

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	01/12/2022 13:44 (SGT)
Reported by	Both
Date of Accident	30/11/2022 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH BUONA VISTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6349G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG CHENG BOON
NRIC No	SXXXX246F
Email Address	BENONGCB@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96805064
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	Income Insurance Limited
Policy Number / Cover Note Number	5125513827

DRIVER

Name of Driver	ONG CHENG BOON
NRIC No	SXXXX246F
Date Of Birth	21/05/1969
Occupation	Outdoor

Date Of Driving Pass	17/04/1990
Driving experience	32 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96805064
Alt. Phone Number	-
Email Address	BENONGCB@HOTMAIL.COM
Address	BLK 759 #06-155
Address complement	CHOA CHU KANG NORTH 5
Postcode	680759
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	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHMENT

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	SLP9174X
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	ALAN ONG SHEAN HOCK
NRIC No	SXXXX786Z
Contact Number	(Phone) +65-90044210
Address	BLK 443B FERNVALE ROAD #22-369
Address complement	-
Postcode	792443
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

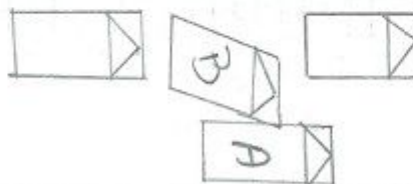


Policyholder's Signature / Date & Time
1 DEC 11 55

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

John
Witnessed by Reporting Centre Personnel

Sketch Plan



A = SLF6349G
B = SLP9174X

Describe Circumstances of the Accident

Refer by police report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 1 DEC 22 1155 HR

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



Witnessed by Reporting Centre
Personnel



















































**SINGAPORE
POLICE FORCE**



J/20221130/2091

1 of 2

POLICE REPORT (NP299)

Report No. J/20221130/2091

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made 30/11/2022 20:10	Vide Report No.	Station Diary No. 117
Name Of Informant ONG CHENG BOON	Address APT BLK 759 CHOA CHU KANG NORTH 5 #06-155 SINGAPORE 680759	
ID Type / ID No. NRIC NO / S6917246F	Contact No. Home/Office	Mobile 96805064
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SALES	Sex Male	Age 53
Institution/School Name	Date of Birth 21/05/1969	Race Chinese
Date/Time Of Incident 30/11/2022 17:10	Location Of Incident NORTH BUONA VISTA ROAD SINGAPORE	

Brief details.

On 30/11/2022 at about 1707hrs, I was driving my SLF6349G vehicle along North Buona Vista Drive turning right towards North Buona Vista Rd. As I was approaching right turn to North Buona Vista Rd, I slowed down and eventually stationed my vehicle as the traffic light turned red. Later, the green light lit up, as I was making right turn, a vehicle SLP9174X signaled and filtered his vehicle out to my lane. I felt an impact from the said vehicle collided onto my entire left side panel. Both of us drove our vehicle to opposite and stopped by the roadside to exchange particulars. I am lodging this report to claim against SLP9174X insurance.

Signature Of Officer Recording The Report: J / SGT 3 LIM CEHANG, HERMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2022 20:10
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SR STAFF SGT ANG YU WEI Contact No.: 63167447	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20221130/2091

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221130/2091

I wish to state that the driver of SLP9174X, S7721786Z, Alan Ong Shean Hock, Tel: 90044210 has admitted that it was his fault.

Signature Of Officer Recording The Report:
J / SGT 3 LIM CEHANG, HERMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/11/2022 20:10

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SR STAFF SGT ANG YU WEI
Contact No.: 63167447

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SY0522C10001 Vehicle Registration No: SLF6349G
Name(as shown in NRIC) : ONG CHENG BOON NRIC/FIN/Passport No : S6917246F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 759 #06-155 CHOA CHU KANG NORTH 5 Singapore(680759)
Contact (Tel) : - Mobile No. : 9680 5064
Email Address : BENONGCB@HOTMAIL.COM
Date of Accident : 30 NOV 2022 Time of Accident : 17:10
Place of Accident : NORTH BUONA VISTA ROAD
Insurance Company: INCOME INSURANCE LIMITED

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add on third-party details.

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMIC addendumform_V3