



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	01/05/2023 17:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/04/2023 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES STREET 62
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY829R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG ZONG YAN, MARK
NRIC No	S9213156D
Email Address	MOZYMARK@GMAIL.COM
Mobile Phone No	(Phone) +65-91830260
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133427250

DRIVER

Name of Driver	ONG ZONG YAN, MARK
NRIC No	S9213156D
Date Of Birth	11/04/1992
Occupation	Indoor



Date Of Driving Pass	17/04/2013
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-91830260
Alt. Phone Number	-
Email Address	MOZYMART@GMAIL.COM
Address	BLK 234 ANG MO KIO AVENUE 3
Address complement	#03-1130
Postcode	560234
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	JESSICA SNG WEN QI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER AS POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK1244A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AH BEE
Contact Number	(Phone) +65-87758218
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

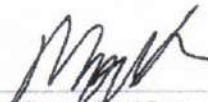
SKETCH PLAN**IMPORTANT NOTICE**

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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 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.

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.

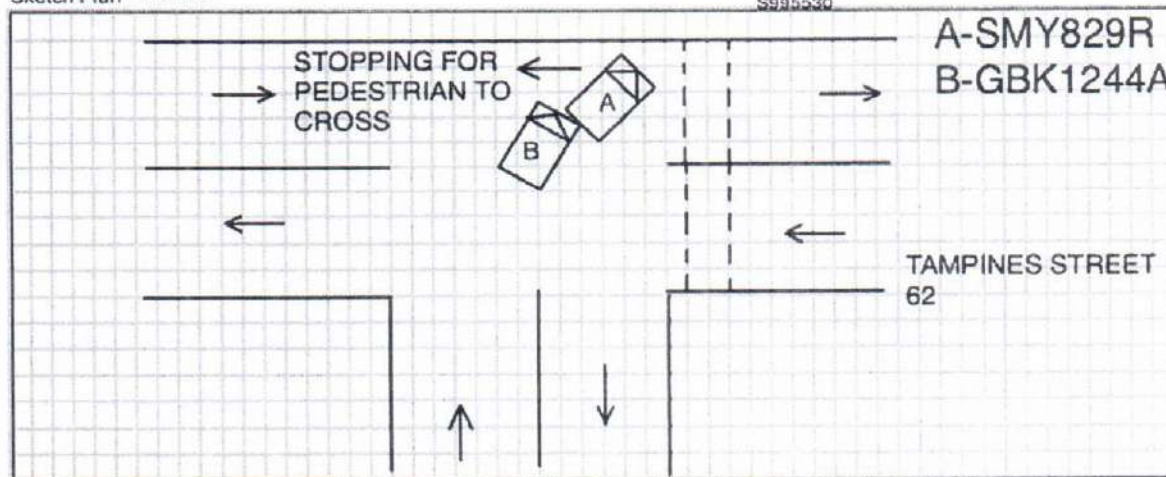
Policyholder's Signature:  Date & Time

01/05/2023

Sketch Plan 17:20hrs

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Muhammad Sumardi Bin Mohd Affandi
S995530



Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



Policyholder's Signature / Date & Time

01/05/2023
17:20HRS

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Muhammad Sumardi Bin Mohd Alfandi 2
S995530



**SINGAPORE
POLICE FORCE**



G/20230429/7057

1 of 3

POLICE REPORT (NP299)

Report No. G/20230429/7057

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 29/04/2023 16:30	Vide Report No.	Station Diary No.
Name Of Informant ONG ZONG YAN, MARK	Address 234 ANG MO KIO AVENUE 3 #03-1130 SINGAPORE 560234	
ID Type / ID No. NRIC NO / S9213156D	Contact No. Home/Office:	Mobile: 91830260
Nationality SINGAPORE CITIZEN	Email Address MOZY MARK@HOTMAIL.COM	
Occupation Semi-conductor engineer	Sex Male	Age 31
Institution/School Name	Date of Birth 11/04/1992	Race Chinese
Date/Time Of Incident 29/04/2023 11:40 - 29/04/2023 12:00	Language English	
	Location Of Incident 646B TAMPINES STREET 62 TAMPINES GREENFOLIAGE SINGAPORE 522646	

Brief details.

Traffic accident at traffic light junction Tampines St 62

At 11:40+ am, just turned out of the HDB BTO block, approached traffic light junction along Tampines St 62

Upon Traffic Light turning "green", accelerated car and maneuvered car to take a right turn.

As there was an Indian construction worker crossing the road with right of way (Green way indicator on

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: 29/04/2023 16:30
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230429/7057

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230429/7057

traffic light), I stopped the car to let him cross.

Mark's car (SMY829R) was stationary waiting for Indian worker to cross junction

Got knocked from behind by Ah Bee (GBK1244A) Rental Lorry.

after this incident, stopped car by side of road to get particulars.

pending resolution of case with Ah Bee & his boss (KK Ong). (video can be provided, both rear and front)

Note: sunny day no rain.

Subjects Involved			
Suspect			
Person Name	ah bee		
Gender	Male	Race	Chinese
Language	English	Mobile No	87758218
Victim			
Person Name	ONG ZONG YAN, MARK		
ID Type	NRIC NO	ID No	S9213156D
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Semi-conductor engineer	Address	234 ANG MO KIO AVENUE 3 #03-1130 SINGAPORE 560234
Mobile No	91830260	Is Informant A	Yes
		Victim?	
Person Name	ONG ZONG YAN, MARK (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

29/04/2023 16:30

Classification Of Case:

**SINGAPORE
POLICE FORCE**

G/20230429/7057

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POLICE REPORT (NP299)**CONTINUATION OF REPORT****Report No. G/20230429/7057**

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Signature Of Officer Recording The Report: Not applicable
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Signature Of Interpreter: Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time: 29/04/2023 16:30

Classification Of Case:
