

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 06/01/2023 15:38 (SGT)
Reported by Driver
Date of Accident 01/01/2023 20:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK7247Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ONG AUTOMOTIVE
Company Reg No 53401601D
Email Address ongautomotiveaccident@gmail.com
Mobile Phone No (Phone) +65-94526618
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5132265747

DRIVER

Name of Driver CHANG KIM HWA
NRIC No S1467225G
Date Of Birth 05/09/1961
Occupation Outdoor

Date Of Driving Pass	03/10/1981
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94551025
Alt. Phone Number	-
Email Address	ongautomotiveaccident@gmail.com
Address	741 YISHUN AVENUE 5 #09-532
Address complement	-
Postcode	760741
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	PC6610U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK7247Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	CHANG KIM HWA
Gender	Male
Phone No	(Phone) +65-94551025
Address	741 YISHUN AVENUE 5 #09-532
Address Complement	-
Post Code	760741
Approximate Age Years Old	61
Injuries Sustained	LOW BACK PAIN / NECK INJURY
Injured person in which vehicle?	SMK7247Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 06/01/2023 / 15:27

Report No: MT/

D.O.A: 01/01/2023

Vehicle No: SMK7247Y

Reporting Type:

Time: 20:10 hrs

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")

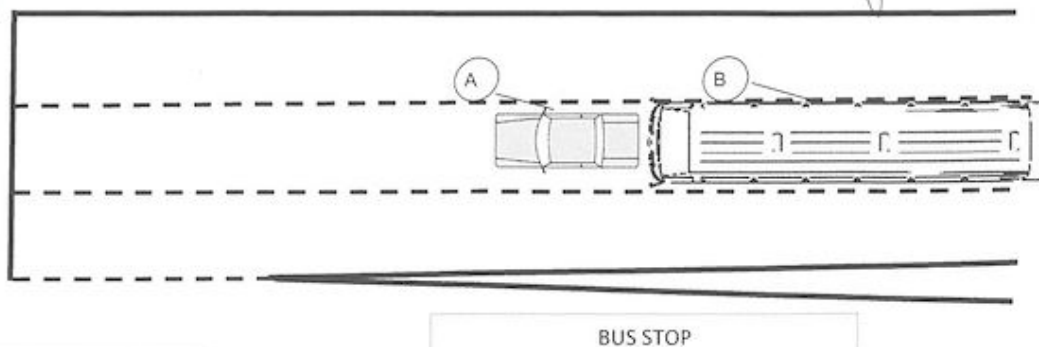
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

ONG AUTOMOTIVE
Co. Reg. No.
53401696
06/01/23 / 15:27
Policyholder's Signature / Date & Time
Sketch Plan

06/01/23 / 15:27
Driver's Signature (If driver is not the policyholder) / Date & Time

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



WOODLANDS AVENUE 3

Vehicle A: SMK7247Y

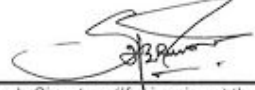
Vehicle B: PC6610U

Describe Circumstances of the Accident
PLEASE REFER TO POLICE REPORT.

Declaration

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


06/01/23 / 15:27
Policyholder's Signature / Date & Time

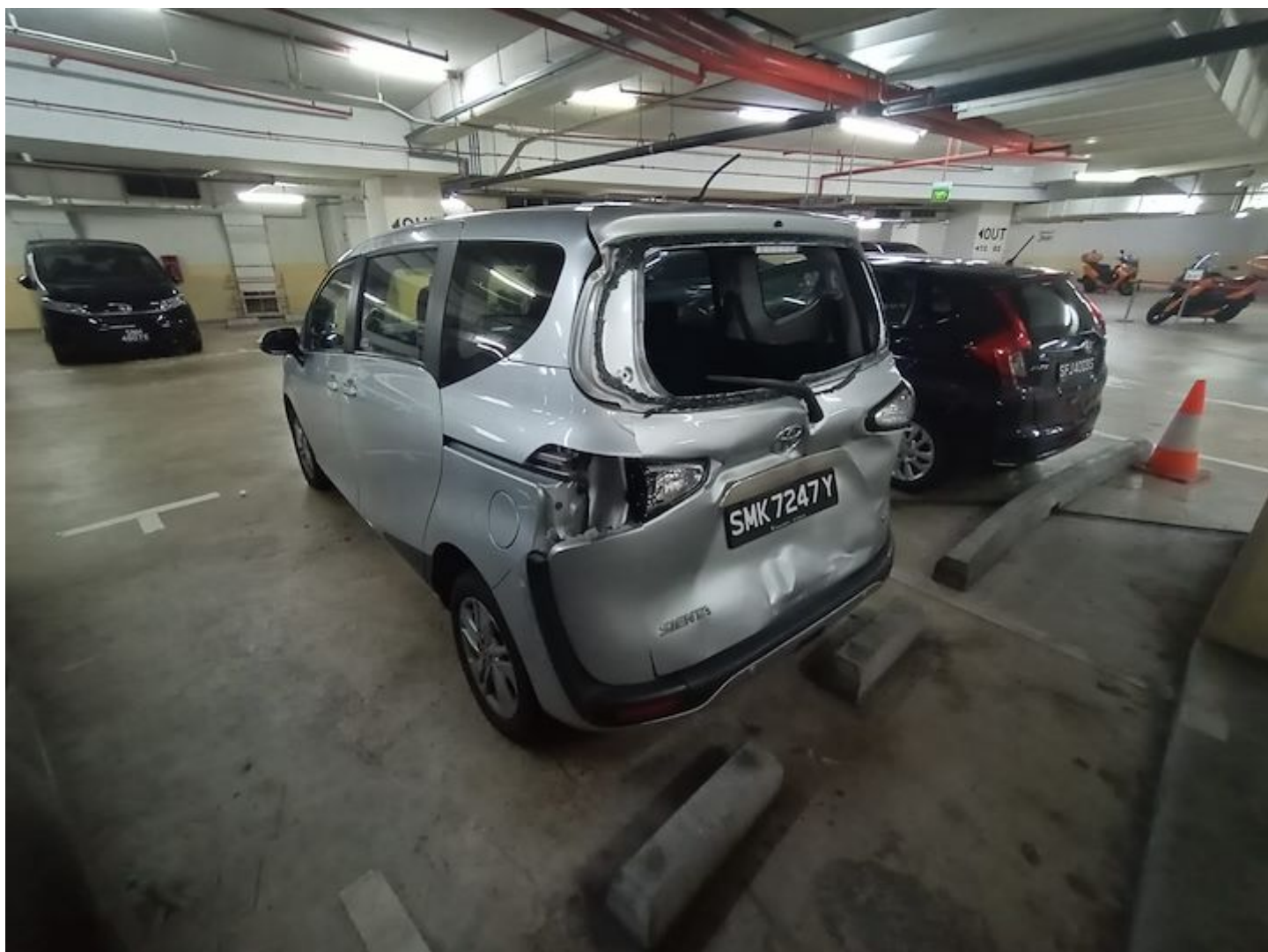

06/01/23 / 15:27
Driver's Signature (If driver is not the policyholder) / Date & Time

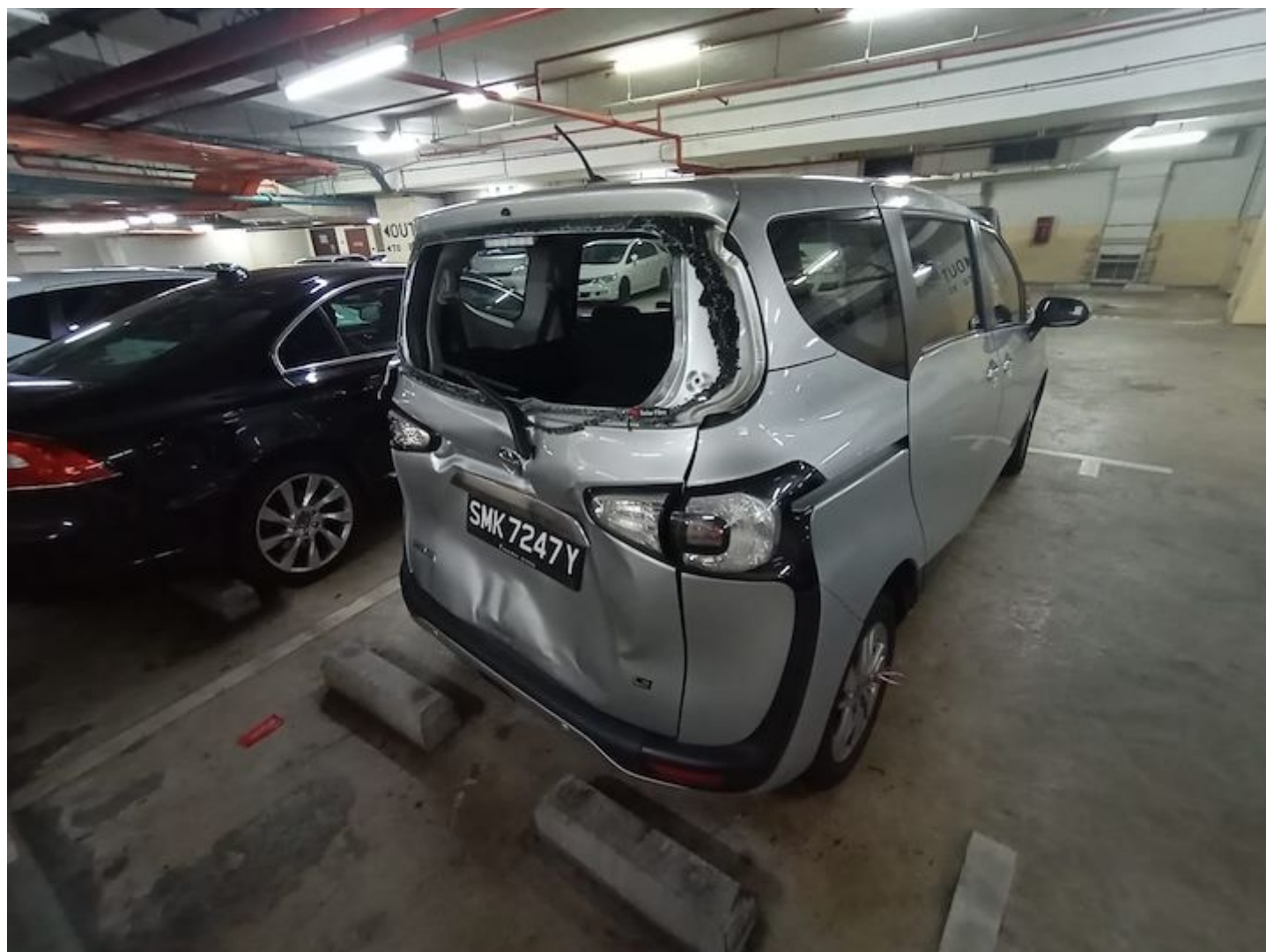

Kenneth Kok
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

















**SINGAPORE
POLICE FORCE**



T/20230104/2077

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20230104/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2023 17:11		Vide Report No.:		Station Diary No.: 117	
Informant's Particulars					
Name of Informant: CHANG KIM HWA			Address: APT BLK 741 YISHUN AVENUE 5 #09-532 SINGAPORE 760741		
ID Type / ID No.: NRIC NO / S1467225G			Contact No.: Home/Office: Mobile: 94551025		
Nationality: SINGAPORE CITIZEN			Email: shermankhchang@gmail.com		
Sex: Male	Age: 61	Date of Birth: 05/09/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/01/2023 20:10	Type of Location: Straight Road
Location: WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC6610U	Bus/Coach/Minibus	HIGER	KLQ6759AR AUTO	Maroon		0
SMK7247Y	Car	TOYOTA	SIENTA STANDARD (AUTO)	Silver	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230104/2077

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20230104/2077

CONTINUATION OF REPORT

Driver			
Name	CHANG KIM HWA	ID No.	S1467225G
Related Vehicle	SMK7247Y (Car)	Contact No.	94551025
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	01/01/2023	Date Discharge	02/01/2023
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

1. On 01/01/2023 at about 8.10 pm, I was driving grab rental vehicle Reg No: SMK7247Y (car) along Woodlands Ave 3 towards Marsling MRT station. This is a three-lane road and, I was driving at the center lane. There was one female passenger Ms Nura, h/p: 88145033 seated in my vehicle at the left rear passenger seat. As I was approaching the traffic light and there was a few vehicles in front of my vehicle had already stopped as the traffic light was red and I slowed down my vehicle speed to get ready to come to a stop. At this point of time the driver of vehicle Reg No: PC 6610U (Bus) front side had collided onto the rear of my vehicle. This vehicle Reg No: PC 6610U driver was driving at the same lane behind my vehicle.

2. Ambulance and Police was called in. Both me and my passenger were conveyed to hospital. The bus driver from observation was not injured and I did not take notice as to how many passengers was inside his bus service at that point of time. I was warded at Khoo Teck Puat Hospital from period 01/01/2023 and discharge on 02/01/2023. I was given 14 days medical leave and 45 days light duty reference MC No: KH2023234. I sustained low back pain and neck injury. I would like to state that my vehicle was towed to traffic Police when I was conveyed to hospital and In/Charge: Investigator: Alex / 65472077 Traffic Police.

3. The rear side of my vehicle is seriously damage and the other vehicle Reg No: PC 6610U front side is slightly damage. No government property was damage. The particular of the bus driver as follow:

Name: Sellamuthu Thiyagarajan

Fin No: G7316778M

DOB: 02/06/1970

Contact: 90626694



**SINGAPORE
POLICE FORCE**



T/20230104/2077

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20230104/2077

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:

L /

SSI ANDY LUCAS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2023 17:11

Officer In Charge Of Case:

TP / GIT /

SI CHONG GUAN FATT

Contact No.: 65472077

Classification Of Case:

NP168

