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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 01/03/2023 18:26 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 28/02/2023 09:58 (SGT) Exact Location of Accident Singapore Additional Location Information BKE TOWARDS CHANGI AIRPORT (AROUND BUKIT PANJANG) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SLZ4872U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG SAN HOCK PATRICK NRIC No S1482887G Email Address PATSHONG@YAHOO.COM.SG Mobile Phone No (Phone) +65-90267315 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Shuttle 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5100078210-04

DRIVER

Name of Driver ONG SAN HOCK PATRICK NRIC No S1482887G Date Of Birth 16/12/1961 Occupation Outdoor

Date Of Driving Pass 06/07/1984 Driving experience 38 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-90267315 Alt. Phone Number Email Address PATSHONG@YAHOO.COM.SG Address 830 HOUGANG CENTRAL #09-536 Address complement Postcode 530830 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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 **UNKNOWN** Gender **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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SKW2331E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DOUGLAS CHEW
Contact Number	(Phone) +65-91162308
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 Gender	ONG SAN HOCK PATRICK
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ4872U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

On 28.0.203 about 0958 hrs. I was	travelling along B
toward Changi Airport . Suddonly, The relicle in front	of me brake, I for
it and I have a distance from them, I'm no	
have scene photo)	
In the time, the vehicle B (SKW 2331E)) collided anto rear
partien of my vehicle (SLZ 4872U).	
	10
De Por Police	Report
Pease Refer	V
Na = T/20230301/	702/
NO.	1000
eclaration	
We declare the foregoing particulars are true in every respect.	
may may	
Driver's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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)

Lunderstand, 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.

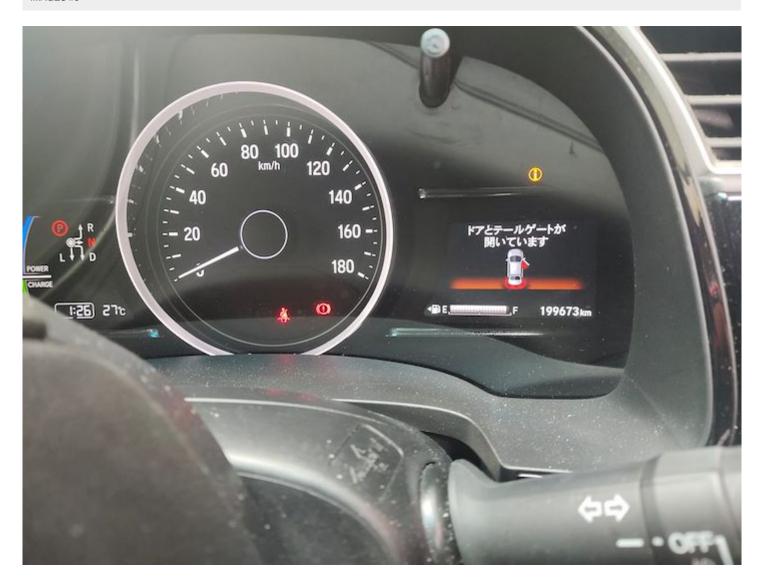
(collectively the "Purposes")

- (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.

icyholderis Signature / Date & re	Driver's Signature (If driver is not & Time	t the policyholder) / Date	Witnessed by Reporting Centre Personnel
etch Plan			
		A=S	LZ 4872U
		B=S	KW 23315
	奥		
	I I		
	Â		
	B		









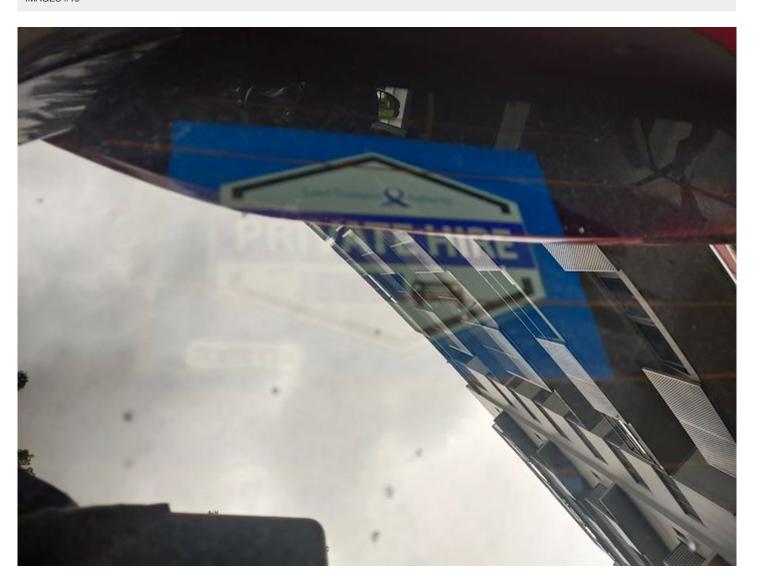














Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20230301/7036

CONTINUATION OF REPORT

Sketch Plan		
Informant is not able	to provide	sketch

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: 01/03/2023 12:26
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:





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

1 of 3 Report No. T/20230301/7036

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 023 12:26	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	f Informant: AN HOCK P		Address: 830 HOUGANG CENTR	AL #09-536 SINGAPORE 530830	
	/ ID No.: O / S14828	87G	Contact No.: Home/Office:	Mobile: 90267315	
Nationality: SINGAPORE CITIZEN		EN	Email: PATSHONG@YAHOO.COM.SG		
Sex: Male	Age: 61	Date of Birth: 16/12/1961	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE VEHICLE DRIVER		HICLE DRIVER	Driving Licence Informati Class: 3	on: Date of Expiry:	

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2023 09:45	Type of Location Bridge	
Location: BANGKIT RC	DAD				
Weather: Raining		Road Surface: Wet	F	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:		raffic Volume;	
Type of Collis Between Mov	ion: ing Vehicles - Heac	To Rear	8	Anyone conveyed by imbulance:	

Details of V	enicle invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKW2331E	Car					0
SLZ4872U	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Red	Seriously Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20230301/7036

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

Details of Vehicle Insurance

2 of 3 Report No. T/20230301/7036

CONTINUATION OF REPORT

	The state of the s						
Vehicle No.	Insurance Company		Insurar	nce No	Effective	Expiry Date	
SLZ4872U	NTUC Income Insurance Limited	ce Co-Operativ	ve 510007			03/05/2023	
Details of Pe	erson Involved						
Any Pedestri	an Involved: No						
	trians Injured: NIL		Use of Pe	destrian Cros	sing: NA		
Driver				o de cinema di di	omg. rer		
Name	DOUGLAS CHEW	DOUGLAS CHEW		ID No.	NIL	NIL	
Related Vehi	cle SKW2331E (Car)	SKW2331E (Car)		Contact No	91162308		
Hospital/Clini	c NIL	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Exp	iry: NIL	
Date	NIL	State Process	Date	NIL			
No. of Days g	ranted Medical Leave	NIL.	Degree of				
Driver							
Name	ONG SAN HOCK P	ONG SAN HOCK PATRICK		ID No.	S1482887G		
Related Vehic	ile SLZ4872U (Car)	SLZ4872U (Car)		Contact No.	90267315		
Hospital/Clinic	A LIFE CLINIC PTE	LTD		Class of	Class: 3		

Brief Details

28/02/2023

No. of Days granted Medical Leave

Date

ON 28.02.2023 AT ABOUT 0958 HRS. I WAS TRAVELLING ALONG BKE TOWARD CHANGI AIRPORT. SUDDENLY, THE VEHICLE IN FRONT OF ME BRAKE, I FOLLWED. THE VEHICLE B (SKW 2331E) COLLIDED ONTO REAR PORTION OF MY VEHICLE (SLZ 4872U). IN THE TIME, VEHICLE IN FRONT OF ME HAVE ACCIDENT BUT I HAVE A DISTANCE FROM THEM, I'M NO INVOLVED IN THEY ACCIDENT. (HAVE SCENE PHOTO)

07

Date

Degree of

Driving

Licence & Expiry

01/03/2023

Serious

Date of Expiry: NIL

I FEAL PAIN ON MY NECK , SHOUDLE AND BACK AFTER ACCIDENT, I WAS GIVEN 7 DAYS MC FROM "A LIFE CLINIC PTE LTD"

