

## 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 .....	07/10/2022 18:18 (SGT)
Reported by .....	Both
Date of Accident .....	06/10/2022 16:32 (SGT)
Exact Location of Accident .....	Woodlands Ave 12, Singapore
Additional Location Information .....	SLIP ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBL9899C
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ROTHESAY HOLDINGS PRIVATE LIMITED
Company Reg No .....	201633972K
Email Address .....	jtjugito@hotmail.com
Mobile Phone No .....	(Phone) +65-96965999
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv350
Variant .....	PANEL VAN
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2000

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220048295

#### DRIVER

Name of Driver .....	ONG BOON HONG
Passport No/FIN .....	G8801287P
Date Of Birth .....	29/07/2000
Occupation .....	Outdoor

Date Of Driving Pass .....	29/05/2020
Driving experience .....	2 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98972912
Alt. Phone Number .....	-
Email Address .....	jtjugito@hotmail.com
Address .....	NA
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT T/20221007/2041 AND ACCIDENT VIDEO

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLX1217S
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	KUA SIEW HWA
NRIC No .....	S8914032C
Contact Number .....	(Phone) +65-97708279
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	ACCIDENT
Details of property damaged in accident .....	FRONT AND REAR
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBJ5008C
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	ACCIDENT
Details of property damaged in accident .....	REAR PORTION
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS





##### INJURED 1

Name of injured person .....	ONG BOON HONG
Gender .....	Male
Phone No .....	(Phone) +65-98972912
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	KNEE AND CHEST
Injured person in which vehicle? .....	GBL9899C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

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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.

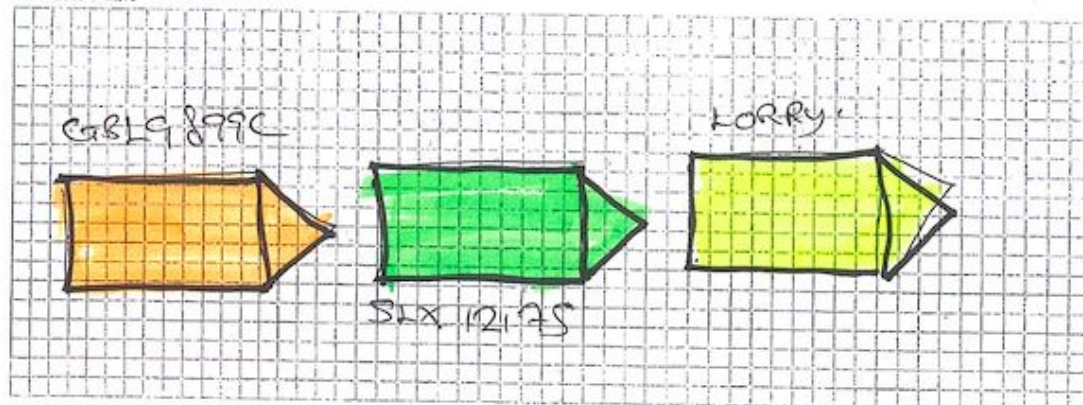





Policyholder's Signature / Date  
 Time 704 2022

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

Witnessed by Reporting Centre  
 Personnel

## Sketch Plan



















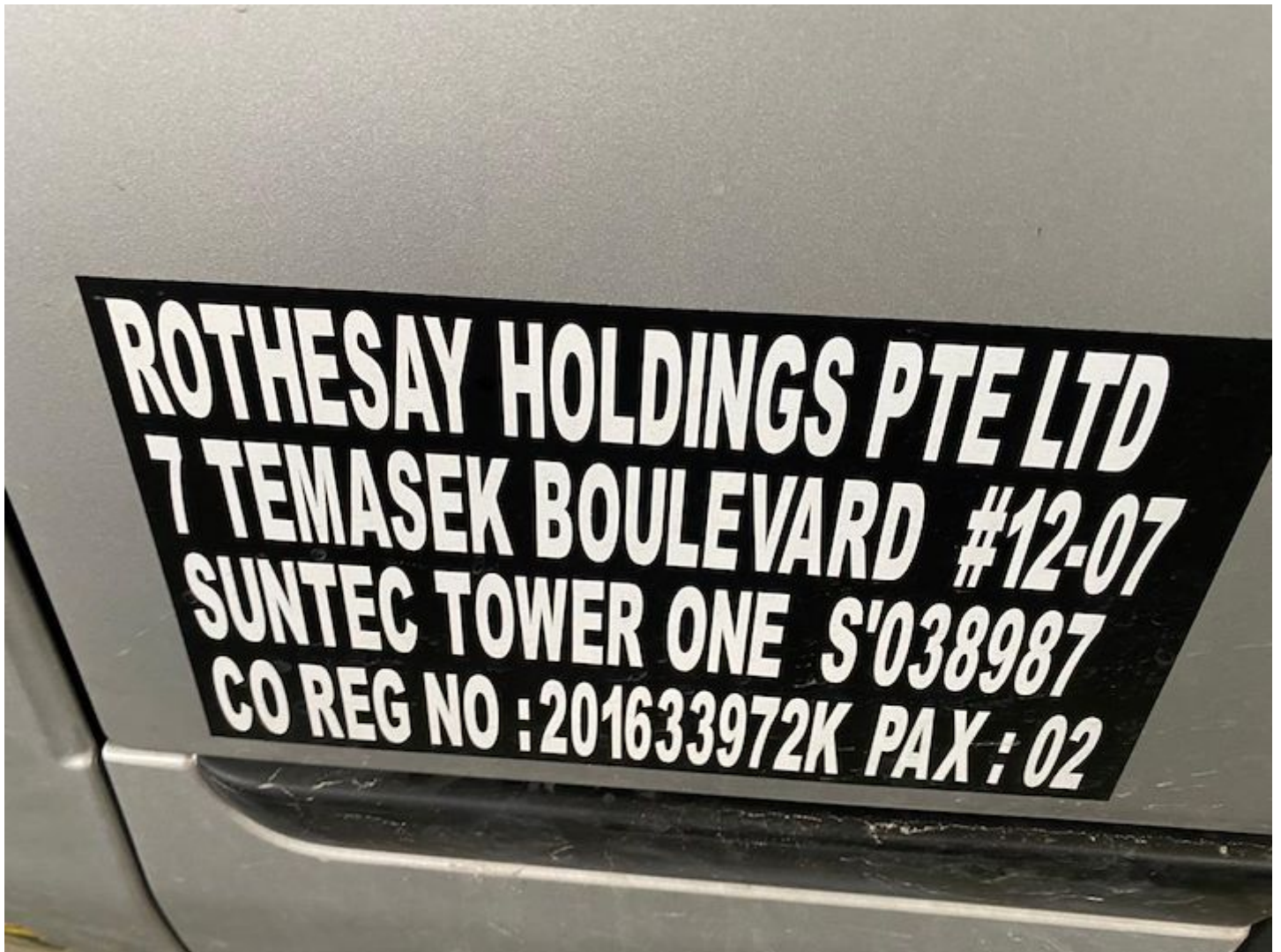












SIS NO: JN1MA2E26Z0000332  
: 1660 KGS  
: 3215 KGS  
: F: 1 DRIVER, 2 OTHERS  
R: 00  
SIZE : F: 195 x 15R 8PLY  
R: 195 x 15R 8PLY (S)















**SINGAPORE  
POLICE FORCE**



T/20221007/2041

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20221007/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/10/2022 12:51	Vide Report No.: L/20221006/0095	Station Diary No.: 27
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**Informant's Particulars**

Name of Informant: ONG BOON HONG			Address: 462A YISHUN AVENUE 6 #10-1159 BLOSSOM SPRING @ YISHUN SINGAPORE 761462	
ID Type / ID No.: FIN NO / G8801287P			Contact No.: Home/Office:	Mobile: 98972912
Nationality: MALAYSIAN			Email: boonhongong0729@gmail.com	
Sex: Male	Age: 22	Date of Birth: 29/07/2000	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/10/2022 16:30	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Raining	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
GBL9899C	Van	NISSAN		Silver	Seriously Damaged	0
SLX1217S	Car	MAZDA		White	Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221007/2041

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Report No. T/20221007/2041

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ONG BOON HONG		ID No. G8801287P
Related Vehicle	GBL9899C (Van)		Contact No. 98972912
Hospital/Clinic	MEDILINE WEI MIN CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	07/10/2022	Date Discharge	07/10/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	KUA SIEW HWA		ID No. S8914032C
Related Vehicle	SLX1217S (Car)		Contact No. 97708279
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


**Brief Details.**

On 06/10/2022 at about 1630hrs, I was driving my company van, registration number GBL9899C, along SLE exit Woodlands Ave 12. At that point of time, it was raining and the road are slippery. Suddenly, a white car, by the registration number SLX1217S, which was ahead of me jammed brake. I applied my jammed brake too. However, as the road surface was wet, it could not stopped on time and I hit onto the car ahead. The car then hit onto a lorry. I then alighted from the vehicle and discovered that it was a chain collision. I managed to exchange particulars with the lady driver.

I suffered pain on my right knee and chest due to the accident. I went to Mediline Clinic and was given 3days MC. My company van suffered damages on the front bumper and right driver's door.



Continuation of Report

 **SINGAPORE POLICE FORCE**

Barcode: T/20221007/2041

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3  
Report No. T/20221007/2041


**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: D / SGT 1 NOORHIDAYAT BIN WAHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2022 12:51
Officer In Charge Of Case: TP / GIT / SI CHONG GUAN FATT Contact No.: 65472077	Classification Of Case:

NP168

 **SINGAPORE POLICE FORCE** SN 49

SIGNATURE