

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 First Submission	28/07/2023 15:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/07/2023 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF CENTRAL BOULEVARD AND RAFFLES QUAY TOWARDS UPPER CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX5404E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG JING MIN
NRIC No	SXXXXX313I
Email Address	JINGMIN1991@GMAIL.COM
Mobile Phone No	(Phone) +65-90226970
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2487

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00007592300

DRIVER

Name of Driver	ONG JING MIN
NRIC No	SXXXXX313I
Date Of Birth	16/11/1991

Occupation	Outdoor
Date Of Driving Pass	24/04/2012
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90226970
Alt. Phone Number	-
Email Address	JINGMIN1991@GMAIL.COM
Address	APT BLK 251 HOUGANG AVENUE 3
Address complement	# 11-372
Postcode	530251
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)	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/20230728/7013

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	SKT8781R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGN9689Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 JING MIN
Gender	Male
Phone No	(Phone) +65-90226970
Address	APT BLK 251 HOUGANG AVENUE 3
Address Complement	# 11-372
Post Code	530251
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SMX5404E
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

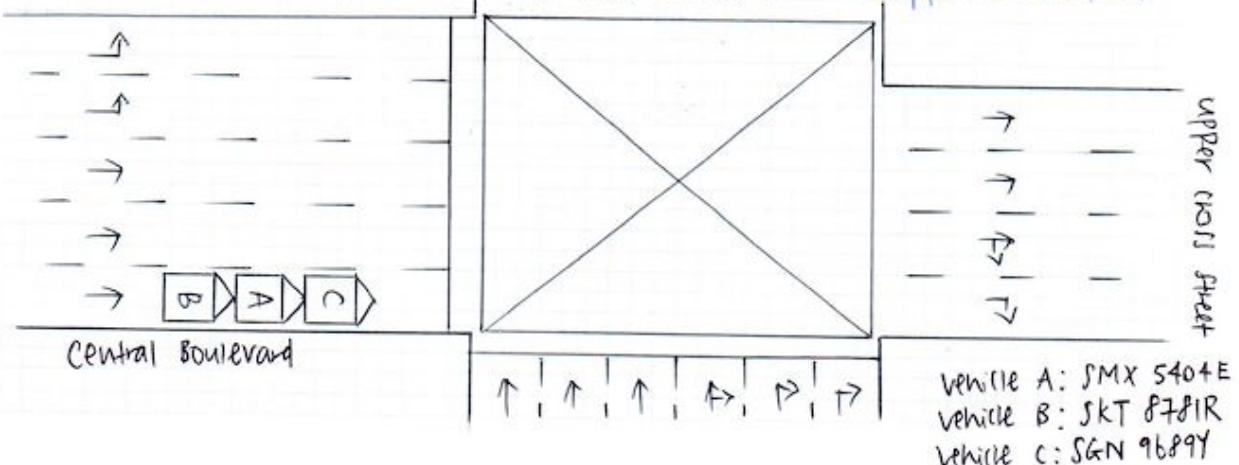
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

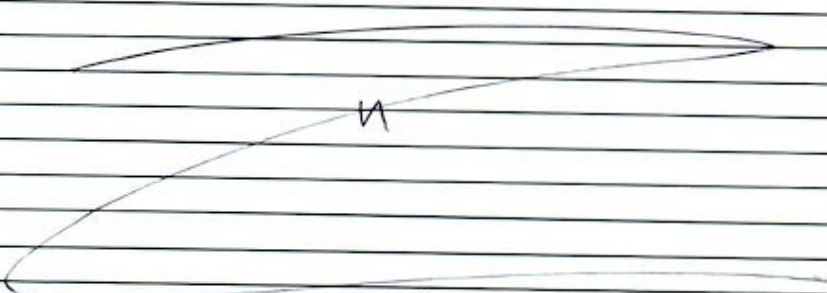
 20/7/2023
Witnessed by Reporting Centre Personnel

Sketch Plan Junction of Central Boulevard & Raffles Quay towards upper cross street



Describe Circumstances of the Accident

Refn to traffic police report
 NO: T/20230728/7013




Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

Declaration

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

 28/7/2023
 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230728/7013

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

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Report No. T/20230728/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX5404E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000075 92300	11/04/2023	10/04/2024

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG JING MIN	ID No.	S9144313I
Related Vehicle	SMX5404E (Car)	Contact No.	90226970
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/07/2023	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

ON 27/07/2023 AT ABOUT 1750HRS AT JUNCTION OF CENTRAL BOULEVARD AND RAFFLES QUAY TOWARDS UPPER CROSS STREET. I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO RED TRAFFIC LIGHT, HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND THE IMPACT FORCED MY VEHICLE (A) TO MOVE FORWARD AND HIT ONTO THE REAR PORTION OF VEHICLE (C). WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO THE FRONT AND REAR PORTION OF MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 7 DAYS OF MC FOR MY INJURY.

VEHICLE A: SMX5404E
VEHICLE B: SKT8781R
VEHICLE C: SGN9689Y





































**SINGAPORE
POLICE FORCE**



T/20230728/7013

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

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Report No. T/20230728/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2023 11:08	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG JING MIN			Address: 251 HOUGANG AVENUE 3 #11-372 SINGAPORE 530251		
ID Type / ID No.: NRIC NO / S91443131			Contact No.: Home/Office: Mobile: 90226970		
Nationality: SINGAPORE CITIZEN			Email: JINGMIN1991@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 16/11/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2023 17:50	Type of Location: X-Junction
Location: JUNCTION OF CENTRAL BOULEVARD AND RAFFLES QUAY TOWARDS UPPER CROSS ST				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		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	Conditio	No of
SGN9689Y	Car					0
SKT8781R	Car					0
SMX5404E	Car	TOYOTA	CAMRY HYBRID 2.5 ASCENT SPORT CVT	Blue		0



**SINGAPORE
POLICE FORCE**



T/20230728/7013

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

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Report No. T/20230728/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX5404E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000075 92300	11/04/2023	10/04/2024

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG JING MIN	ID No.	S9144313I
Related Vehicle	SMX5404E (Car)	Contact No.	90226970
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/07/2023	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

ON 27/07/2023 AT ABOUT 1750HRS AT JUNCTION OF CENTRAL BOULEVARD AND RAFFLES QUAY TOWARDS UPPER CROSS STREET. I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO RED TRAFFIC LIGHT, HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND THE IMPACT FORCED MY VEHICLE (A) TO MOVE FORWARD AND HIT ONTO THE REAR PORTION OF VEHICLE (C). WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO THE FRONT AND REAR PORTION OF MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 7 DAYS OF MC FOR MY INJURY.

VEHICLE A: SMX5404E
VEHICLE B: SKT8781R
VEHICLE C: SGN9689Y



**SINGAPORE
POLICE FORCE**



T/20230728/7013

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

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Report No. T/20230728/7013

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

Signature Of Informant:

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

Date/Time:
28/07/2023 11:08

Classification Of Case:

NP168

