

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 17/05/2023 16:21 (SGT)
Reported by Actual Driver
Date of Accident 16/05/2023 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information LOYANG WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG7190C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FILTRATION SOLUTION PTE. LTD.
Company Reg No 200904288N
Email Address ACCOUNT@FILTRATIONSOLUTION.COM.SG
Mobile Phone No (Phone) +65-62654137
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 Manual
CC 0

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number S123V03695/VCV/R02

DRIVER

Name of Driver ONG KAH YING
NRIC No S1175487B
Date Of Birth 03/12/1956
Occupation Outdoor

Date Of Driving Pass	17/03/1976
Driving experience	47 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98278978
Alt. Phone Number	-
Email Address	ACCOUNT@FILTRATIONSOLUTION.COM.SG
Address	25 KOVAN ROAD #17-24
Address complement	-
Postcode	545024
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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?	Yes
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

REFER TO ATTACHED

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	VIDEO WITH IO RAHIM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP5716E
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 KAH YING
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG7190C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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.

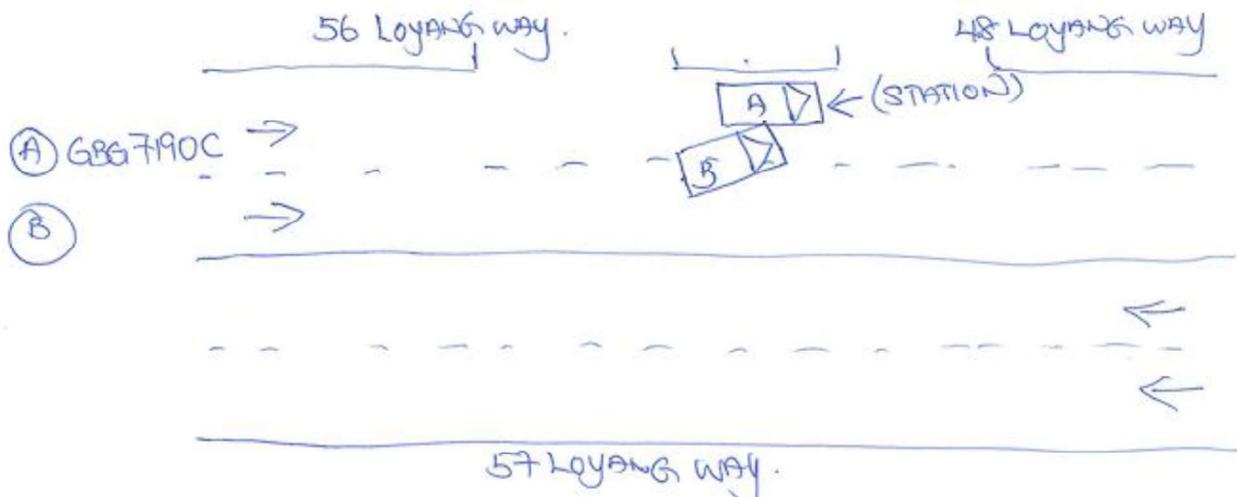
FILTRATION SOLUTION PTE LTD
 52 Kian Teck Road Singapore 628789
 Tel: 6264 1111 Fax: 62653431
 Email: sales@filtrationsolution.com.sg
 Website: www.filtrationsolution.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ATT POLICE REPORT : T/202 30517 / 2012.

Declaration

We declare the foregoing particulars are true in every respect.

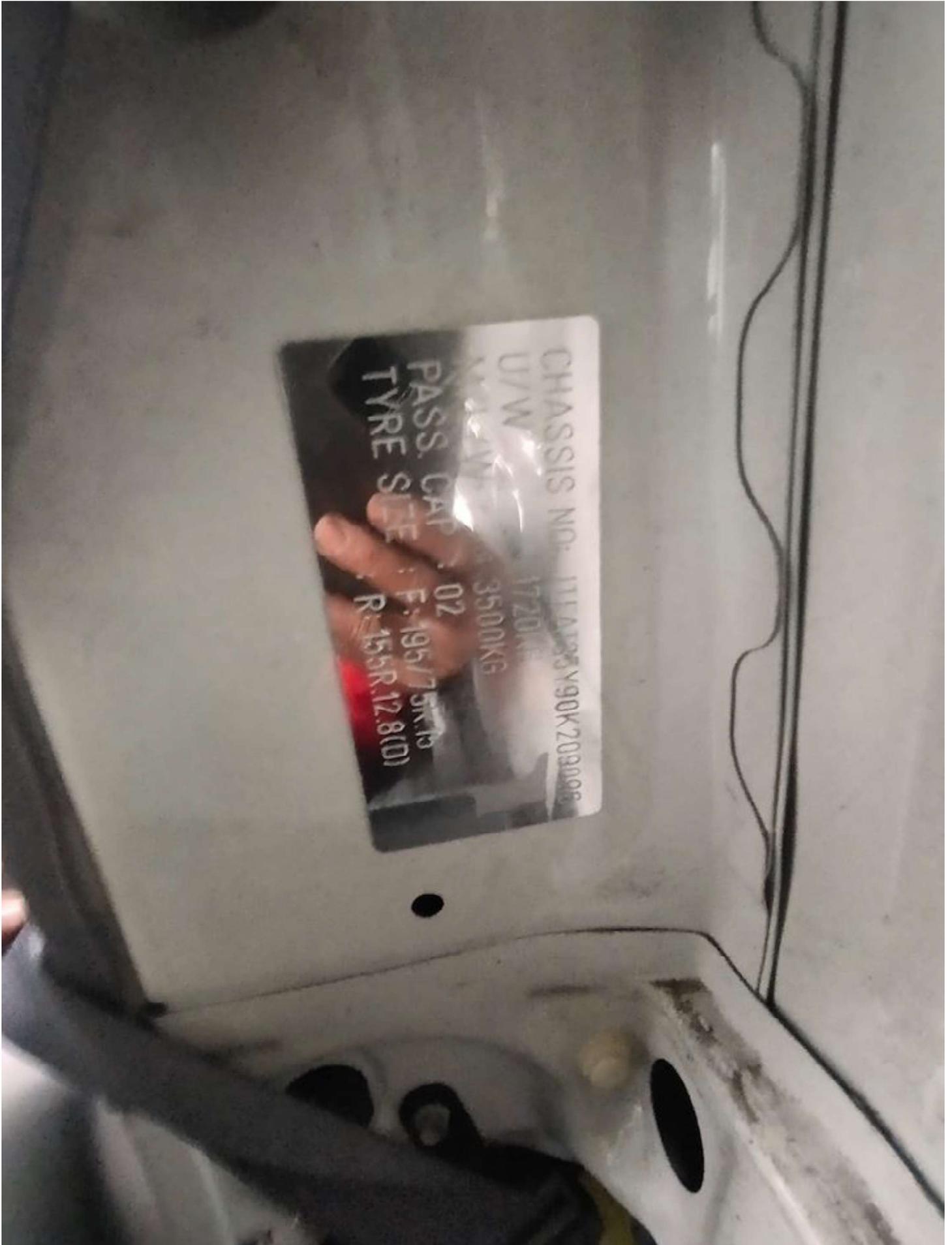
FILTRATION SOLUTION PTE LTD
52 Kian Teck Road Singapore 628789
Tel: 6264 1111 Fax: 62653431
Email: sales@filtrationsolution.com.sg
Website: www.filtrationsolution.com.sg



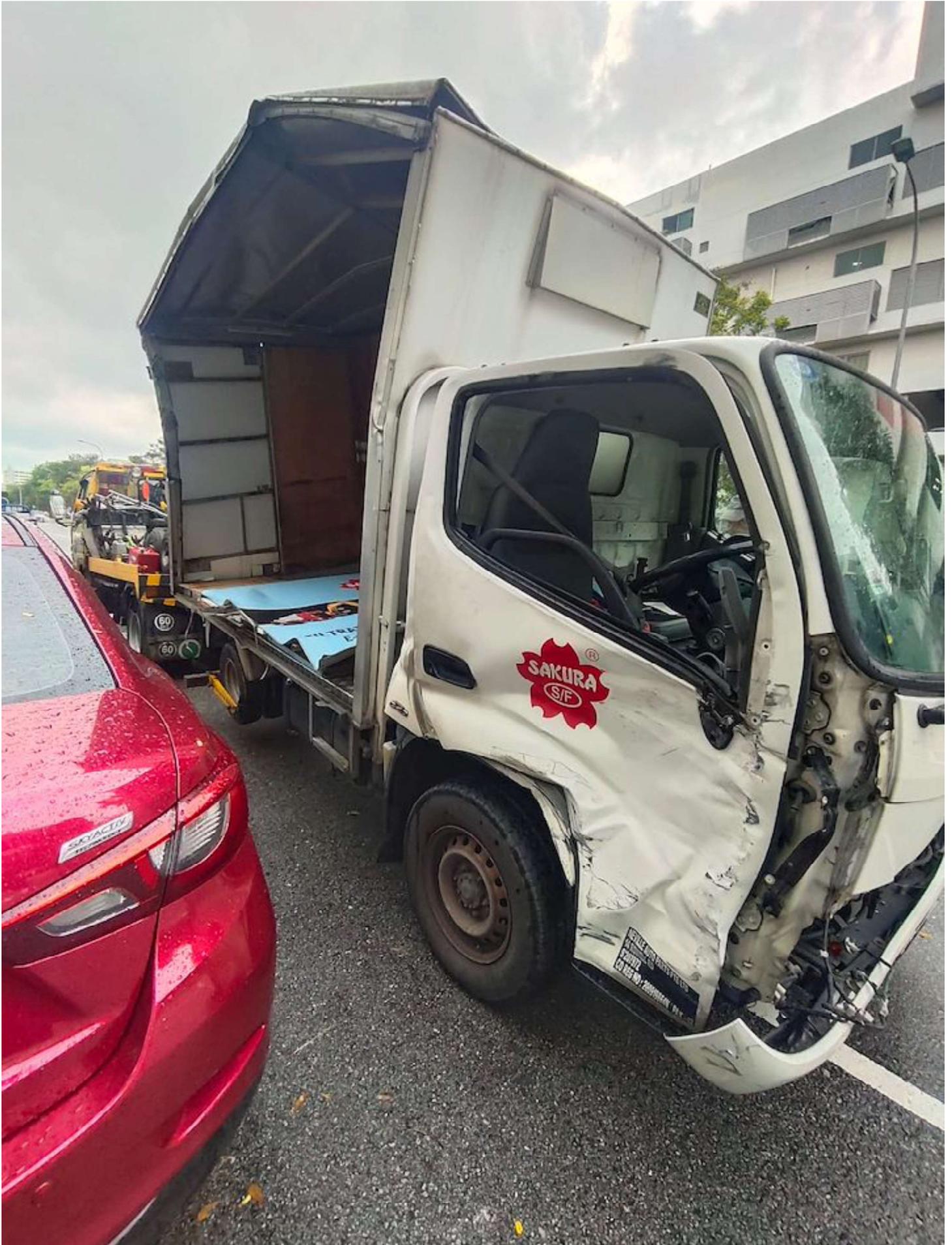
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20230517/2012

2 of 3

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

Report No. T/20230517/2012

CONTINUATION OF REPORT

Driver			
Name	ONG KAH YONG	ID No.	S1175487B
Related Vehicle	GBG7190C (Lorry)	Contact No.	98278978
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/05/2023	Date Discharge	16/05/2023
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

ON 16/05/2023 AT ABOUT 1500HRS, I ALONG LOYANG WAY TO DELIVER GOODS TO MY CUSTOMER. I WAS TRAVELLING ON THE RIGHT LANE OF TWO LANE AND I'M NOT TO SURE TOWARDS WHICH DIRECTION. I WANTED TO MAKE A LEFT TURN INTO UNIT 37 BUT THERE WAS A LOT OF VEHICLES AT UNIT 37. AS SUCH, I WAS MADE A U-TURN AT THE CONTINUOUS WHITE LINE TO THE OPPOSITE DIRECTION ON THE LEFT LANE OF TWO LANES, TO WAIT FOR MY CUSTOMER AT UNIT 37 TO CLEAR THE VEHICLES BEFORE I TURN IN, AFTER LESS THAN 5 MINUTES OF WAITING, I SUDDENLY FELT AN IMPACT ON MY RIGHT SIDE. AFTER WHICH, PASSER-BY HELPED ME OUT OF THE VEHICLE AS THE DOOR WAS STUCK AND I WAS SENT TO CGH BY AMBULANCE. I WAS DISCHARGED ON THE SAME DAY AND GIVEN 4 DAY MC. MY LORRY HAS IN-CAR CAMERA AND THE SD CARD IS GIVEN TO IO RAHIM. I DO NOT HAVE ANY PARTICULARS OF THE OTHER DRIVER OR VEHICLE NUMBER.



**SINGAPORE
POLICE FORCE**

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



T/20230517/2012

3 of 3

Report No. T/20230517/2012

CONTINUATION OF REPORT

Signature of Officer Recording The Report: TP / SC MATEEN OMA KOPPE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2023 09:54
Officer In Charge Of Case: TP / GIT / SR STAFF SGT NADYA BINTE MOIDEEN Contact No.: 65476331	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: SY03235H0002 Vehicle Registration No: GBG7190C
 Name (as shown in NRIC): ONG KAH YONG NRIC/FIN/Passport No: S1175487B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BK 25 KOVANG ROAD #17-24 KOVAN MELODY Singapore (S45024)
 Contact (Tel): 98278978 Mobile No.: _____
 Email Address: account@filtrationsolution.com.sg
 Date of Accident: 16/05/22 Time of Accident: 15.00HRS
 Place of Accident: LOYANG WAY
 Insurance Company: LIBERTY INSURANCE

(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:

ADD IN 3RD PARTY VEHICLE NUMBER YP5716E.

FILTRATION SOLUTION PTE LTD
 52 Kian Teck Road Singapore 628789
 Tel: 6264 1111 Fax: 62653431
 Email: sales@filtrationsolution.com.sg
 Website: www.filtrationsolution.com.sg

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: