SN07229Q0003 / Income Insurance Limited ENTRY DATE & TIME: 26/09/2022 10:33 (SGT) SUBMITTED BY: Moehammad Ridhwan VERSION: 1 (26/09/2022 10:33 (SGT))

# **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 witholding 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.

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   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 26/09/2022 10:33 (SGT) Reported by Date of Accident 25/09/2022 16:30 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG PIE TOWARDS TUAS BEFORE BKE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number **SDY3123E** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG CHIEU HOOI NRIC No S8713429F Email Address ONG CHEWY@HOTMAIL.COM Mobile Phone No (Phone) +65-97777303 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Jazz 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1500

## **INSURANCE COMPANY**

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5120983678-01

### DRIVER

Name of Driver ONG CHIEU HOOI NRIC No S8713429F Date Of Birth 20/04/1987 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	15/06/2022 3 MONTHS Female (Phone) +65-97777303 - ONG_CHEWY@HOTMAIL.COM BLK 128 PENDING ROAD #06-326 - 670128 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Model

Vehicle Registration NumberGBH3420KVehicle Manufacturer-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

## 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.
- 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 Traffic Police Department for investigation.
- 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.
- 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 Purppses.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date 8 Time

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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN

26/09/2022 Sketch Plan

A - SDY3123E
B - GBH3420K

PIE TOWARDS TUAS

1

BEFORE BKE

cribe Circumstance of the Accident		
REFER TO GEARS		

Policyholder's Signature / Date & Time

26/09/2022

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

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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN 2





T/20220925/7030

No

Report No. T/20220925/7030

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

## REPORT OF A TRAFFIC ACCIDENT

	Pate/Time Report Made: 5/09/2022 17:59		Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
Name of I	SOLD THE STATE OF		Address: 128 PENDING ROAD #06-32	6 SINGAPORE 670128	
ID Type / NRIC NO		29F	Contact No.: Home/Office: Mobile: 97777303		
Nationality SINGAPO	A CONTROL TO SERVICE CONTROL OF THE SERVICE C	'EN	Email: ong_chewy@hotmail.com		
Sex: Female	Age: 35	Date of Birth: 20/04/1987	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation	n:		Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2022 16:30	Type of Location PIE expressway
	EXPRESSWAY	Dead Cutan		
Weather: Clear		Road Surface:		Road Speed Limit:
		Dry Traffic Control:	ners e.g. Workmen	Road Speed Limit:  Traffic Volume: Heavy

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBH3420K	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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



Report No. T/20220925/7030

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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 / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

NP168

Signature Of Informant:

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

Date/Time: 25/09/2022 17:59

Classification Of Case:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220925/7030

### CONTINUATION OF REPORT

Driver		3 10 10			100	
Name	ONG CHIEU HOOI		ID No.	ne.	S8713429F	
Related Vehicle	GBH3420K (Car)		Class of Cla		97777303 Class: NIL Date of Expiry: NIL	
Hospital/Clinic						
Date	NIL		Date		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree o		NIL	

## Brief Details.

- Yes photos taken.
- Along PIE Expressway after Toa Payoh.
- PIE towards BKE
- Workroads on the right lane. And cars on the 1st lane moving into 2nd lane.
- My car and Carrier Air Conditioning Van were on 2nd lane. Car in front of me stopped. I braked while the Carrier Air Conditioning Van behind my car did not brake in time and hit my car's rear.
- LTA Certis officer present at that time.