

# 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 ..... 15/12/2022 10:49 (SGT)  
Reported by ..... Both  
Date of Accident ..... 10/12/2022 05:20 (SGT)  
Exact Location of Accident ..... 65 Airport Blvd., Terminal 1 Level 3 Departure Hall, Singapore 819663  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC2451L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ONG CHENG KEAT  
NRIC No ..... SXXXXX680A  
Email Address ..... ongchengkeat@yahoo.com  
Mobile Phone No ..... (Phone) +65-97845642  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Byd  
Model ..... E6(ME-2)  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNW00010592200

### DRIVER

Name of Driver ..... ONG CHENG KEAT  
NRIC No ..... SXXXXX680A  
Date Of Birth ..... 13/02/1987

Occupation .....	Outdoor
Date Of Driving Pass .....	25/05/2000
Driving experience .....	22 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97845642
Alt. Phone Number .....	-
Email Address .....	ongchengkeat@yahoo.com
Address .....	BLK 803B PUNGGOL ROAD #02-716
Address complement .....	-
Postcode .....	822803
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) .....	3
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 .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	PUNGGOL N.P.C.(151 PUNGGOL CTRL)
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20221210/2097

#### 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 .....	PC5356K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1


Name of injured person .....	ONG CHENG KEAT
Gender .....	Male
Phone No .....	(Phone) +- .....
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNC2451L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

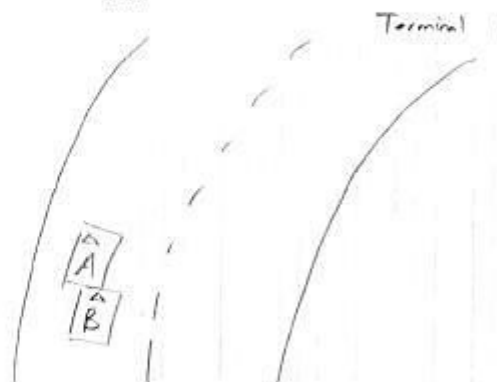
1. Please report correctly the details of the accident to speed up the claims process.
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  7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
6. 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

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SNC 3431L  
B: PL 5856K

**Describe Circumstances of the Accident**

On 10/12/22 @ 5:20hrs, along Changi Airport T1  
departure hall, I was travelling slowly, suddenly  
PC 5556 K just drive behind me, car 20  
hit the back of my car right.

*[Signature]*

POLICE REPORT 7/2022/210/2097

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]* 10/12  
Policyholder's Signature / Date &  
Time

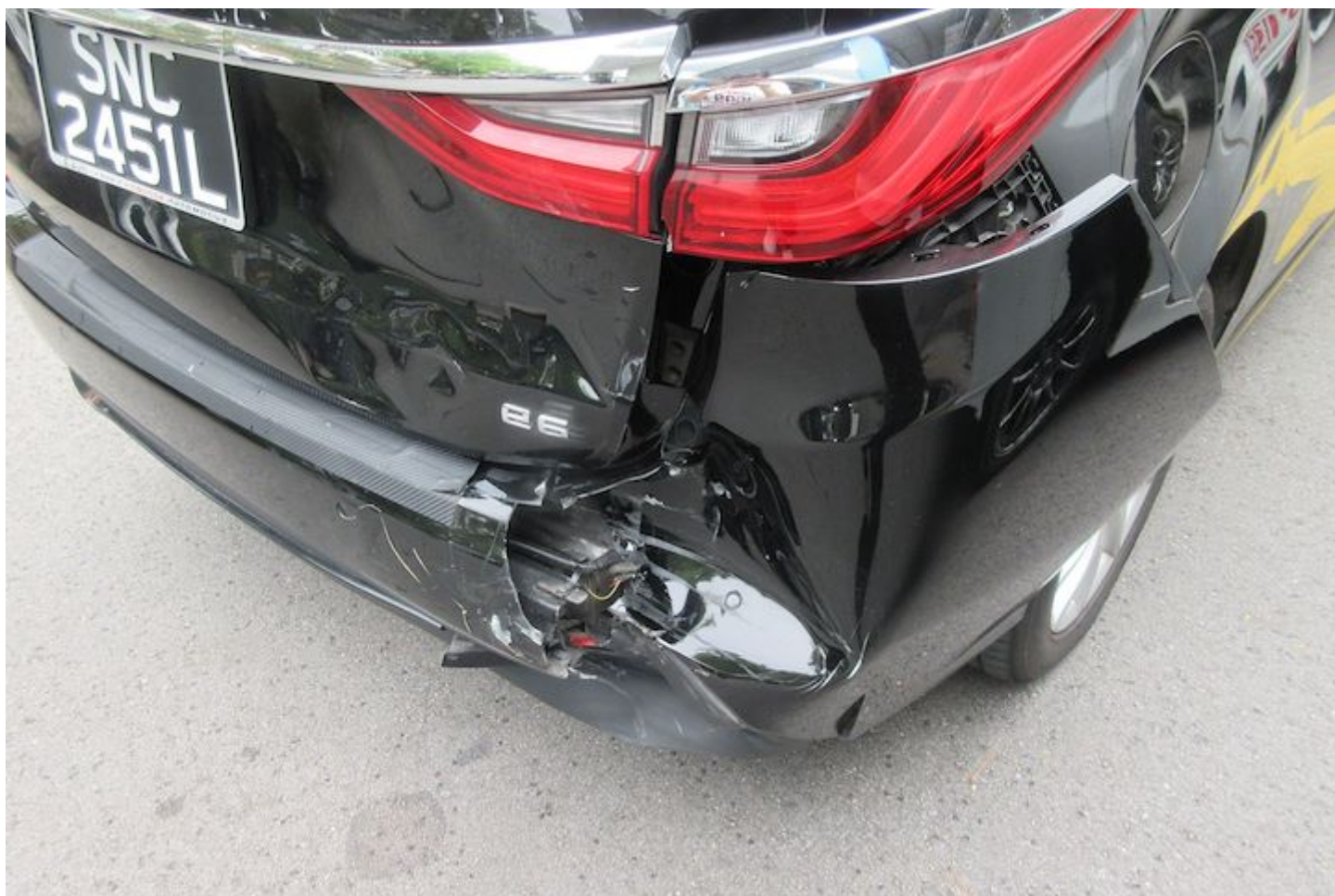
*[Signature]* 10/12  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

*[Signature]* 15/12/2022  
Witnessed by Reporting Centre  
Personnel























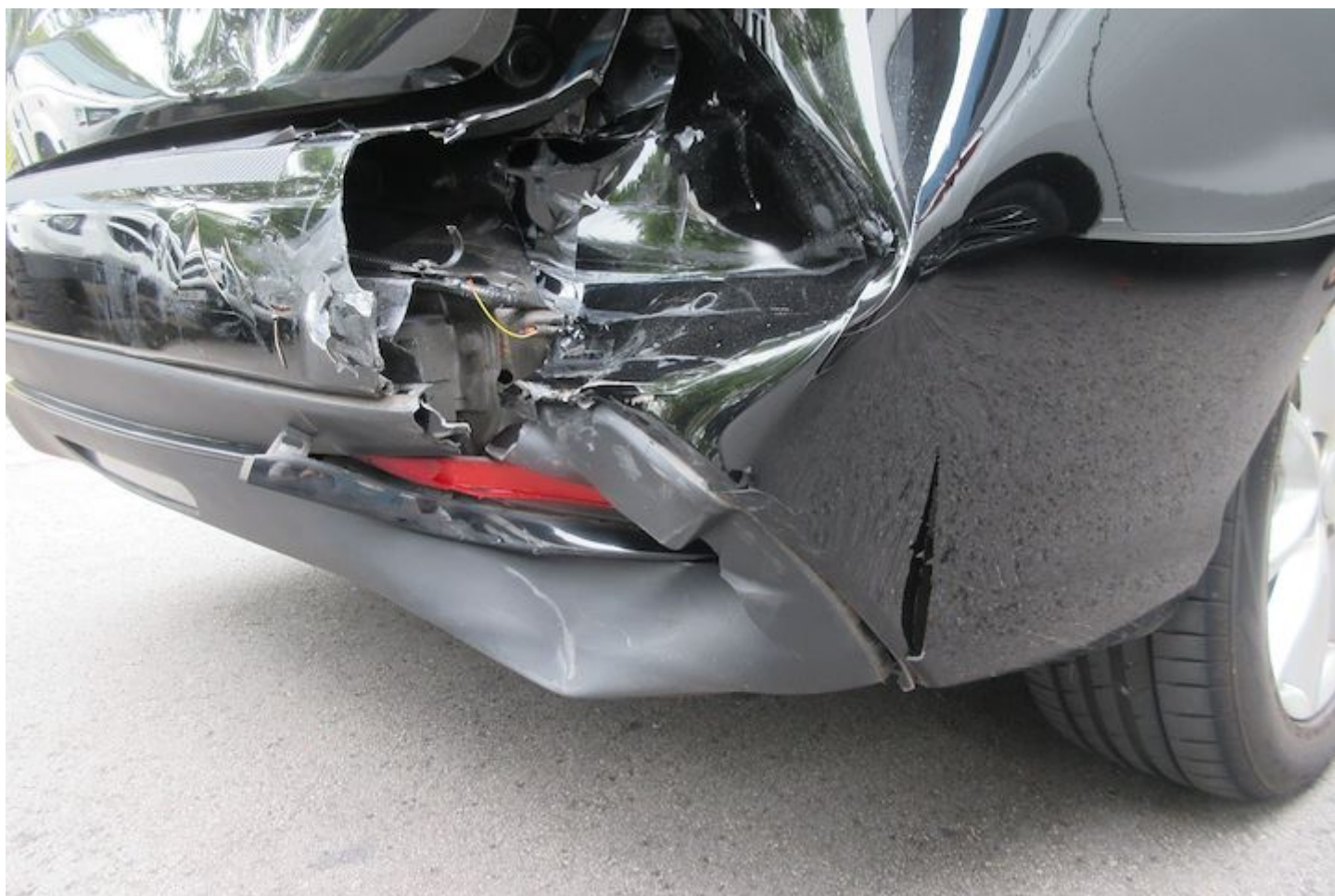







































**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999



T/20221210/2097

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Report No: T/20221210/2097

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2022 19:59	Video Report No.:	Station Diary No.: 82
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**Informant's Particulars**

Name of Informant: ONG CHENG KEAT			Address: APT BLK 603B PUNGGOL ROAD #02-716 SINGAPORE 822603		
ID Type / ID No.: NRIC NO / S2706680A			Contact No.: Home/Office: Mobile: 97845642		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 13/02/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2022 05:20	Type of Location: Straight Road
Location: AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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	Condition	No of Passenger
PC5358K	Van	TOYOTA		Silver	Slightly Damaged	0
SNC2451L	Car	BYD	E6 (ME-2)	Black	Seriously Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SNC2451L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00010592200	23/06/2022	22/06/2023



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999



T/20221210/2097

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Report No: T/20221210/2097

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ABDUL RAHMAN BIN SAMSUDIN	ID No.	S1808633F
Related Vehicle	PC5356K (Van)	Contact No.	92952455
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ONG CHENG KEAT	ID No.	S2706680A
Related Vehicle	SNC2451L (Car)	Contact No.	97845642
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	10/12/2022	Date Discharge	10/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 10th December 2022 at about 5.20 am, I was driving my vehicle (SNC2451L) towards Changi Airport Terminal 1 Departure Hall. As I was approaching the upwards slope towards the Departure Hall, I was on the left of the 2 lane road. Due to the heavy traffic, I had slowed down my vehicle but suddenly another vehicle (PC5356K) had collided into the rear of my vehicle. I had 2 passengers with me at that point of time and they told me that they were not injured. Thereafter, I had exchanged particulars with the driver of the other vehicle. I noticed that the other vehicle, which is a van, had passengers but I am unsure as to how many passengers were in the van. Due to the accident, I felt pain at my neck, shoulder and back area and I went to OneDoctors Family Clinic at 83 Punggol Central #02-17 Waterway Point to seek treatment. I was given 3 days medical leave. There are front and rear in-car cameras installed in my vehicle and I have retrieved the footages.



**SINGAPORE  
POLICE FORCE**

T/20221210/2097

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

3 of 3

Report No: T/20221210/2097

## CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

F /  
STAFF SGT ALZRIN SHAFIQ  
BIN AHMAD TARMIDI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/12/2022 19:59

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

HP168

