

# 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 .....	16/02/2023 16:05 (SGT)
Reported by .....	Driver
Date of Accident .....	16/02/2023 07:50 (SGT)
Exact Location of Accident .....	Upper Changi Rd E, Singapore
Additional Location Information .....	LP NO 80
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLA3344R
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ONG KONG HWEE
NRIC No .....	S8263426F
Email Address .....	BOABOY84@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91879585
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Lexus
Model .....	Nx300h
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 .....	2494

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5130032759

### DRIVER

Name of Driver .....	ONG WEIXIONG
NRIC No .....	S8420962G
Date Of Birth .....	05/08/1984
Occupation .....	Indoor

Date Of Driving Pass .....	23/05/2011
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91879585
Alt. Phone Number .....	-
Email Address .....	BOABOY84@GMAIL.COM
Address .....	BLK 58 EDGEDALE PLAINS #17-14
Address complement .....	-
Postcode .....	828823
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 - Change/cross lane
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) .....	1
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER STATEMENT AND POLICE REPORT NO. G/20230216/7054

#### 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 .....	VIDEO WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD5499G
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	LIM CHENG LAI
Contact Number .....	(Phone) +65-97470537
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1


Name of injured person .....	ONG WEIXIONG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLA3344R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

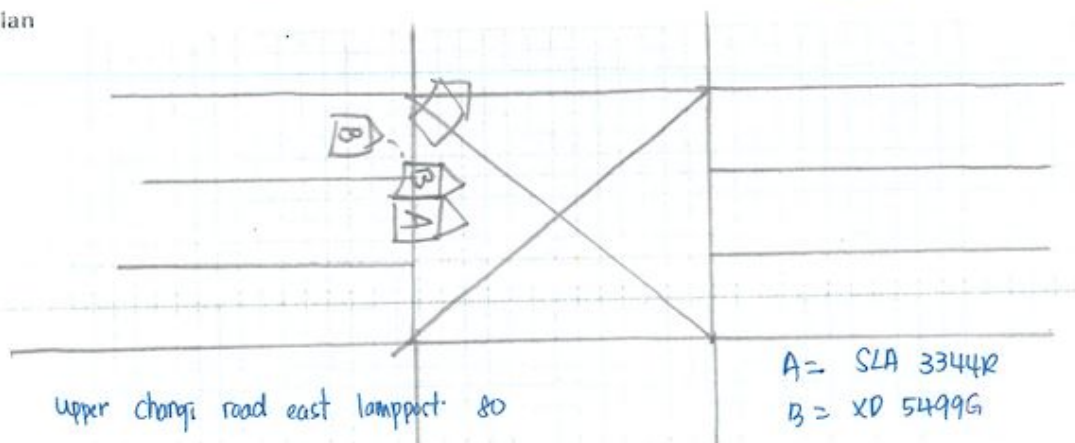
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. The 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.
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' law yers/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' law yers/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 law yers/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



Describe Circumstances of the Accident

16 Feb 2023, 7:50AM, I am driving from my house in Punggol to my office in Changi Business Park. While driving towards a yellow box, the truck on the left suddenly cut into my lane and hit the left side of my car. Upon conversation with the driver, he mention that he cut into my lane to avoid hitting the car in front of him as its turning left and he is unable to brake on time.

There is a witness, Ang Beng Seng 97152608 @ 90672582 - All particular had been submit to TP at the scene.

Declaration

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

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel



















**SINGAPORE  
POLICE FORCE**



G/20230216/7054

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20230216/7054

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 16/02/2023 14:26	Vide Report No.	Station Diary No.
Name Of Informant ONG WEIXIONG	Address 58 EDGEDALE PLAINS #17-14 SINGAPORE 828823	
ID Type / ID No. NRIC NO / S8420962G	Contact No. Home/Office:                      Mobile: 91879585	
Nationality SINGAPORE CITIZEN	Email Address boaboy84@gmail.com	
Occupation Management executive	Sex Male	Age 38
Institution/School Name	Date of Birth 05/08/1984	Race Chinese
Date/Time Of Incident 16/02/2023 07:45 - 16/02/2023 08:00	Location Of Incident 720 UPPER CHANGI ROAD EAST SIA TRAINING CENTRE SINGAPORE 486852	

**Brief details.**

While driving on my way from home to office (changi business park), the truck on my left make a sudden change in lane and cut into my lane. The truck driver mention he is unable to brake fast enough to prevent clashing into the car in front of him thus cut into my lane in a sudden. My head and body bang onto the window on my right and doctor had given me 5 days mc. Although the driver apologize to me, the reckless driving is still unacceptable as the driver is driving a truck. I had also called police in the morning when the accident happen.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/02/2023 14:26
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20230216/7054

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230216/7054

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Lim cheng lai		
ID Type	NRIC NO	ID No	S1219425J
Gender	Male	Age	66-68
Race	Chinese	Language	Chinese
Occupation	Lorry driver	Address	11 Teck whye lane #10-228 SINGAPORE 680011
Mobile No	97470537		
<b>Victim</b>			
Person Name	ONG WEIXIONG		
ID Type	NRIC NO	ID No	S8420962G
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Management executive	Address	58 EDGEDALE PLAINS #17-14 SINGAPORE 828823
Mobile No	91879585	Is Informant A Victim?	Yes
Person Name	ONG WEIXIONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/02/2023 14:26
Officer In-Charge Of Case:	Classification Of Case: