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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 09/05/2023 16:35 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 08/05/2023 17:15 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG UPPER BUKIT TIMAH ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLD2303A**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG SU FERN NRIC No S7938003B Email Address FERN ONG@YAHOO.COM Mobile Phone No (Phone) +65-81613644 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Aqua Variant Exact purpose for which vehicle was being used at time of accident 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 Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10532995R01

DRIVER

Name of Driver ONG SU FERN NRIC No S7938003B Date Of Birth 30/11/1979 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	03/02/2000 23 YEARS AND 3 MONTHS Female (Phone) +65-81613644 - FERN_ONG@YAHOO.COM 61 HUME AVENUE #08-01 HILLVIEW GREEN 598741 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender PASSENGER 2 Name Gender	- - -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER POLICE REPORT	
ATTACHMENT(S)	

Yes Yes

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SNJ3330J
-
-
-
-
Private car
-
-
-
_
_
_
_
_
_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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
- (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.

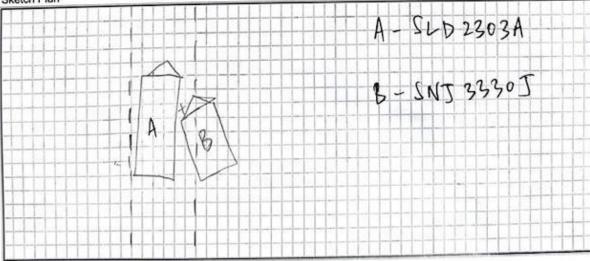
Policyholder's Signature / Date & Time

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

MOHAMED RAZALI BIN HASSAN

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

Sketch Plan



Describe Circumst	ance of the Acc	ident					
DOA: 8/5	23						
TIME: 11 1	12 HES						
LOCATION:	ALONG	upper	burlt	TIMBH	POAD		
FEFER	POVICE	perop	7				
eclaration	ogo Asreista		100 H. Cornell			01	

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 & Time

MOHAMED RAZALI BIN HASSAN

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

2



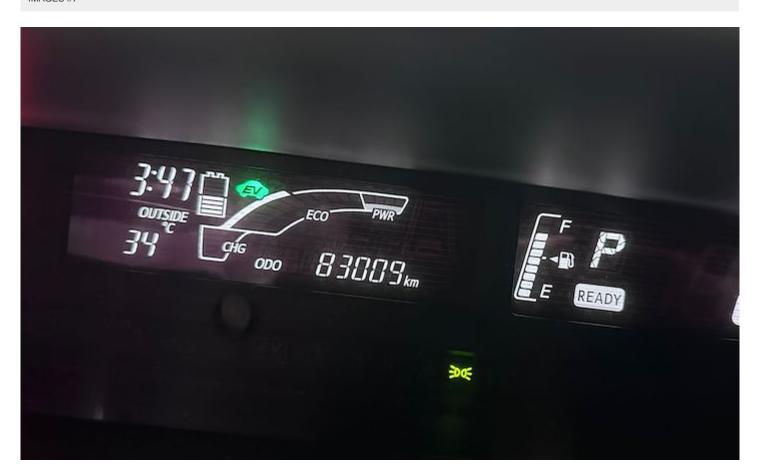












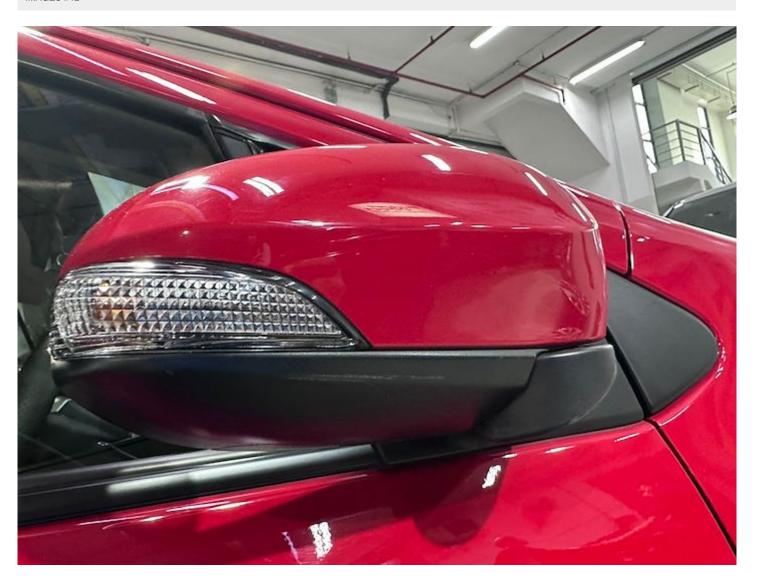


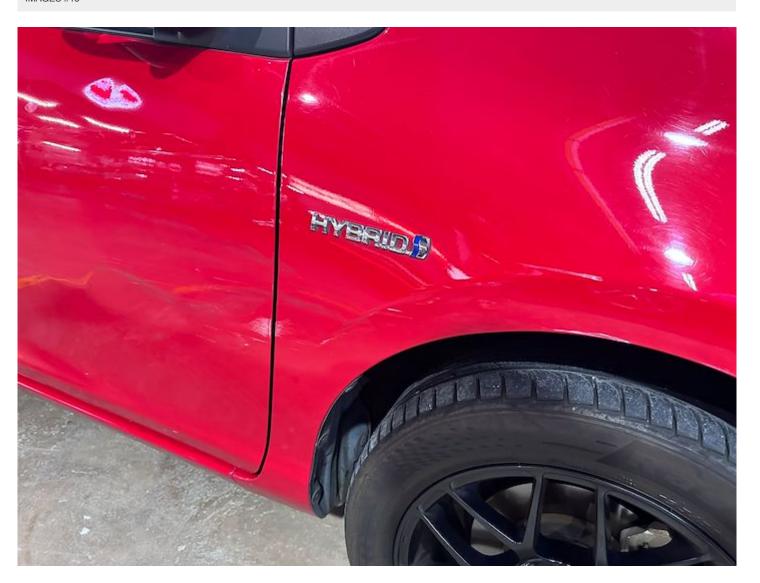






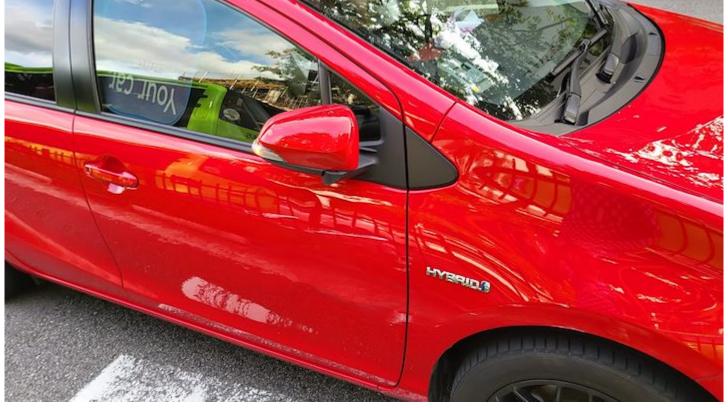




















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20230509/7048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2023 15:35		lade:	Vide Report No.:	Station Diary No.:			
Informant	's Partic	ulars					
Name of I		ý.	Address: 61 HUME AVENUE #08-01 SINGAPORE 598741				
ID Type / ID No.: NRIC NO / S7938003B			Contact No.: Home/Office: Mobile: 91060771				
Nationality SINGAPO		EN	Email: fern_ong@yahoo.com				
Sex: Female	Age: 43	Date of Birth: 30/11/1979	Type of Informant: Vehicle Owner				
Race: Chinese		10	Language: English				
Occupation: Housewife			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2023 17:10	Type of Location: Straight Road
Location: UPPER BUKI	T TIMAH ROAD	Road Surface:		
Clear				
130 70 300 0000		Traffic Control: Traffic Light - Work	ting	Traffic Volume: Moderate

Details of V	ehicle Invo	olved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLD2303A	Car	TOYOTA	Aqua	Red	Slightly Damaged	3
SNJ3330J	Car	KIA	Sorento	Grey	Slightly Damaged	2

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230509/7048

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLD2303A	AUTO & GENERAL INSURANCE (SINGAPORE) PTE, LIMITED	P10532995R01	08/06/2022	07/06/2023			

Details of Perso	n Involved					
Any Pedestrian In	volved: No		-			
No. of Pedestrian	s Injured: NIL		Use of P	edestrian C	ross	ing: NA
Passenger						
Name	ONG YEE LING			ID No.		NIL
Related Vehicle	SLD2303A (Car)			Contact	No.	92382902
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL	111111	Date	1	VIL.	
No. of Days gran	ted Medical Leave	NIL	Degree	of N	VIL	
Passenger						
Name	LIM EN RUI, KATH			ID No.		T1224499H
Related Vehicle	SLD2303A (Car)			Contact No.		91060771
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree	of NIL		
Vehicle Owner	CHILDREN CONTRACTOR CONTRACTOR			10000000	140	
Name	LEE QING HAO			ID No.		S9043256G
Related Vehicle	SNJ3330J (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence Expiry	,	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date		VIL.	
NI - 15	ted Medical Leave	NIL	Degree	of A	VIL	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20230509/7048

CONTINUATION OF REPORT

Vehicle Owner	A			1,54					
Name	ONG SU FERN			ID No.		S7938003B			
Related Vehicle	NIL			NIL			Contact	No.	91060771
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL			
Date	NIL Date			1	NIL))			
No. of Days gran	ted Medical Leave	NIL	Degree of	f I	NIL				

Brief Details.

On May 8, 2023 at about 5.12pm, I was driving my vehicle (SLD2303A) along 51 Upper Bukit Timah Road towards Hume Ave. My sister and daughter were in the car with me. My sister was sitting beside me and witnessed the accident completely. My daughter was sitting behind me.

I came out of the Bukit Timah Food Centre carpark and waited for the on coming cars to clear before driving into to the yellow box to wait. When the cars cleared, I drove into the first straight going lane. After that, I signalled right and move into the second straight going lane.

When I was in the second straight going lane, a vehicle (SNJ3330J) which is on the right turn only lane suddenly make a sharp turn left into my lane without signalling and without checking his blind spot. I immediately honked him but he still banged into me. I stopped and immediately put on my hazard light. The driver continued to move in front of me. He seemed to have the intention to hit and run. He did not stop at all and I kept honking at him and following behind him. After some time, he put out his hand to signal to the front. We crossed the traffic light and came to a right turn only lane. Still, he kept on driving without an intention to stop. When our vehicles had the chance to stop, he tried to drive off some more but I quickly got out of the car and ran to his car, tapping on it and asking him to stop as we have already drove off the accident site and should not be driving further. That was when he finally got out of his car. His left bumper hit my right mirror, top of my wheel and door. We took pictures of the car and he said to let the insurance settle. His insurer is Liberty. We also took pictures of each other's NRIC and driving license.

I told him I have a child in the car and he apologised before leaving.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20230509/7048

CONTINUATION OF REPORT

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: 09/05/2023 15:35
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

NP168