

VEHICLE NO: SHP 7200CMAKE & MODEL: Totara NQMH

AUTO/MANUAL

DATE OF ACCIDENT	<u>13 / 06 / 27</u>	CC 1.8
TIME OF ACCIDENT	<u>1508</u>	AM/PM
LOCATION OF ACCIDENT	<u>PICTURES BEP PIC (EVIT)</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>DEPINE LEISINGH. PTE LTD.</u>	
EMAIL	<u>WILLY.TW182@gmail.com</u>	MOBILE: <u>9787 7657</u>
NRIC	<u>7018286742</u>	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES/NO?	
INCURANCE CO.	<u>INDIA</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>	
POLICY NO.	<u>023HFL0000547</u>	
NAME OF DRIVER	<u>AS ABOVE / IENG ONG KOH MENG EUGENE</u>	
NRIC	<u>57019905H</u>	
DATE OF BIRTH	<u>13 / 06 / 70</u>	
ANY PASSENGER	YES/NO: <u>5</u>	
NAME OF PASSENGER	<u>UNKNOWN</u>	
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>24 / 11 / 87</u>	
GENDER	<u>MALE / FEMALE</u>	
CONTACT NO.	Mobile: <u>88562702</u> Office: Home:	
EMAIL	<u>EUGENES909@gmail.com</u>	
ADDRESS	<u>2 KRAUGHNG SR 92 402-04 SC536831</u>	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -	
RELATIONSHIP	Employee / If No: <u>HIRE</u>	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / <u>WET</u> / Other:	
ANY INJURIES	No / If yes, Who? <u>PRMER - LEN 1A - JFL1605</u>	
CONTACT NO.		
ROLICE REPORT	No / If yes, Where? <u>TP HQ</u>	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	<u>None</u> Any Passenger: <u>PRMER ONLY</u>	
NAME	<u>GBM 2725 L</u>	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
WHO IS REPORTING	<u>DRIVER/ OWNER/ BOTH</u>	
Original Language Used	<u>English/ Mandarin/ Others:</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	



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## 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 willful 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.

### 6. 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  
(Name as in NRIC/ID card)

### Sketch Plan



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Describe Circumstance of the Accident


PLEASE REFER TO POLICE REPORTS.

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

Witnessed by Reporting Centre Personnel



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2023 12:11		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG KOH MENG EUGENE			Address: 2 HOUGANG STREET 92 #02-04 SINGAPORE 538683		
ID Type / ID No.: NRIC NO / S7019405H			Contact No.: Home/Office: Mobile: 88562702		
Nationality: SINGAPORE CITIZEN			Email: EUGENE5404@GMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 13/06/1970	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PHV DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2023 19:10	Type of Location: Straight Road
Location:  PIE(TUAS) bef BKE(exit)				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBM2725L	Van				Seriously Damaged	0
SMP7200E	Car				Seriously Damaged	5







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

Report No. T/20230411/7028

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ONG KOH MENG EUGENE	ID No.	S7019405H
Related Vehicle	SMP7200E (Car)	Contact No.	88562702
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I came to a slow stop due to the congestion.  
Out of nowhere, GBM2725L hit onto the rear portion of my car with great impact.

After the accident, I felt pain and went to a doctor for help and got 3 days of medical leave.





SINGAPORE  
POLICE FORCE



T/20230411/7028

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

Report No: T/20230411/7028

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
11/04/2023 12:11

Classification Of Case:

NP168



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