

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	24/04/2023 15:05 (SGT)
Reported by	Actual Driver
Date of Accident	21/04/2023 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD TOWARDS BEDOK NORTH AVENUE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1220M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MACHO PAWZ
Company Reg No	5XXXX861D
Email Address	ktmotorwerk@hotmail.com
Mobile Phone No	(Phone) +65-97302259
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220027703-01

DRIVER

Name of Driver	ONG FENG HAO
NRIC No	SXXXX871C
Date Of Birth	15/08/1986
Occupation	Outdoor

Date Of Driving Pass	03/12/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85011551
Alt. Phone Number	-
Email Address	ktmotorwerk@hotmail.com
Address	APT BLK 219 TAMPINES STREET 24
Address complement	# 07-40
Postcode	520219
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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)	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	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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230424/7022

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	GBF2425P
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG FENG HAO
Gender	Male
Phone No	(Phone) +65-85011551
Address	APT BLK 219 TAMPINES STREET 24
Address Complement	# 07-40
Post Code	520219
Approximate Age Years Old	-
Injuries Sustained	BACK INJURY - GIVEN 5 DAYS OF MC
Injured person in which vehicle?	GBL1220M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

macho pawz

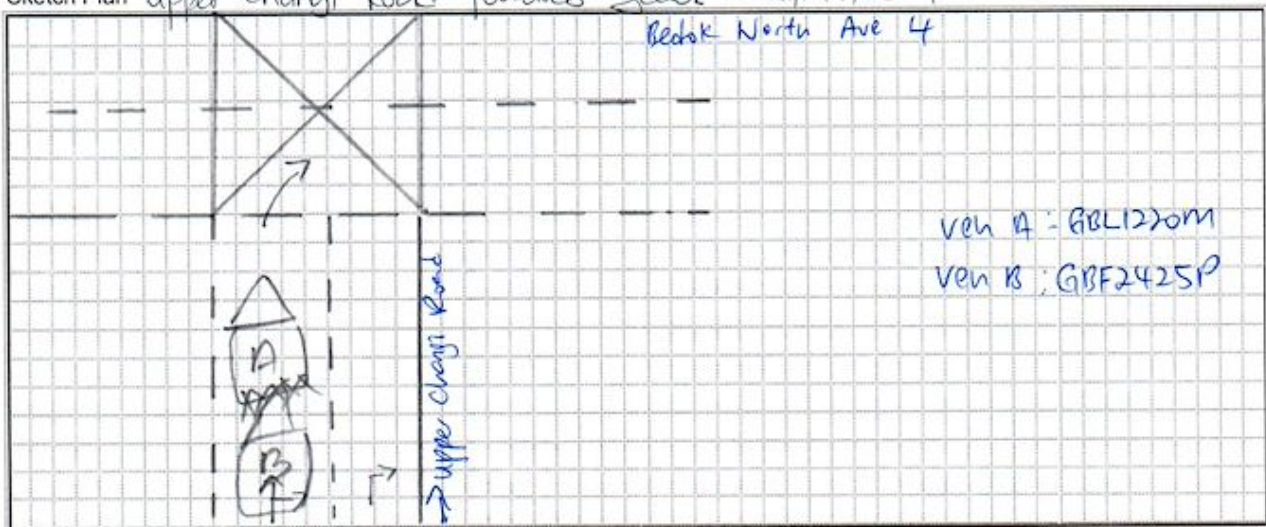
Bik 168 Bedok South Ave 3
#01-479 Singapore 460168
Tel : (65) 8445 6928
Email: machopawz@gmail.com

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 upper changi road towards Bedok North Ave 4



Describe Circumstance of the Accident

On the stated date and time, I was waiting at the traffic light, and suddenly veh B (GBF2425P) bang into the rear portion of my vehicle. I went to the doctor after the accident and was given 5 days MC.

Attached Police report (T/20230424/7022).

Declaration

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

nacho pawz
 #168 Bedok South Ave 3
 #01-479 Singapore 460168
 Tel : (65) 6445 6928
 Email: nachopawz@gmail.com
 Policyholder's Signature & Date

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

James 24/4/2023
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230424/7022

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

2 of 3
Report No. T/20230424/7022

CONTINUATION OF REPORT

Driver			
Name	ONG FENG HAO	ID No.	S8623871C
Related Vehicle	GBL1220M (Van)	Contact No.	85011551
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

ON THE STATED DATE AND TIME, I WAS WAITING AT THE TRAFFIC LIGHT AND SUDDENLY VEH B (GBF2425P) BANG INTO THE REAR PORTION OF MY VEHICLE. I WENT TO THE DOCTOR AFTER THE ACCIDENT AND WAS GIVEN 5 DAYS MC.























**SINGAPORE
POLICE FORCE**



T/20230424/7022

1 of 3

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

Report No. T/20230424/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2023 11:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG FENG HAO			Address: 219 TAMPINES STREET 24 #07-40 SINGAPORE 520219		
ID Type / ID No.: NRIC NO / S8623871C			Contact No.: Home/Office: Mobile: 85011551		
Nationality: SINGAPORE CITIZEN			Email: ONGFENGHAOJK@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 15/08/1986	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/04/2023 14:15	Type of Location: Straight Road
Location: UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBF2425P	Lorry					0
GBL1220M	Van					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230424/7022

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

2 of 3
Report No. T/20230424/7022

CONTINUATION OF REPORT

Driver			
Name	ONG FENG HAO		ID No. S8623871C
Related Vehicle	GBL1220M (Van)		Contact No. 85011551
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

ON THE STATED DATE AND TIME, I WAS WAITING AT THE TRAFFIC LIGHT AND SUDDENLY VEH B (GBF2425P) BANG INTO THE REAR PORTION OF MY VEHICLE. I WENT TO THE DOCTOR AFTER THE ACCIDENT AND WAS GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20230424/7022

3 of 3

Report No. T/20230424/7022

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:
24/04/2023 11:42

Classification Of Case:



Changi
General Hospital
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD202369916

Name ONG FENG HAO		NRIC No. S8623871C	
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>21-Apr-2023</u> to <u>25-Apr-2023</u>			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave		<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____		<input type="checkbox"/> Maternity Leave, Delivered on : _____	
Discharged on : _____		<input type="checkbox"/> Sterilization Leave, Operated on : _____	
This certificate is not valid for absence from court attendance.			
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>			
Diagnosis		Surgical Operation (if applicable)	
Comments :			
Hospital/Clinic Emergency Medicine Changi General Hospital		Ward No. CGH Accident & Emergency Date 21-Apr-2023	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. MYO THIHA HTUN, 66254B



Changi
General Hospital
SingHealth

ONG FENG HAO

*528 BEDOK NORTH STREET 3
#05-528
SINGAPORE 460528



Accepts: PayNow

\$ 138.00
FINAL AMOUNT PAYABLE

TAX INVOICE

Page 1 of 2

BILL REF. NO.
6923341220J

BILL DATE
21 APR 2023

HRN
692023341220J

NRIC / FIN / MRN
S8623871C

LOCATION
A&E

VISIT DATE ► 21 APR 2023 04:36 PM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	337.30
GOVT SUBSIDY	\$	-199.30
TOTAL AMOUNT (BEFORE GST)	\$	138.00
8% GST	\$	11.04
GST absorbed by Govt	\$	-11.04
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	138.00
TOTAL AMOUNT PAYABLE	\$	138.00
Net Payment made	\$	0.00
FINAL AMOUNT PAYABLE	\$	138.00

CHARGES

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
INVESTIGATIONS	X-RAY INVESTIGATIONS	54.00	0.00
MEDICATIONS	DRUGS / PRESCRIPTIONS / INJECTIONS	7.30	0.00
TREATMENT SERVICES	A&E ATTENDANCE FEE	276.00	138.00
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	337.30	
	GOVT SUBSIDY	-199.30	
	TOTAL AMOUNT (BEFORE GST)		138.00
	8% GST		11.04
	GST absorbed by Govt (for subsidised patient only)		-11.04
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		138.00

PAYMENT SUMMARY

	TOTAL AMOUNT (AFTER GOVT SUBSIDY)	138.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
ONG FENG HAO	S8623871C	138.00
ONG FENG HAO	TOTAL AMOUNT PAYABLE	138.00

Payment Summary to be continued on page 2

Changi General Hospital Pte Ltd | www.cgh.com.sg
2 Simei Street 3 Singapore 529889 | Tel: +65 6788 8833
Company Registration No. 198904226R | GST Reg No. M90368910N

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For bill enquiries, please contact us at
Tel: +65 6407 8108
<https://for.sg/askshs>



Changi
General Hospital
SingHealth

GPFIRST
YOUR FAMILY DOCTOR, YOUR FIRST STOP
www.gpfirst.sg

A&E Discharge Summary

Date of Visit : 21-Apr-2023 16:36
Name of patient : ONG FENG HAO
NRIC : S8623871C Account Number : 6923341220J
Address : Blk 219 #07-40 TAMPINES STREET 24 Singapore 520219
Telephone : 67837030, 85011551
Date of Birth : 15-Aug-1986 Sex : Male Race : Chinese

Final Diagnosis : Strain of back muscle

Disposition

Disposition : Refer to SOC
Disposition Date/Time : 21-Apr-2023 18:47

Discharge Prescription

Allergy : No Known Allergies

Drug Name	Dosage	Instruction	PRN Instruction	Duration / Quantity
Ibuprofen Tablet	400 mg - TDS			1 weeks
Famotidine Tablet	20 mg - OM			1 weeks

Myo Thiha Htun
Doctor
dr66254b

Accident & Emergency

Attending Doctor's Name

Page: 1 of 1

CONFIDENTIAL

Doctor's Signature

21-Apr-2023 18:49