

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 | 08/12/2022 12:02 (SGT) |
| Reported by | Both |
| Date of Accident | 07/12/2022 09:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TPE EXIT SLIP ROAD TOWARDS LOYANG AVENUE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMM7887P |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | ONG JER SI JESSIE |
| NRIC No | SXXXX225H |
| Email Address | J3SSI3_84@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-97770970 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | 318i |
| 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 | 1499 |

INSURANCE COMPANY

| | |
|---|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D21MPC0009009 |

DRIVER

| | |
|----------------------|-------------------|
| Name of Driver | ONG JER SI JESSIE |
| NRIC No | SXXXX225H |
| Date Of Birth | 23/03/1987 |
| Occupation | Indoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 22/11/2010 |
| Driving experience | 12 YEARS AND 1 MONTH |
| Gender | Female |
| Mobile Number | (Phone) +65-97770970 |
| Alt. Phone Number | - |
| Email Address | J3SSI3_84@HOTMAIL.COM |
| Address | BLOK 570C WOODLANDS AVENUE 1 |
| Address complement | # 04-852 |
| Postcode | 733570 |
| 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 - Head to Rear |
| 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 THE POLICE REPORT : T/20221207/7069

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 | XD5770Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | TENG TAI KIANG |
| NRIC No | SXXXX053I |
| Contact Number | (Phone) +65-91239744 |
| 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 JER SI JESSIE |
| Gender | Female |
| Phone No | (Phone) +65-97770970 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS |
| Injured person in which vehicle? | SMM7887P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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:

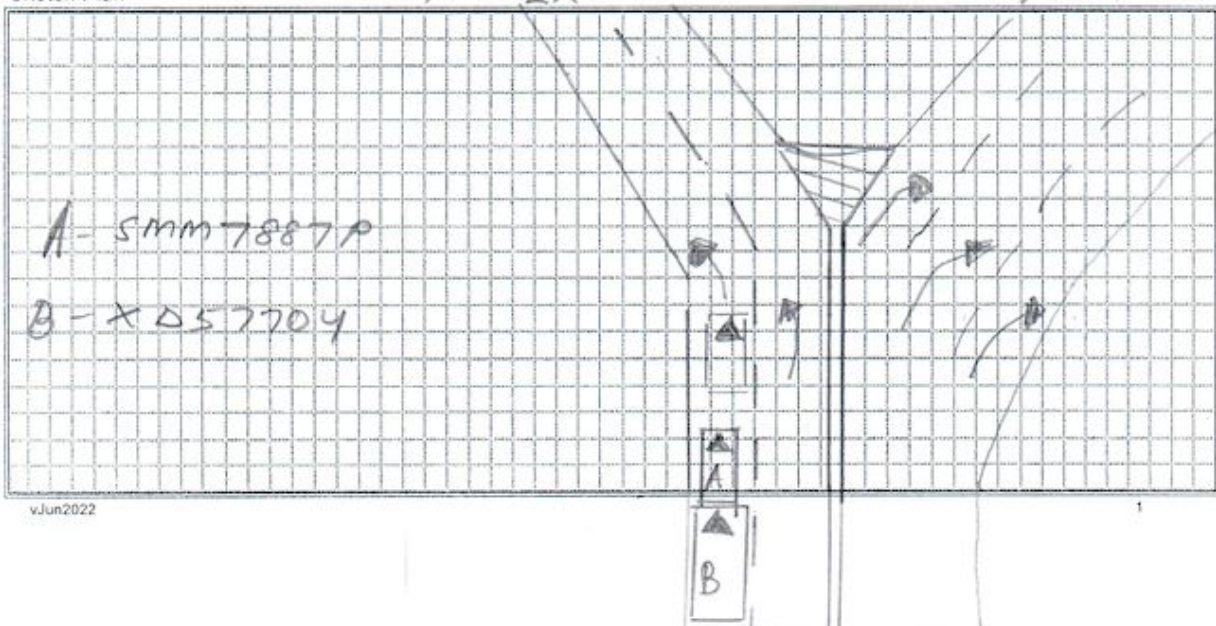
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

9/12/22
Policyholder's Signature / Date & Time

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

9/12/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

P/s refer to the police report. T/2022/207/7069

Declaration

I/We declare the foregoing particulars are true in every respect.

ALS 8/12/22
Policyholder's Signature / Date & Time

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

shym 08/12/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221207/7069

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

2 of 3

Report No. T/20221207/7069

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMM7887P | INDIA INTERNATIONAL INSURANCE PTE LTD | D21MPC0009009 | 14/12/2021 | 13/12/2022 |
| XD5770Y | NTUC Income Insurance Co-Operative Limited | | | |

| Details of Person Involved | | | |
|---------------------------------------|-------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ONG JER SI, JESSIE | | ID No. S8707225H |
| Related Vehicle | SMM7887P (Car) | | Contact No. 97770970 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL |
| Date | 07/12/2022 | | Date NIL |
| No. of Days granted Medical Leave 03 | | Degree of Serious | |
| Driver | | | |
| Name | TENG TAI KIANG | | ID No. S1796053I |
| Related Vehicle | XD5770Y (TRAILER) | | Contact No. 91239744 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: 2B,2A,2,3,4,5 Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave NIL | | Degree of NIL | |

Brief Details:

ON 7/12/2022 AT ABOUT 09:45HRS WHILE DRIVING TOWARDS LOYANG AVE EXIT. THE TRAFFIC WAS CONGESTED DUE TO ROAD WORKS AHEAD. VEHICLE (SMM7887P) WAS STATIONARY AND SUDDENDLY FELT A HUGE IMPACT FROM THE REAR. I THEN REALISE VEHICLE (XD5770Y) REAR ENDED MY VEHICLE. AFTER THE ACCIDENT, I FELT PAIN ON MY LOWER BACK, NECK AND DIFFICULTIES BREATHING. THE PAIN WAS WORST AND I CONSULTED A DOCTOR AND WAS GIVEN 3 DAYS MC. THERE IS A VIDEO THAT CAPTURED THE INCIDENT.























SINGAPORE POLICE FORCE



T/20221207/7069

1 of 3

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

Report No. T/20221207/7069

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 07/12/2022 19:33 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: ONG JER SI, JESSIE | | | Address: 570C WOODLANDS AVENUE 1 #04-852 SINGAPORE 733570 | |
| ID Type / ID No.: NRIC NO / S8707225H | | | Contact No.: | Mobile: 97770970 |
| Nationality: SINGAPORE CITIZEN | | | Email: J3SSI3_84@HOTMAIL.COM | |
| Sex: Female | Age: 35 | Date of Birth: 23/03/1987 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: 3A | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 07/12/2022 09:45 | Type of Location: Straight Road |
| Location: OLD PIER ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 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 | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|---------|-------|--------------------|--------|------------------|-------|
| SMM7887P | Car | BMW | 318I SEDAN LED NAV | Purple | Slightly Damaged | 0 |
| XD5770Y | TRAILER | VOLVO | | White | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20221207/7069

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

2 of 3

Report No. T/20221207/7069

CONTINUATION OF REPORT

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| XD5770Y | NTUC Income Insurance Co-Operative Limited | | | |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ONG JER SI, JESSIE | | ID No. S8707225H |
| Related Vehicle | SMM7887P (Car) | | Contact No. 97770970 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL |
| Date | 07/12/2022 | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |
| Driver | | | |
| Name | TENG TAI KIANG | | ID No. S1796053I |
| Related Vehicle | XD5770Y (TRAILER) | | Contact No. 91239744 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: 2B,2A,2,3,4,5 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

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**SINGAPORE
POLICE FORCE**

T/20221207/7069

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

3 of 3

Report No. T/20221207/7069

CONTINUATION OF REPORTSketch 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 /
TAY CHUN KEEN
Contact No.: 65476436

NP168

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

Date/Time:
07/12/2022 19:33

Classification Of Case: