

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	05/12/2022 10:07 (SGT)
Reported by	Both
Date of Accident	04/12/2022 00:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PRINSEP STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3870R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG WEE KEONG
NRIC No	S8902514A
Email Address	JAYSON.RMIT@GMAIL.COM
Mobile Phone No	(Phone) +65-97308881
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120485757-01

DRIVER

Name of Driver	ONG WEE KEONG
NRIC No	S8902514A
Date Of Birth	17/01/1989
Occupation	Indoor

Date Of Driving Pass	07/08/2009
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97308881
Alt. Phone Number	-
Email Address	JAYSON.RMIT@GMAIL.COM
Address	BLK 422 #12-193
Address complement	BUKIT BATOK WEST AVENUE 2
Postcode	650422
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	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?	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	ALICIA HAN XINGYING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	To submit to workshop

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1014B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	UNKNOWN
Contact Number	-
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

Refer to police report

Declaration

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

Policyholder's Signature Date & Time

05/12/2022
1000NRS

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

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

MD SHAN KASMEIR BIN ABDULLAH 2

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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

5/12/2022

Sketch Plan 1000HRS

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

& Time

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

MD SHAN KASMEIR BIN ABDULLAH

A- SMC3870R
B - QX1014B

OPEN SPACE CARPARK
ALONG PRINSEP STREET

The diagram shows a carpark layout on a grid. A vertical line on the left represents a boundary. To its right, there are four horizontal lines. A label 'REVERSE' with a downward arrow points to a rectangular vehicle symbol labeled 'B'. This symbol overlaps with a diamond-shaped vehicle symbol labeled 'A'.
















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20221204/2005

1 of 3

Report No. T/20221204/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2022 02:45	Vide Report No.: A/20221204/0008	Station Diary No.: 29
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Informant's Particulars

Name of Informant: ONG WEE KEONG	Address: APT BLK 422 BUKIT BATOK WEST AVENUE 2 #12-193 SINGAPORE 650422		
ID Type / ID No.: NRIC NO / S8902514A	Contact No.: Home/Office: Mobile: 97308881		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 33	Date of Birth: 17/01/1989	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: FINANCIAL ADVISOR	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 04/12/2022 00:30	Type of Location: Straight Road
Location: PRINSEP STREET			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX1014B	Car				Slightly Damaged	0
SMC3870R	Car	TOYOTA	VIOS E (AUTO)	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC3870R	NTUC Income Insurance Co-Operative Limited	5120485757-01	28/01/2022	28/06/2023



SINGAPORE POLICE FORCE



T/20221204/2005

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221204/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG WEE KEONG	ID No.	S8902514A
Related Vehicle	SMC3870R (Car)	Contact No.	97308881
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	ALICIA HAN XINGYING	ID No.	S9148628H
Related Vehicle	SMC3870R (Car)	Contact No.	91292509
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

Brief Details.

On 04/12/2022 at about 0030hrs, I was driving V1: SMC3870R with 2 passengers along 72 Prinsep Street. I was on the left side and it was a two-way road.

Infront of me, there was a police vehicle (V2: QX1014B) in front of me. I wanted to park at a lot on the right-hand side. I inched out towards the lot, suddenly, my friend said that there was a police car reversing and I stopped. When I looked back, I saw the police car continuing reversing and I horned, but then the car collided into me already.

Both of us got out and I gave my particulars to the officer. Traffic Police also came onto the scene and took my SD card as I had a dash camera installed in my vehicle and I have footage of it.

No one was injured. The damage to my vehicle is scratches on the front left side of my vehicle.

**SINGAPORE
POLICE FORCE**

T/20221204/2005

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20221204/2005

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 /
SGT 2 NURUL IZZAH BINTE
MOHAMED SALLEH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/12/2022 02:45

Officer In Charge Of Case:
TP / DDGVT /
SI NOR FAIZAL BIN YAHYA
Contact No.: 65476198

Classification Of Case:

NP168