

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	01/11/2022 16:38 (SGT)
Reported by	Driver
Date of Accident	31/10/2022 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ANG MO KIO AVENUE 1 TOWARDS LORONG CHUAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX142B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MILO LEONARD ONG GUANGLONG KOH
NRIC No	SXXXX137H
Email Address	TOMMY.SOLITAIRE@GMAIL.COM
Mobile Phone No	(Phone) +65-84483721
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Accord
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	1993

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00069932200

DRIVER

Name of Driver	ONG CHUAN SENG TOMMY
NRIC No	SXXXX813I
Date Of Birth	22/06/1954
Occupation	Indoor

Date Of Driving Pass	20/03/1977
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91817011
Alt. Phone Number	-
Email Address	TOMMY.SOLITAIRE@GMAIL.COM
Address	532 HOUGANG AVENUE 6 #07-311
Address complement	-
Postcode	S 530532
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	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	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

PLEASE REFER TO ATTACHED REPORT

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	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6662B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	ONG CHUAN SENG TOMMY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SFX142B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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6. The 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.
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' law yers/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' law yers/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 law yers/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

B. 1/11/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Ang mo Kio Avenue 1

CTE (TPE/SLE) exit

lorong Chuan

Vehicle A: SFX 142B
Vehicle B: SBS 6662B

REFER TO traffic police report

T/20221101/7037

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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



**SINGAPORE
POLICE FORCE**



T/20221101/7037

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

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Report No. T/20221101/7037

CONTINUATION OF REPORT

Driver			
Name	ONG CHUAN SENG TOMMY		ID No. S0207813I
Related Vehicle	SFX142B (Car)		Contact No. 91817011
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	01/11/2022		Date NIL
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

On 31/10/2022 AT ABOUT 1745HRS AT ALONG ANG MO KIO AVENUE 1 TOWARDS LORONG CHUAN BEFORE CTE (TPE/SLE) EXIT. I WAS TRAVELLING ON THE THIRD LANE FROM THE RIGHT AND SUDDENLY A VEHICLE (B) ON MY LEFT VEERED INTO MY LANE WITHOUT CAUTION AND WITHOUT CHECKING HIS BLINDSPOT AND COLLIDED ONTO MY LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 4 DAYS OF MC FOR MY INJURY.

VEHICLE A: SFX142B
VEHICLE B: SBS6662B













タイヤ空気圧 (一般, 高速共)	kPa {kgf/cm ² }	
タイヤサイズ	前 輪	後 輪
195/65R15 91H	220 {2.2}	210 {2.1}
(応急用タイヤ) T135/90D15 100M	420 {4.2}	
SRS 		SEA-JO












**SINGAPORE
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T/20221101/7037

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

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Report No. T/20221101/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2022 15:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG CHUAN SENG TOMMY			Address: 532 HOUGANG AVENUE 6 #07-311 SINGAPORE 530532		
ID Type / ID No.: NRIC NO / S0207813I			Contact No.: Home/Office: Mobile: 91817011		
Nationality: SINGAPORE CITIZEN			Email: TOMMY.SOLITAIRE@GMAIL.COM		
Sex: Male	Age: 68	Date of Birth: 22/06/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2022 17:45	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 1 TOWARDS LORONG CHUAN BEFORE CTE (TPE/SLE) EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBS6662B	Bus/Coach/Mi nibus					0
SFX142B	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221101/7037

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

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Report No. T/20221101/7037

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Driver			
Name	ONG CHUAN SENG TOMMY		ID No. S0207813I
Related Vehicle	SFX142B (Car)		Contact No. 91817011
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	01/11/2022		Date NIL
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

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VEHICLE A: SFX142B
VEHICLE B: SBS6662B



SINGAPORE POLICE FORCE

Police Station Of Origin:
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T/20221101/7037

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Report No. T/20221101/7037

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 / TPB /
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:
01/11/2022 15:27

Classification Of Case: