# **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 23/11/2022 17:27 (SGT) Reported by Date of Accident 22/11/2022 17:15 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS CHANGI AFTER TOH GUAN EXIT Country/State of Loss Singapore

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SMJ8319Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG TIOW YOONG KENNETH NRIC No S7104023B Email Address tyko27@gmail.com Mobile Phone No (Phone) +65-98731119 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester Variant SUBARU / FORESTER 2.0I-L CVT AWD SR 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 1995

**INSURANCE COMPANY** 

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number

DRIVER

Name of Driver ONG TIOW YOONG KENNETH NRIC No S7104023B Date Of Birth 17/02/1971 Occupation Indoor

Date Of Driving Pass 29/07/1998 Driving experience 24 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-98731119 Alt. Phone Number Email Address tyko27@gmail.com Address 183C LORONG 1A TOA PAYOH #10-36 SPORE 313138 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN/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 SJN5456T 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)	_

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMC9138H - -
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)	-

## **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person	ONG TIOW YOONG KENNETH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ8319Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.

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Policyholder's Signature / Date & Time

OS

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

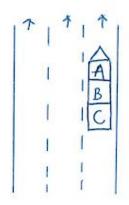
Witnessed by Reporting Centre

Personnel

Sketch Plan

PIE towards Changi after Ton Guar Bit.

> venicle A: SMJ 8319Y Venicle B: SJN5456T Venicle C: SMC 9138H



Describe Circumstances of the Accident Refer to Police Report Police Report No. : T/20221123/7016 Declaration We declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Witnessed by Reporting Centre Personnel





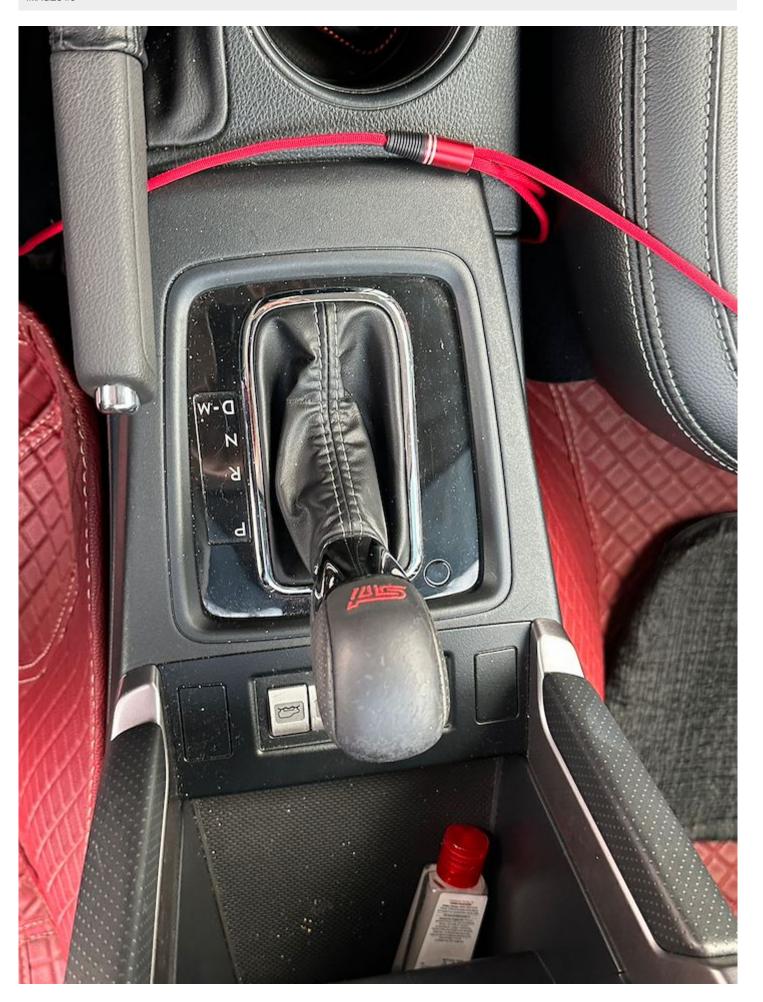














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T/20221123/7016

Police Station Of Origin: .

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221123/7016

#### REPORT OF A TRAFFIC ACCIDENT

23/11/2022 12:33		Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars		
Name of Informant: ONG TIOW YOONG KENNETH		Address: 138C LORONG 1A TOA PAYOH #10-36 SINGAPORE 313138		
ID Type / NRIC NO		23B	Contact No.: Home/Office:	Mobile: 98731119
Nationalit SINGAPO		EN	Email: TYKO27@GMAIL.COM	M
Sex: Age: Date of Birth: Male 51 17/02/1971		Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:	
Occupation: BD Manager		Driving Licence Information Class:	ation: Date of Expiry:	

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2022 17:15	Type of Location: Straight Road	
Location: JALAN KERI	4				
Weather: Clear	11107-7-14844	Road Surface: Dry		Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJN5456T	Car					0
SMC9138H	Car		0-3/21/0-20/0			0
SMJ8319Y	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	Silver		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221123/7016

#### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ8319Y	DIRECT ASIA INSURANCE (SINGAPORE) PTF_LTD	MT/00767070/02	22/03/2020	21/03/2023

Details of Perso Any Pedestrian I					
				destrian Cross	sing: NA
Driver	97 (00) E8 (8 (7 7 )				
Name	ONG TIOW YOONG KENNETH		ID No.	S7104023B	
Related Vehicle	SMJ8319Y (Car)			Contact No.	98731119
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/11/2022 Date		Date		1/2022
No. of Days granted Medical Leave		03	Degree of		

#### Brief Details.

On the 22/11/2022 @ 513pm I was driving my vehicle SMJ8319Y along PIE towards Changi, after the exit of Toh Guan and before Bukit Timah the car infront slowdown. I slow down my vehicle too, and I felt a impact on my rear. I stop my vehicle and alight to check. I found vehicle SJN5456T hit my rear side, and further check notice vehicle SMC9138H hit vehicle SJN5456T rear. We took photos and exchange particulars. I file for insurance on the 23/11/2022. I felt uncomfortable and pain on my neck, chest and back. I consulted a doctor at CK Tan Family Clinic & Surgery in Toa Payoh and was given a 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221123/7016

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: 23/11/2022 12:33
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168