

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	08/05/2023 14:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 12:30 (SGT)
Exact Location of Accident	Corporation Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC82G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG JUNJIE
NRIC No	SXXXX917Z
Email Address	ahbot.theman@hotmail.com
Mobile Phone No	(Phone) +65-98791717
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	530i
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	1998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01011299

DRIVER

Name of Driver	ONG JUNJIE
NRIC No	SXXXX917Z
Date Of Birth	17/08/1990
Occupation	Indoor

Date Of Driving Pass	11/06/2009
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98791717
Alt. Phone Number	-
Email Address	ahbot.theman@hotmail.com
Address	BLK 156 JALAN TECK WHYE #10-57
Address complement	-
Postcode	680156
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	ONG HOCK CHYE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230508/2020

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF7482Y
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POH BOON LEE
NRIC No	SXXXX319D
Contact Number	(Phone) +65-96791002
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP1870T
Vehicle Manufacturer	-
Vehicle Model	-
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 JUNJIE
Gender	Male
Phone No	(Phone) +65-98791717
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC82G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ONG HOCK CHYE
Gender	Male
Phone No	(Phone) +65-96341310
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC82G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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:

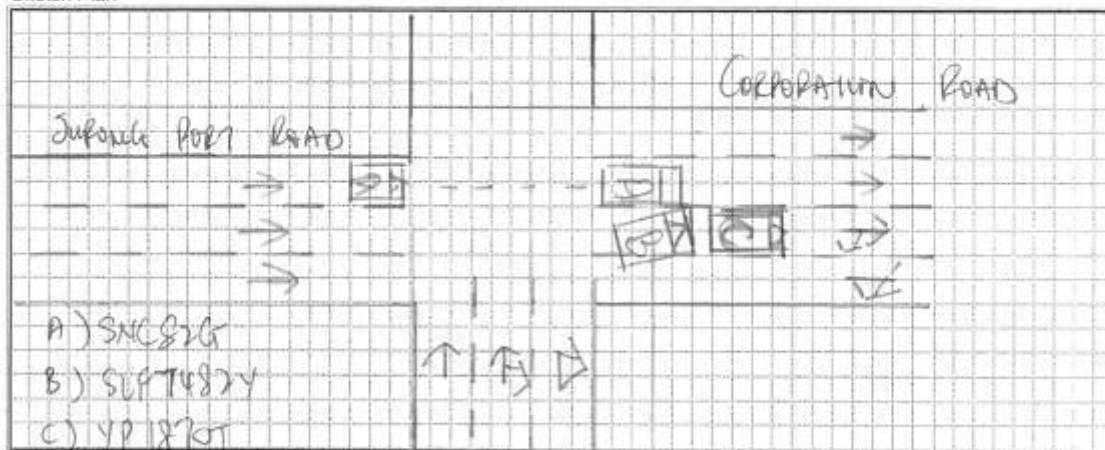
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report T/20230508/2020

Declaration

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

 <u>08.05.2023 11:36 PM</u>	 <u>08/05/2023</u>	 <u>08/05/2023</u>
Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20230508/2020

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Report No. T/20230508/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2023 10:57	Vide Report No.:	Station Diary No.: 78
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Informant's Particulars

Name of Informant: ONG JUNJIE	Address: APT BLK 156 JALAN TECK WHYE #10-57 SINGAPORE 680156		
ID Type / ID No.: NRIC NO / S9030917Z	Contact No.:	Mobile: 98791717	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 32	Date of Birth: 17/08/1990	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: OPERATION CONTROLLER	Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No.	Date/Time of Accident: 06/05/2023 12:30	Type of Location:
Location: CORPORATION ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF7482Y	Car					0
SNC82G	Car	BMW	530i MPST ADAPTIVE LED HL	Grey	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20230508/2020

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Report No. T/20230508/2020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC82G	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV01011299	29/07/2022	28/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Name	POH BOON LEE		ID No.	S1685319D
Related Vehicle	SLF7482Y (Car)		Contact No.	96791002
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ONG JUNJIE		ID No.	S9030917Z
Related Vehicle	SNC82G (Car)		Contact No.	98791717
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	06/05/2023		Date Discharge	06/05/2023
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	ONG HOCK CHYE		ID No.	S1280644B
Related Vehicle	SNC82G (Car)		Contact No.	96341310
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/05/2023		Date Discharge	06/05/2023
No. of Days granted Medical Leave	03		Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20230508/2020

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230508/2020

CONTINUATION OF REPORT**Brief Details.**

On 06/05/2023 at about 1230hrs, I was travelling along Corporation road towards Bulim driving my car SNC82G. I was in the middle lane and waiting for the traffic light to turn green. I noticed that the right lane of the next junction is jammed with vehicles but the lane I was in is clear. The light turned green and I accelerated. However, a car on the right lane SLF7482Y suddenly swerved out its lane and merged onto my lane. The said car hit onto the right rear side of my car and I stopped my vehicle. The driver of SLF7482Y also stopped and alighted from the vehicle. We exchange particulars and I called for Tow Truck as my car could not move anymore. I have one passenger in the car at that point of time. Both of us seek medical assistance and both received 3 days MC due to headache. I have in car camera footage of the incident. I wish to state that after the said car had hit onto my car, it also hit onto a lorry YP1870T. The lorry driver alighted to check his vehicle from damage and left without exchanging particulars.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20230508/2020

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Report No. T/20230508/2020

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
SGT 2 MUHAMMAD ADNAN BIN
MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
08/05/2023 10:57

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0923580007 Vehicle Registration No: SUC 824
 Name (as shown in NRIC): Chen Jun Tian NRIC/FIN/Passport No: 8888889172
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9879177
 Email Address: _____
 Date of Accident: 06/05/2022 Time of Accident: 12:30
 Place of Accident: Coronation Road
 Insurance Company: Sompo

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TP Vehicle number is SUC 74824

Policyholder / Actual Driver's Signature
Date:

06/05/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: