO KIO AVENUE 10 #09-1903 SINGAPORE 560576		
ID Type / ID No.: NRIC NO / S7431304C			Contact No.: Home/Office: Mobile: 92732680		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 19/09/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/09/2022 12:25	Type of Location: X-Junction
Location: CLEMENTI ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SDA22J	Car	HONDA	ODYSSEY			0
SKE2839C	Car	MERCEDES BENZ	C 180	Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220913/2050

2 of 3

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220913/2050

CONTINUATION OF REPORT**Brief Details.**

On 13/09/2022 at about 1225hrs, I was driving a vehicle bearing registration SKE2839C along Clementi Road and I was on the extreme right lane. I was waiting for traffic light to turn green, suddenly I felt a bump from the rear of my vehicle. At that point of time, it was raining and I alighted from vehicle to make a quick check and I did not observe any major damage. I also noticed the rear vehicle reverse and left without alighting. As such, I immediately left the scene to prevent traffic congestion. Shortly after, I arrived at the car park of West Coast Plaza and I made a check and realized there was scratches on my rear bumper.

I wish to state that I felt pain and aching on my neck. As such, I went to consult a doctor at Ki Medical Clinic, I was given 4-day medical leave from 13/09/2022 to 16/09/2022 reference MC No: OD000027107. I made a check on my in-car camera and its captured one vehicle bearing SDA22J had collided onto my vehicle.

**SINGAPORE
POLICE FORCE**

T/20220913/2050

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220913/2050

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:
F /
SGT 3 TAN WEI REN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Signature Of Informant:

Date/Time:
13/09/2022 18:37

Classification Of Case:

NP168