SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

- 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 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

Toyota

Vehicle Registration Number SMC3870R

INSURED/POLICYHOLDER

Is company? 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

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 No - Claiming third party your vehicle? 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 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 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

To submit to workshop

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

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)	_

cribe Circumstance of the Accident	
Refer to police report	
eclaration	
/e declare the foregoing particulars are true in every respect.	200
/ \	
/ X1/C	

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

CACcident report SN0722C50001

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

MD SHAN KASMEIR BIN ABDULLAH 2

SKETCH PLAN

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 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

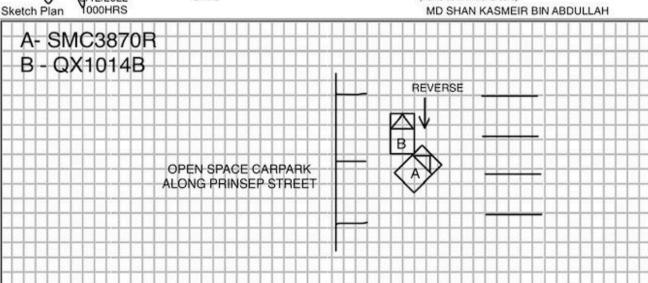
sonal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents eir lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

/ Date & Time Policyhold /12/2022

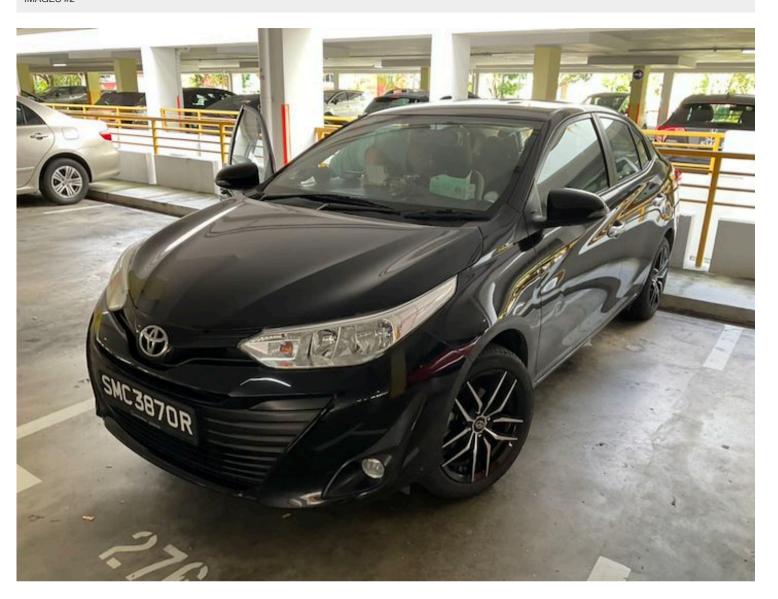
Driver's Signature (if driver is not the policyholder) / Date

