

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	13/04/2023 12:48 (SGT)
Reported by	Actual Driver
Date of Accident	12/04/2023 17:40 (SGT)
Exact Location of Accident	Airport Rd, Singapore
Additional Location Information	BEFORE JUNCTION UBI AVE 2 TWDS KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY4426T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	201826883W
Email Address	SUPREMELEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119549919-02-000061

DRIVER

Name of Driver	ONG KOK HENG
NRIC No	S1558298G
Date Of Birth	12/06/1962
Occupation	Indoor

Date Of Driving Pass	30/10/1984
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82882872
Alt. Phone Number	-
Email Address	SUPREMELEASINGSG@GMAIL.COM
Address	BLK 1 PHENG GECK AVENUE #06-19
Address complement	-
Postcode	348196
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?	No
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 12/04/2023 AT ABOUT 1740HRS, AT BEFORE JUNCTION OF AIRPORT ROAD & UBI RD 2 TOWARDS KPE. I WAS TRAVELLING ON THE EXTREME RIGHT LANE AT ALONG AIRPORT ROAD WHILE WAITING TO MAKE AN U-TURN AND SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHT, I REALISED IT WAS VEHICLE B WHO HIT ONTO THE REAR PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER ONBOARD. I FELT DISCOMFORT AND WILL CONSULT A DOCTOR LATER.

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	SLE8183J
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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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG KOK HENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMY4426T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Accident report SS2X234D0006

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1. I understand, and I hereby agree, that I have read that:
- (a) The insurer, my employer and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or provide my personal data/personal information ("Personal Information") for any and any other personal information provided to me or collected by the insurer. Collectively the "Personal Information" and disclose and transfer such Personal Information to third parties who have insured with or provided services to my employer shall be referred to preferentially as the "Insurers". The Insurers may obtain from the Insurers, other third parties and any relevant government agencies information relevant to the claim for the purpose stated;
- (b) in assessing, handling and/or dealing with my claims, including the settlement of the claims and any necessary negotiations relating to the claims;
- (c) in investigating the accident under my claims;
- (d) in complying and/or dealing with my instructions or responding to any enquiry to me;
- (e) in maintaining my claims (including the issuing of correspondence, statements, records, reports or otherwise) which could involve disclosure of certain personal data about me to third parties about delivery of the same as well as the external effect of correspondence in public; and/or
- (f) in moving with or without my consent storing, processing, handling and/or dealing with my claims, collectively the "Purposes".
- (2) I acknowledge and have insured verifiably involved in the accident and the Insurers, Government of my employer permitted to collect, use, disclose and/or provide my Personal Information for a wider range of the above Purpose, and
- (3) my Personal Information may/ can be disclosed by any of the Insurers and/or GIA to their third parties, provide provides or agent/s, including their lawyers/solicitors, firms, which may be sold outside of Singapore, for one or more of the above Purpose.
- (4) my Personal Information and data be collected and used to examine claim history for the purpose of fraud detection, investigation and management in present and at future claims;
- (5) the information collected under (a) above may be shared with those:
- (a) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing claims, negotiations, law enforcement and government agencies as reasonably required for the purposes stated; or
- (b) for complying with requests made under any regulations, laws or court orders.



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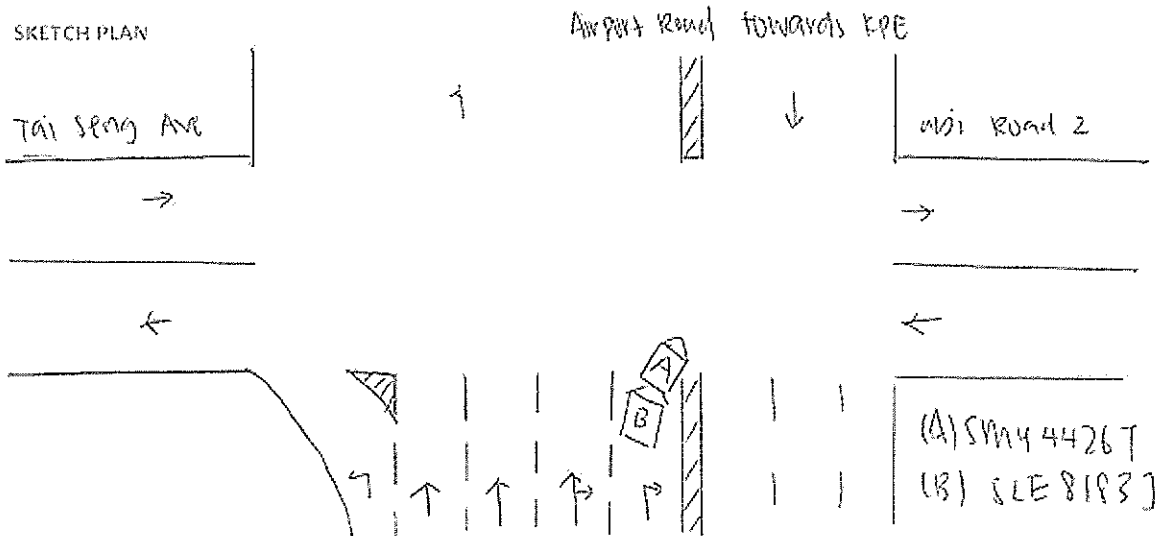
[Signature]

 * please mail this to your dealer
 Date: 8/1/05

Mathematics Department, University of Illinois at Chicago
Chicago, IL 60607
USA
E-mail: shen@uic.edu

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
v/a email / fax _____
Signature _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/04/2023 at about 1740hr at before Junction of
 Airport Road & Wai Road 2 towards KPE. I was travelling in the
 extreme right lane at along Airport Road while waiting to make a
 u-turn and suddenly, I felt a great impact from the rear
 and when I alight, I realised it was vehicle (B) who hit on to
 the rear portion of my vehicle (A) causing damages to my vehicle.
 I have 1 passenger onboard. I felt discomfort and
 will consult a doctor later.

(A) SMY44267


(B) SLE81837


Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information

DECLARATION

I/We declare that the foregoing particulars are true and correct.


 I declare under the oath of my conscience that the above particulars are true and correct.
 Date & Time


 I declare under the oath of my conscience that the above particulars are true and correct.
 Date & Time


 I declare under the oath of my conscience that the above particulars are true and correct.
 Date & Time