

## 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 .....              | 19/11/2022 14:47 (SGT)    |
| Reported by .....                     | Both                      |
| Date of Accident .....                | 18/11/2022 21:35 (SGT)    |
| Exact Location of Accident .....      | PIE, Singapore            |
| Additional Location Information ..... | TWDS TUAS BEFORE CTE CITY |
| Country/State of Loss .....           | Singapore                 |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SDH9928A |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                       |
|--------------------------------|-----------------------|
| Is company? .....              | No                    |
| Name Of Registered Owner ..... | ONG HE TIAN           |
| NRIC No .....                  | S0219512G             |
| Email Address .....            | ONGHETIAN@HOTMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-96306097  |
| Alternative Phone No .....     | -                     |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Camry                     |
| 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 .....   | 2000                      |

#### INSURANCE COMPANY

|   |  |
|---|--|
| Name of Insurance Company .....         | Auto & General Insurance (Singapore) Pte. Limited. |
| Policy Number / Cover Note Number ..... | P10452864R02                                       |

#### DRIVER

|                      |             |
|----------------------|-------------|
| Name of Driver ..... | ONG HE TIAN |
| NRIC No .....        | S0219512G   |
| Date Of Birth .....  | 30/05/1945  |
| Occupation .....     | Outdoor     |

|  |                       |
|--|-----------------------|
| Date Of Driving Pass .....   | 22/04/1966            |
| Driving experience .....   | 56 YEARS AND 7 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-96306097  |
| Alt. Phone Number .....  | -                     |
| Email Address .....  | ONGHETIAN@HOTMAIL.COM |
| Address .....  | 28A TOH YI ROAD       |
| Address complement .....   | -                     |
| Postcode .....   | 596507                |
| Is the driver the policyholder? .....                              | Yes                   |
| If No, Relationship of the Driver with the Insured .....           | -                     |
| 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 ..... | Clear           |
| Road Surface .....       | Dry             |

#### 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 .....                       | 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/20221119/7001.

#### 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 ..... | SLF7009G |
| 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 ..... | VEHICLE B   |
| No. Of Passenger (Including Driver) .....     | -           |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |           |
|---|-----------|
| Vehicle Registration Number .....             | SHC2495G  |
| Vehicle Manufacturer .....                    | -         |
| Vehicle Model .....                           | -         |
| Vehicle Variant .....                         | -         |
| Vehicle Colour .....                          | -         |
| Vehicle Category .....                        | Taxi      |
| Name of Driver .....                          | -         |
| Contact Number .....                          | -         |
| Address .....                                 | -         |
| Address complement .....                      | -         |
| Postcode .....                                | -         |
| Insurance Company Name .....                  | -         |
| Nature Of Damage .....                        | -         |
| Details of property damaged in accident ..... | VEHICLE C |
| No. Of Passenger (Including Driver) .....     | -         |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |             |
|---|-------------|
| Name of injured person .....                              | ONG HE TIAN |
| Gender .....  | Male        |
| Phone No .....  | -           |
| Address .....   | -           |
| Address Complement .....                                  | -           |
| Post Code .....   | -           |
| Approximate Age Years Old .....                           | -           |
| Injuries Sustained .....                                  | -           |
| Injured person in which vehicle? .....                    | SDH9928A    |
| Were seat belts worn? .....                               | Yes         |
| Was this injured conveyed to hospital by ambulance? ..... | No          |

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

x 

Policyholder's Signature

Date & Time:

19/11/22

x 

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/11/22

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PIE toward taws (Before CTEC it.)



C = SHC 2495 G

T/20221119/2001

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**SINGAPORE  
POLICE FORCE**



T/20221119/7001

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

1 of 3

Report No. T/20221119/7001

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>19/11/2022 00:13 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>ONG HE TIAN          |            |                              | Address:<br>28A TOH YI ROAD SINGAPORE 596507  |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S0219512G   |            |                              | Contact No.:<br>Home/Office: Mobile: 96306097 |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>onghetian@hotmail.com               |                    |                            |
| Sex:<br>Male                               | Age:<br>77 | Date of Birth:<br>30/05/1945 | Type of Informant:<br>Driver                  |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                          |                    | Institution / School Name: |
| Occupation:<br>retire                      |            |                              | Driving Licence Information:<br>Class: 3      |                    | Date of Expiry:            |

