

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	21/02/2023 12:22 (SGT)
Reported by	Driver
Date of Accident	18/02/2023 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE (CTE) 8.6KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN35Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG KENG HONG
NRIC No	S8515855D
Email Address	TISISJEFFONG@GMAIL.COM
Mobile Phone No	(Phone) +65-98577870
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126591496

DRIVER

Name of Driver	ONG YI CHAO
NRIC No	S7725016F
Date Of Birth	03/09/1977
Occupation	Outdoor

Date Of Driving Pass	16/08/2012
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96638983
Alt. Phone Number	-
Email Address	ADON.ONG@GMAIL.COM
Address	BLK. 808 WOODLANDS ST. 81
Address complement	#08-157
Postcode	730808
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	5
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)	4
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	1
Vehicle Category	Private car

PASSENGER 1

Name	REBECCA SIE
Gender	Female

PASSENGER 2

Name	ETHEL ONG
Gender	Female

PASSENGER 3

Name	ESTIE ONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20230218/7050

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 SNF4397G
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
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) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JHG1889
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SML1733U
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
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

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLA3494R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	REBECCA SIE
Gender	Female
Phone No	(Phone) +65-92376982
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN35Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	ETHEL ONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN35Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	ESTIE ONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN35Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A=SMN354
B=SNF43976
C=JHG 1889
D=SMN 17334
E=SLA 3494R
SLE (TE)

Refer to price report : 7/2023 0218/7050

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

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

Witnessed by Reporting Centre Personnel

















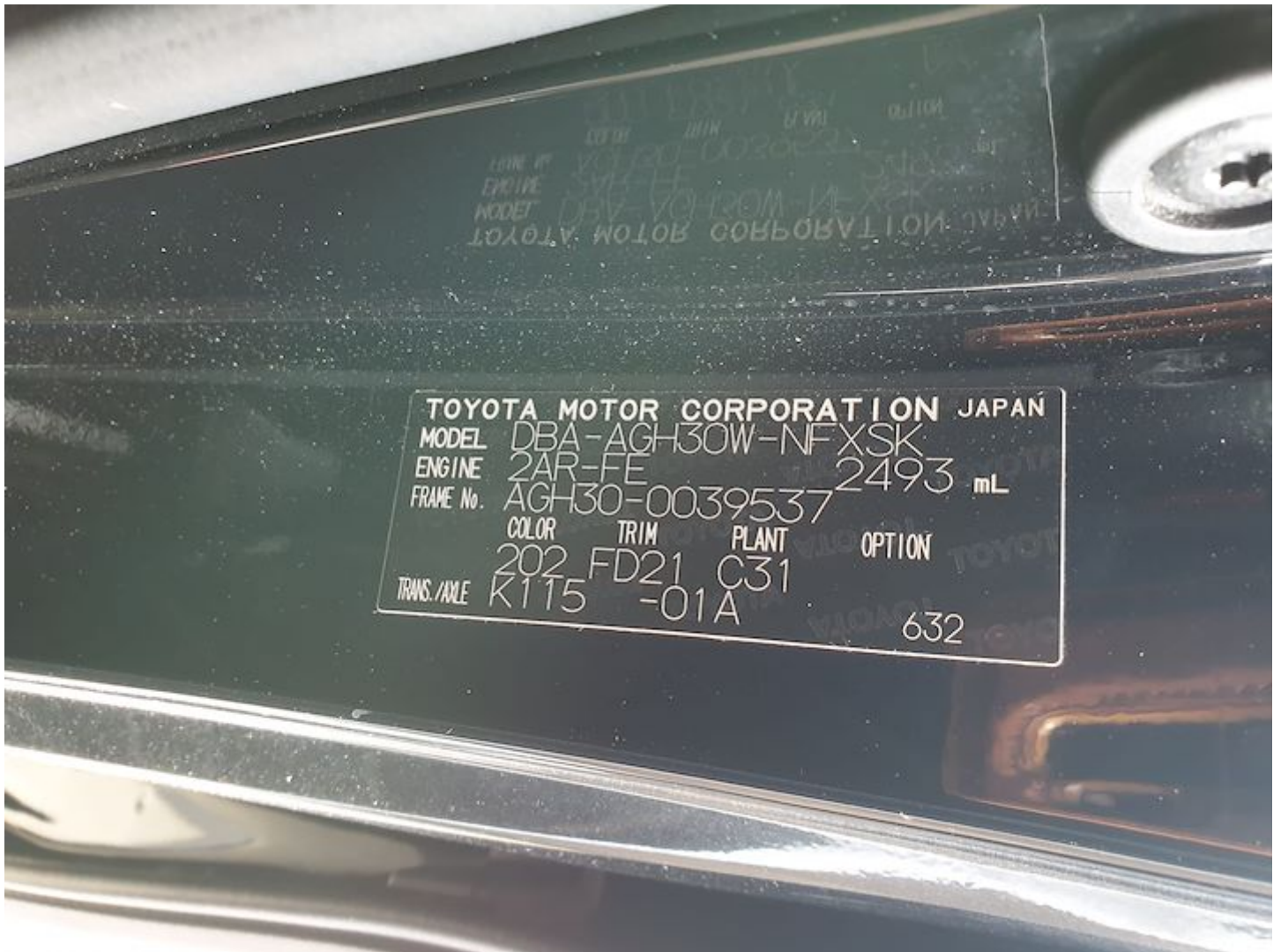
















**SINGAPORE
POLICE FORCE**



T/20230218/7050

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 6

Report No. T/20230218/7050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2023 19:27		Vide Report No.: L/20230218/0102		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG YI CHAO			Address: 808 WOODLANDS STREET 81 #08-157 SINGAPORE 730808		
ID Type / ID No.: NRIC NO / S7725016F			Contact No.: Home/Office: Mobile: 96638983		
Nationality: SINGAPORE CITIZEN			Email: adon.ong@gmail.com		
Sex: Male	Age: 45	Date of Birth: 03/09/1977	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/02/2023 13:45	Type of Location: Straight Road
Location: SLE (CTE), 8.6KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
JHG1889	Car	HONDA	Accord	Black	Seriously Damaged	0
SLA3494R	Car	TOYOTA	WISH	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230218/7050

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 6

Report No. T/20230218/7050

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SML1733U	Car	TOYOTA	Vios	Blue	Seriously Damaged	0
SMN35Y	Car	TOYOTA	Vielfire	Black	Seriously Damaged	3
SNF4397G	Car	TOYOTA	Prius Plus	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN35Y	NTUC Income Insurance Co-Operative Limited	5126591496	29/03/2022	18/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG YI CHAO	ID No.	S7725016F
Related Vehicle	SMN35Y (Car)	Contact No.	96638983
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	REBECCA SIE	ID No.	NIL
Related Vehicle	SMN35Y (Car)	Contact No.	92376982
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/02/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20230218/7050

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 6

Report No. T/20230218/7050

CONTINUATION OF REPORT

Passenger			
Name	ETHEL ONG	ID No.	NIL
Related Vehicle	SMN35Y (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/02/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	ESTIE ONG	ID No.	NIL
Related Vehicle	SMN35Y (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/02/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SNF4397G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	HAMI	ID No.	NIL
Related Vehicle	NIL	Contact No.	84993963
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20230218/7050

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 6

Report No. T/20230218/7050

CONTINUATION OF REPORT

Driver			
Name	AH HAO		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	MR. TOH		ID No. NIL
Related Vehicle	NIL		Contact No. 94745781
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	EDDIE WONG		ID No. NIL
Related Vehicle	NIL		Contact No. 90097238
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

At the above mentioned date, time and location, I was chauffeuring my employer's wife and two daughters to Marina Bay Sand. I was driving my employer's car (SMN35Y) into SLE expressway from Woodlands Ave 2 and I made my way to the 1st lane, when the vehicle in front (SNF4397G) of me suddenly stopped moving and I was unable to stopped my vehicle and ended up hitting the rear of the other vehicle.

My employer's car front was badly dented.

After the car came to a stop, I when to check on my passengers. My employer's wife complaint that she experience shoulder pain and the two daughters complaint about pain on their abdomen. I then got out of the car to check on the situation in front. I realized 5 cars are involved and asked the drivers if anyone is injured and exchanged particulars. LTA came down to direct traffic. The Police and ambulance then arrived. My employer's wife and her



**SINGAPORE
POLICE FORCE**



T/20230218/7050

Police Station Of Origin:
Traffic Police
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5 of 6

Report No. T/20230218/7050

CONTINUATION OF REPORT

two daughters were conveyed to KK hospital. The police told me to make a report within 24hrs. My employer's car was towed to Tagore Drive.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230218/7050

6 of 6

Report No. T/20230218/7050

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMED FERAZ BIN HUSSEIN
Contact No.: 65476206

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
18/02/2023 19:27

Classification Of Case:

This report is lodged at Woodlands West NPC Kiosk 3
NP168



SINGAPORE
POLICE FORCE
SAFEGUARDING EVERY DAY

CASE CARD

Report Number: 1/20230218/0102
 Traffic Accident along SUE (CTE) 18.6 km
 Involving vehicles: 5 cars
 On 18/02/23 at about - am / pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E(2019)

You are required to be present at Traffic Police on
 at - am/ pm to meet the Investigation Officer to assist in the investigation.

Please bring along your:

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Medical Certificate
- d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:

IC: 20 VALERIA TEL: 96271931
 Investigation Branch: 6547 6391 Email: SPF_TP_invest_branch@spf.gov.sg

NP319E(2019)



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC2223L0001 Vehicle Registration No: SMN354

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 18.2.23 Time of Accident: 1.45pm

Place of Accident: SLE (CTE) 2.6km

Insurance Company: Income Insurance Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Gender of Ethel Ong - Female

Policyholder / Driver's Signature
Date: _____


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5126591496

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SMN35Y

Chassis Number

: AGH300039537

2. Name of Policyholder

: ONG KENG HONG

3. Effective Date of Insurance

: 29 Mar 2022

4. Expiry Date of Insurance

: 18 Jul 2023

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : S\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

INSURE WITH COE : YES

NCD PROTECTION : NO

ROADSIDE ASSISTANCE AND WELLNESS COVER : YES

TRANSPORT ALLOWANCE : NO

EXCESS WAIVER : NO

PRIMARY DRIVER : ONG KAI CHAO (WANG KAICHAO)

NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 18 Jan 2023 14:42 hrs

For INCOME INSURANCE LIMITED

Chief Executive