

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	27/10/2022 18:58 (SGT)
Reported by	Driver
Date of Accident	26/10/2022 19:00 (SGT)
Exact Location of Accident	Near Corporation Rd, Singapore
Additional Location Information	Junction of Jurong Port Road and Corporation Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2178H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AMM Leasing Pte Ltd
Company Reg No	199906187G
Email Address	motorclaims@ammpl.com.sg
Mobile Phone No	(Phone) +65-81837917
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SPMF1000000515

DRIVER

Name of Driver	Ong Siew Keong (Wang Xiuqiang)
NRIC No	S7938893I
Date Of Birth	18/12/1979
Occupation	Outdoor

Date Of Driving Pass	02/12/1999
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81837917
Alt. Phone Number	-
Email Address	motorclaims@ammpl.com.sg
Address	Block 263 Jurong East Street 24
Address complement	#08-499
Postcode	600263
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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?	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	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 Police Report:- T/20221027/7030

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	YQ2843K
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

Describe Circumstances of the Accident

PLEASE REFER POLICE REPORT.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature Date: 27.10.22

Driver's Signature Date: 27.10.22

Witness's Signature Date: 27.10.22

Lum Wai Shun

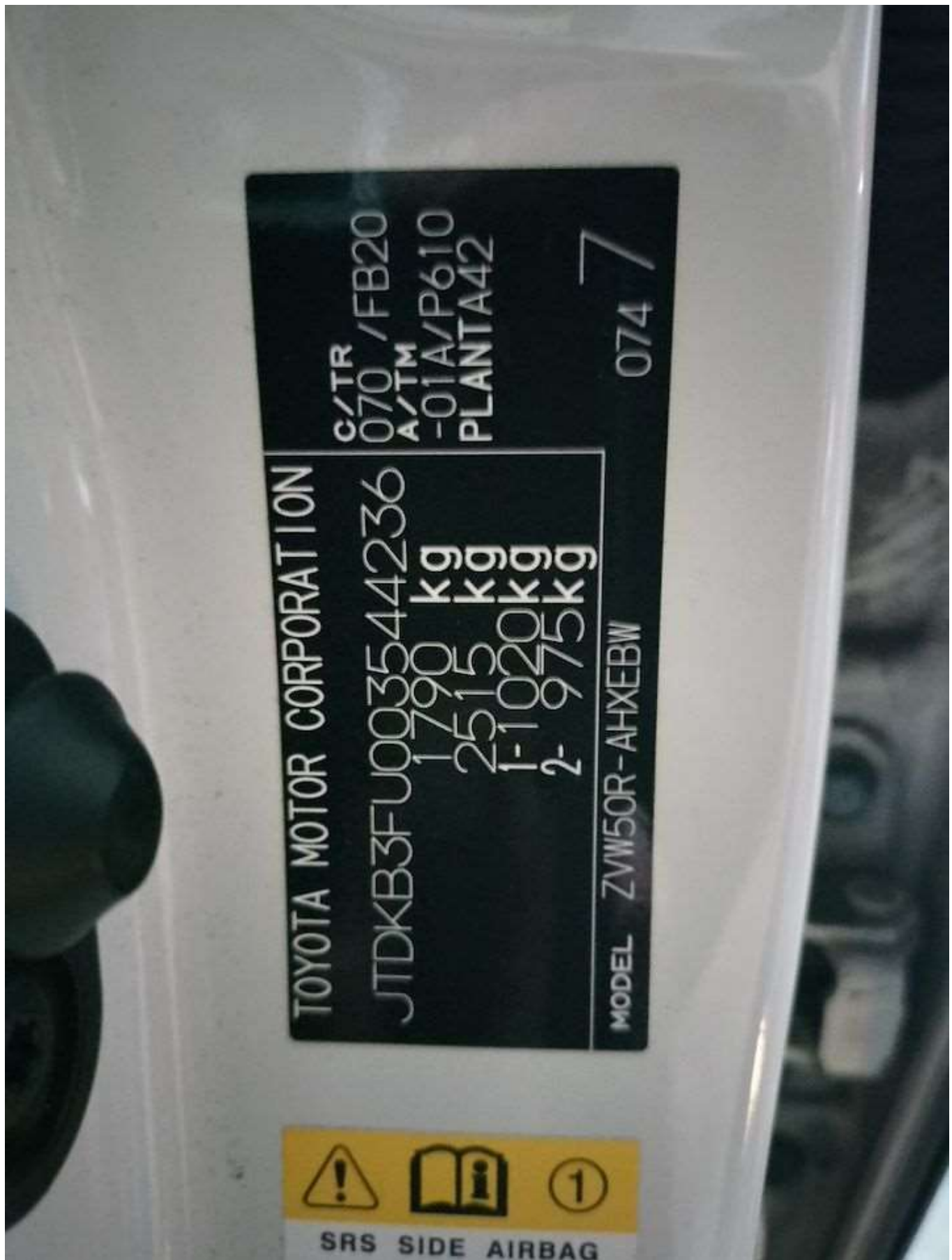


























**SINGAPORE
POLICE FORCE**



T/20221027/7030

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

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Report No. T/20221027/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2022 13:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG SIEW KEONG			Address: 263 JURONG EAST STREET 24 #08-499 SINGAPORE 600263		
ID Type / ID No.: NRIC NO / S79388931			Contact No.: Home/Office: Mobile: 81837917		
Nationality: SINGAPORE CITIZEN			Email: oskong@yahoo.com.sg		
Sex: Male	Age: 42	Date of Birth: 18/12/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2022 19:00	Type of Location: X-Junction
Location: JURONG PORT ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK2178H	Car	TOYOTA	PRIUS	White	Slightly Damaged	1
YQ2843K	Lorry	MITSUBISHI	FUSO	White	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20221027/7030

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

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Report No. T/20221027/7030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK2178H	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SPMF1000000515	23/03/2022	22/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG SIEW KEONG	ID No.	S7938893I
Related Vehicle	SLK2178H (Car)	Contact No.	81837917
Hospital/Clinic	LOI+WONG CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	27/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I WAS DRIVING TO YUNG HO FOR GRAB PICK UP PASSENGER. AS I WAS EXITING FROM AYE BY CORPORATION ROAD EXIT, TURNING AT JURONG PORT ROAD JUNCTION. A LORRY (YQ2843K) HIT MY VEHICLE (SLK2178H) RIGHT REAR SIDE. WE STOPPED AND EXCHANGE PARTICULARS AND LEFT. I WAS FEELING A BIT SORE ON MY SHOUDLER AND BACKACHE, SO I WENT TO SEE A DOCTOR.



**SINGAPORE
POLICE FORCE**



T/20221027/7030

Police Station Of Origin:

3 of 3

Traffic Police

Report No. T/20221027/7030

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
27/10/2022 13:32

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168