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

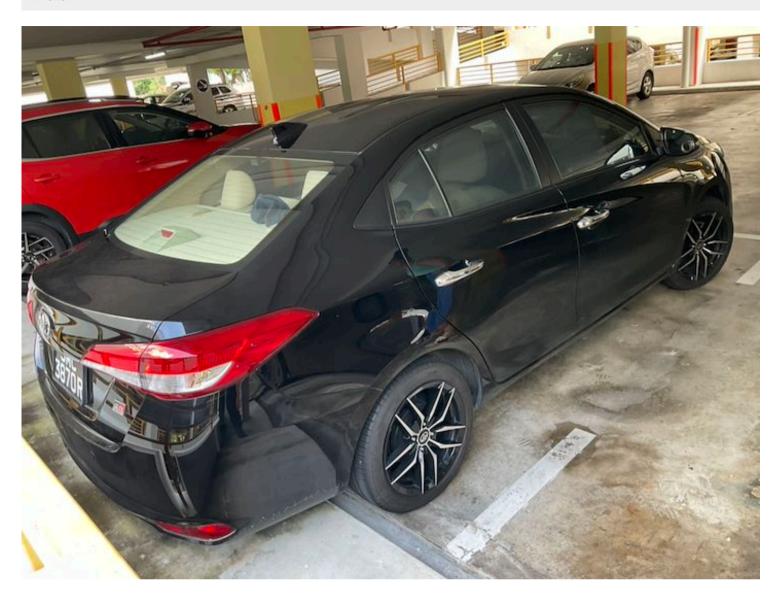
MD SHAN KASMEIR BIN ABDULLAH



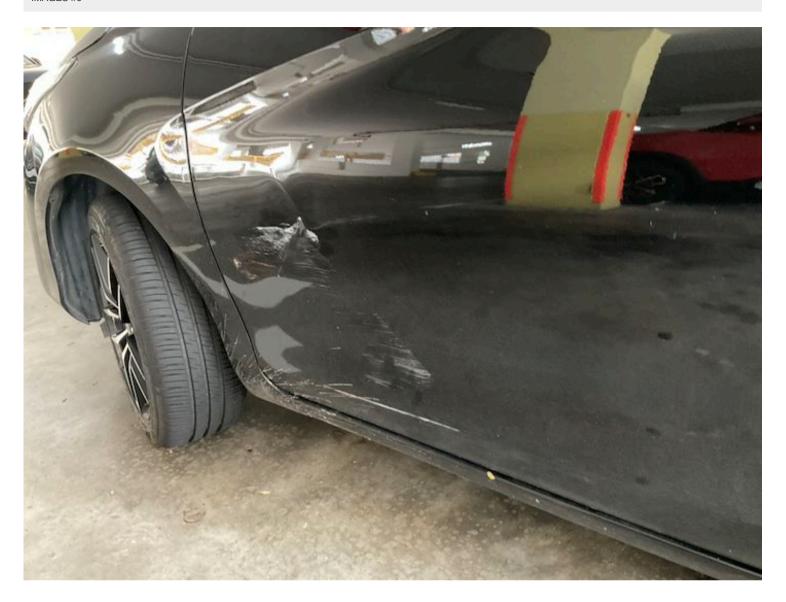




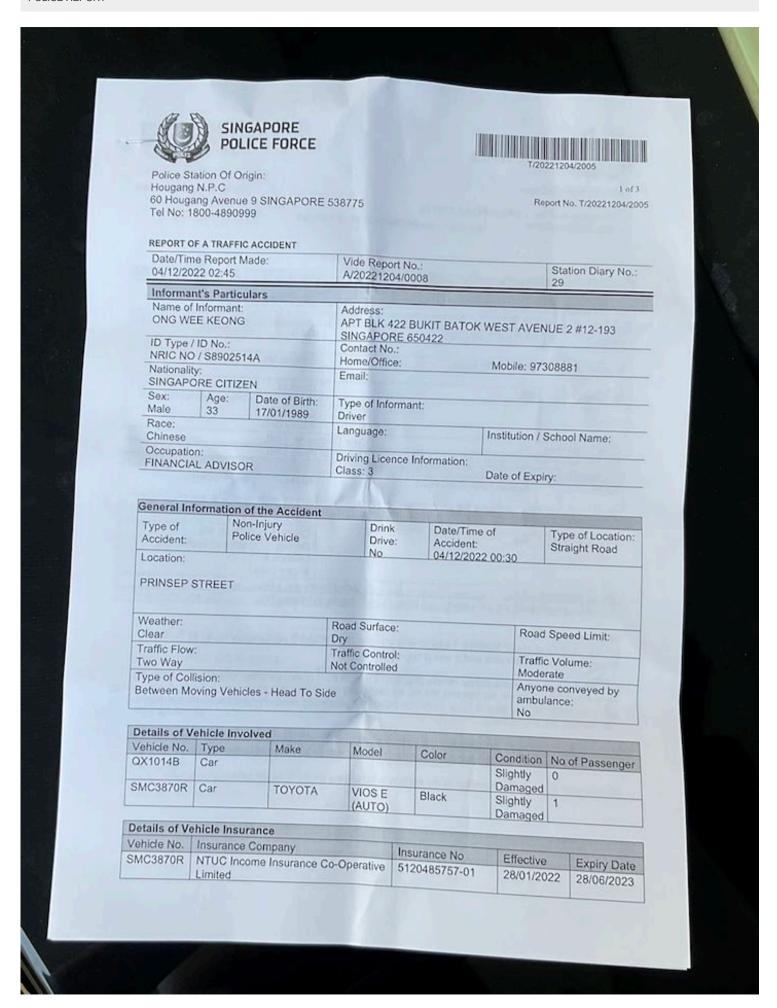














720232042005

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

No. of Pedestria	ns Injured: NIL	Hee of P	edestria	n Cros	sing: NA
Driver		036 077	00000		
Name	ONG WEE KEONG		ID No.		S8902514A
Related Vehicle	SMC3870R (Car)	Contact No		act No.	97308881
Hospital/Clinic	NIL		Class Drivin Licen	ng	Class: 3 Date of Expiry: NIL
Date Treatment		Date Discharge NIL			
No. of Days granted Medical Leave NIL		Degree of Injury NIL			
Passenger		Dogree	or injury	INIL	
Name	ALICIA HAN XINGYING		ID No.		S9148628H
Related Vehicle	SMC3870R (Car)		Contact No.		91292509
Hospital/Clinic	NIL	TA	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment		Date Disc		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of	EL-I		

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.

