

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 17:53 (SGT)
Reported by	Both
Date of Accident	07/12/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDX56R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG CHENG HER
NRIC No	SXXXX576A
Email Address	SON_LIN@YAHOO.COM
Mobile Phone No	(Phone) +65-93670056
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S90
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW0022872202

DRIVER

Name of Driver	ONG CHENG HER
NRIC No	SXXXX576A
Date Of Birth	04/01/1949
Occupation	Indoor

Date Of Driving Pass	15/04/1971
Driving experience	51 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93670056
Alt. Phone Number	-
Email Address	SON_LIN@YAHOO.COM
Address	56 YUNNAN CRESCENT
Address complement	-
Postcode	637982
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	Side Swipe
Weather Conditions	Clear
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)	2
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	-

PASSENGER 1

Name	PHYO KAY KHING
Gender	Female

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/20221208/7002

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	SLE2705T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO JAN YUAN
Contact Number	(Phone) +65-91506426
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

Ref to police report - (T20221208/7002)

Declaration

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

Policyholder's Signature / Date & Time

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

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

SKETCH PLAN

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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

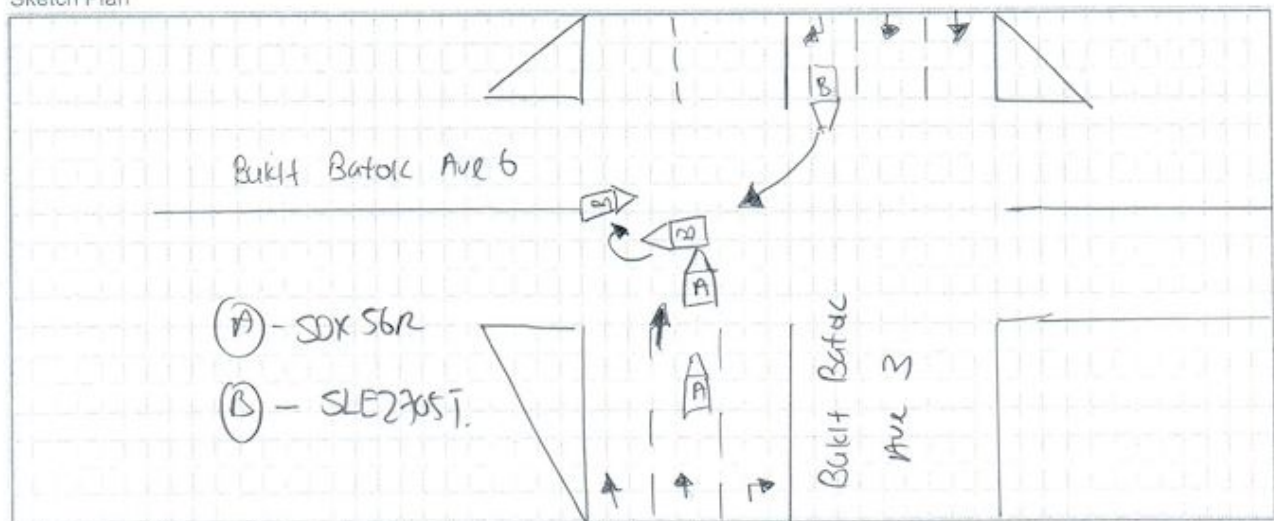
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

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

Sketch Plan



vJun2022



**SINGAPORE
POLICE FORCE**



T/20221208/7002

3 of 4

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

Report No. T/20221208/7002

CONTINUATION OF REPORT

Brief Details.

I am the vehicle owner and driver of vehicle SDX56R. I was travelling straight along Bukit Batok West Avenue 3 towards Bukit Batok Central. As I headed straight, crossing Bukit Batok West Avenue 6 at a green light, the other vehicle came from the opposite lane turning right without slowing down. I was not able to brake in time and collided with the left rear door of the vehicle.















**SINGAPORE
POLICE FORCE**



T/20221208/7002

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

1 of 4

Report No. T/20221208/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2022 00:38		Vide Report No.: J/20221207/0101		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG CHENG HER			Address: 56 YUNNAN CRESCENT SINGAPORE 637982		
ID Type / ID No.: NRIC NO / S1013576A			Contact No.: Home/Office: Mobile: 93670056		
Nationality: SINGAPORE CITIZEN			Email: ONGCH4@GMAIL.COM		
Sex: Male	Age: 73	Date of Birth: 04/01/1949	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/12/2022 17:15	Type of Location: X-Junction
Location: BUKIT BATOK WEST AVENUE 6				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDX56R	Car	VOLVO	S90	White	Seriously Damaged	2
SLE2705T	Car	TOYOTA	Harrier	Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221208/7002

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

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Report No. T/20221208/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDX56R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002228 72202	26/09/2022	25/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Vehicle Owner				
Name	ONG CHENG HER		ID No.	S1013576A
Related Vehicle	SDX56R (Car)		Contact No.	93670056
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Passenger				
Name	PHYO KAY KHING		ID No.	G2956172P
Related Vehicle	SDX56R (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Driver				
Name	TEO JUN YUAN (ZHAO JUNYUAN)		ID No.	S8419592H
Related Vehicle	SLE2705T (Car)		Contact No.	91506426
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20221208/7002

3 of 4

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POLICE FORCE**



T/20221208/7002

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20221208/7002

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 /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476187

NP168

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

Date/Time:
08/12/2022 00:38

Classification Of Case:

GENERAL
INSURANCE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922C80008 Vehicle Registration No: SDX 562
 Name (as shown in NRIC): ong cheng Her NRIC/FIN/Passport No: S1013576A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 56 yunnan crescent Singapore (637982)
 Contact (Tel): _____ Mobile No.: 93670056
 Email Address: Sen_Lin @ yahoo.com
 Date of Accident: 7/12/2022 Time of Accident: 17:30
 Place of Accident: BUKH Batac Ave 3 x BUKH Batac Ave 6
 Insurance Company: China

(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:

I wish to convert my claim to own damage claim


 Policyholder / Driver's Signature
 Date:


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