|  |                           |                                    |  |                              |
|--|---------------------------|------------------------------------|--|------------------------------|
| <b>General Information of the Accident</b>                   |                           |                                    |  |                              |
| Type of Accident:  | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>18/11/2022 21:35 | Type of Location:<br>Flyover |
| Location:<br><br>LORONG BAKAR BATU                           |                           |                                    |  |                              |
| Weather:<br>Clear  |                           | Road Surface:<br>Dry               | Road Speed Limit:<br>80 Km/h               |                              |
| Traffic Flow:<br>One Way                                     |                           | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light                   |                              |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                           |                                    | Anyone conveyed by ambulance:<br>No        |                              |

| <b>Details of Vehicle Involved</b> |      |        |                |       |                   |       |
|------------------------------------|------|--------|----------------|-------|-------------------|-------|
| Vehicle No.                        | Type | Make   | Model          | Color | Conditio          | No of |
| SDH9928A                           | Car  | TOYOTA | CAMRY 2.0 AUTO | Grey  | Seriously Damaged | 0     |
| SHC2495G                           | Car  |        |                |       | Seriously Damaged | 0     |
| SLF7009G                           | Car  |        |                |       | Seriously Damaged | 0     |



**SINGAPORE  
POLICE FORCE**



T/20221119/7001

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

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Report No. T/20221119/7001

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |              |            |             |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                                    | Insurance No | Effective  | Expiry Date |
| SDH9928A                     | AUTO & GENERAL INSURANCE<br>(SINGAPORE) PTE. LIMITED | P10452864R02 | 15/10/2022 | 14/10/2023  |

| Details of Person Involved        |                        |                                   |                                 |
|-----------------------------------|------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                        |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA    |                                 |
| Driver                            |                        |                                   |                                 |
| Name                              | ONG HE TIAN            | ID No.                            | S0219512G                       |
| Related Vehicle                   | SDH9928A (Car)         | Contact No.                       | 96306097                        |
| Hospital/Clinic                   | 24 HOUR WALK-IN CLINIC | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 18/11/2022             | Date                              | 19/11/2022                      |
| No. of Days granted Medical Leave | 03                     | Degree of                         | Serious                         |

Brief Details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ALONG PIE TOWARDS BEFORE CTE CITY EXIT.

I WAS TRAVELLING ON LANE 4 WITH MY VEHICLE (SDH9928A). AND I SAW AN ACCIDENT AHEAD OF ME AND HENCE I SLOWED DOWN AND CAME TO A STOP TO PREVENT COLLIDING ONTO THE FRONT VEHICLE. AFTER AWHILE, I FELT A STRONG IMPACT FROM THE REAR.

I ALIGHTED MY VEHICLE AND REALISED I WAS INVOLVED IN A CHAIN COLLISION.

I AM INJURED AND CONSULTED A DOCTOR. I WAS AWARDED WITH 3 DAYS OF MC



**SINGAPORE  
POLICE FORCE**



T/20221119/7001

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

3 of 3

Report No. T/20221119/7001

**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 ISMAIL BIN AMZAH  
Contact No.: 65476185

NP168

Signature Of Informant:

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

Date/Time:  
19/11/2022 00:13

Classification Of Case:

It is easy to choose



## Certificate of Insurance

Comprehensive Car Policy  
Policy Number: P10452864R02

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

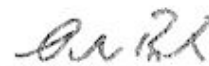
Certificate Number P10452864R02 (Comprehensive / Named Driver Plan)

|  |   |  |
|--|---|--|
| 1) Vehicle Registration Number   | : | SDH9928A   |
| Chassis Number   | : | MR053DK5100103028                                      |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act   | : | 15/10/2022 (00:00)                                     |
| 3) Date / Time of Expiry of Insurance  | : | 14/10/2023 (23:59)                                     |
| 4) Excess (i) Policy   | : | S\$ 600.00   |
| (ii) Windscreen  | : | S\$ 100.00   |
| 5) Policyholder  | : | Ong He Tian  |
| 6) Persons or Classes of Persons Entitled to Drive*  |   |  |
| Drivers named as a Main / Named Driver in this Certificate of Insurance only.  |   |  |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions. |   |  |
| Main Driver / Date of Birth  | : | Ong He Tian(30/05/1945)                                |
| Named Driver(s) / Date of Birth  | : | Ong Bee Huah (28/05/1951)<br>Chua Tse-Wei (05/01/1978) |
| 7) Limitation as to use*   |   |  |
| Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.  |   |  |
| * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.   |   |  |
| 8) Finance Company   | : | NA   |

1 / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on  
15/09/2022

Auto & General Insurance (Singapore) Pte. Limited  
Trading as Budget Direct Insurance



Simon Birch  
Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**  
191 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg