

# 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 .....        | 19/08/2024 20:03 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 17/08/2024 13:45 (SGT)              |
| Exact Location of Accident .....      | Lower Delta Rd, Singapore           |
| Additional Location Information ..... | JUNCTION WITH TIONG BAHRU ROAD      |
| Country/State of Loss .....           | Singapore                           |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SNH7040E |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                          |
|--------------------------------|--------------------------|
| Is company? .....              | No                       |
| Name Of Registered Owner ..... | WONG KUEN WAI            |
| NRIC No .....                  | S1618963D                |
| Email Address .....            | albertwong_k_w@yahoo.com |
| Mobile Phone No .....          | (Phone) +65-82228997     |
| Alternative Phone No .....     | -                        |

### VEHICLE PARTICULARS

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer .....                                                                 | Nissan                    |
| Model .....                                                                        | KICKS                     |
| 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 .....                                                                           | 1198                      |
| Vehicle Fuel .....                                                                 | -                         |
| First Registration Date .....                                                      | -                         |
| Chassis no .....                                                                   | -                         |
| Effective Date/Time of Ownership .....                                             | -                         |

### INSURANCE COMPANY

|                                         |                                               |
|-----------------------------------------|-----------------------------------------------|
| Name of Insurance Company .....         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number ..... | DMHCSNW00026352300                            |

### DRIVER

|                                                                    |                                       |
|--------------------------------------------------------------------|---------------------------------------|
| Name of Driver .....                                               | WONG KUEN WAI                         |
| NRIC No .....                                                      | S1618963D                             |
| Date Of Birth .....                                                | 23/09/1963                            |
| Occupation .....                                                   | Outdoor                               |
| Driving Pass Date .....                                            | 30/10/1991                            |
| Driving License Pass Class .....                                   | 3                                     |
| Driving License Validity .....                                     | Valid                                 |
| Driving experience .....                                           | 32 YEARS AND 10 MONTHS                |
| Gender .....                                                       | Male                                  |
| Mobile Number .....                                                | (Phone) +65-82228997                  |
| Alt. Phone Number .....                                            | -                                     |
| Email Address .....                                                | albertwong_k_w@yahoo.com              |
| Address .....                                                      | BLK 449 JURONG WEST STREET 42 #03-212 |
| Address complement .....                                           | -                                     |
| Postcode .....                                                     | 640449                                |
| 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? .....                                                                | 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 POLICE REPORT T/20240819/7057

#### 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 ..... | WITH OWNER |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|                                               |                      |
|-----------------------------------------------|----------------------|
| Vehicle Registration Number .....             | SLJ6004E             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | TEONG KAI YAN        |
| NRIC No .....                                 | S9206909E            |
| Contact Number .....                          | (Phone) +65-97827937 |
| 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 .....                              | WONG KUEN WAI        |
| Gender .....                                              | Male                 |
| Phone No .....                                            | (Phone) +65-82228997 |
| Address .....                                             | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....                                           | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | SLIGHT INJURY        |
| Injured person in which vehicle? .....                    | SNH7040E             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

# SKETCH PLAN

## IMPORTANT NOTICE

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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

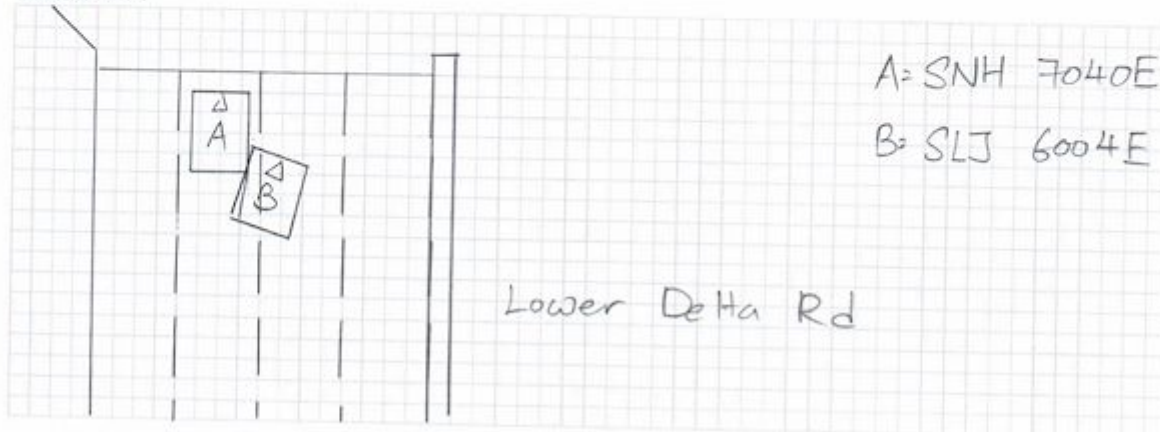


Driver's Signature (If driver is not the policyholder) / Date & Time

  
19/08/2024

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

Please Refer to the police report  
1/20240819/7057

## 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

  
19/08/2024  
Witnessed by Reporting Centre  
Personnel



















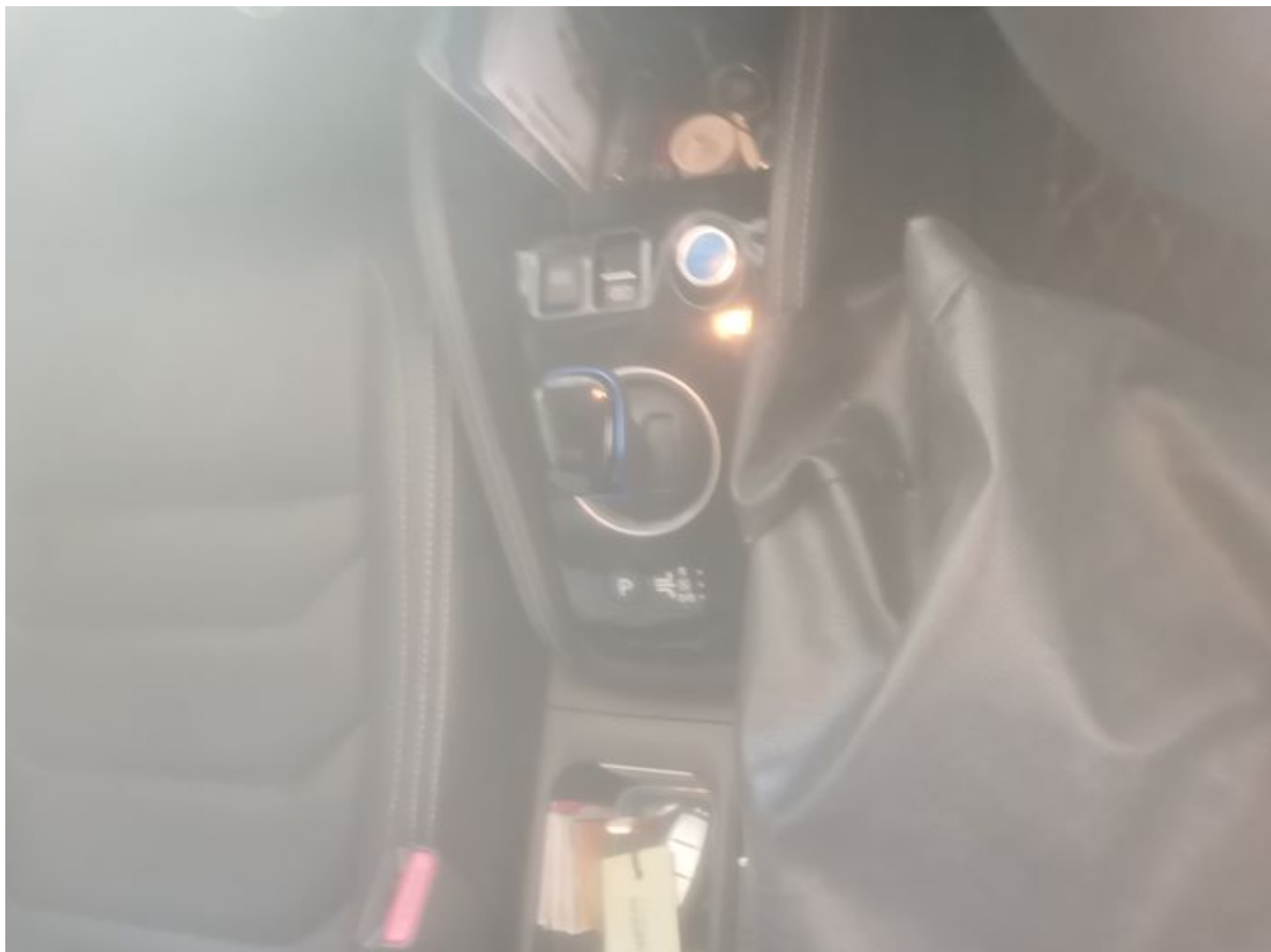
















**SINGAPORE  
POLICE FORCE**



T/20240819/7057

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

1 of 3

Report No. T/20240819/7057

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                  |                    |
|--------------------------------------------|------------------|--------------------|
| Date/Time Report Made:<br>19/08/2024 13:04 | Vide Report No.: | Station Diary No.: |
|--------------------------------------------|------------------|--------------------|

| Informant's Particulars                    |            |                              |                                                                |  |
|--------------------------------------------|------------|------------------------------|----------------------------------------------------------------|--|
| Name of Informant:<br>WONG KUEN WAI        |            |                              | Address:<br>449 JURONG WEST STREET 42 #03-212 SINGAPORE 640449 |  |
| ID Type / ID No.:<br>NRIC NO / S1618963D   |            |                              | Contact No.:<br>Home/Office: Mobile: 82228997                  |  |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>ALBERTWONG_K_W@YAHOO.COM                             |  |
| Sex:<br>Male                               | Age:<br>60 | Date of Birth:<br>23/09/1963 | Type of Informant:<br>Driver                                   |  |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                           |  |
| Occupation:<br>PRIVATE HIRE VEHICLE DRIVER |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:       |  |

| General Information of the Accident                          |                  |                                             |                                            |                                        |
|--------------------------------------------------------------|------------------|---------------------------------------------|--------------------------------------------|----------------------------------------|
| Type of Accident:                                            | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>17/08/2024 13:45 | Type of Location:<br>X-Junction        |
| Location:<br><br>LOWER DELTA ROAD                            |                  |                                             |                                            |                                        |
| Weather:<br>AFTER RAINING                                    |                  | Road Surface:<br>Wet                        |                                            |                                        |
| Traffic Flow:                                                |                  | Traffic Control:<br>Traffic Light - Working |                                            | Traffic Volume:                        |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                             |                                            | Anyone conveyed by<br>ambulance:<br>No |

| Details of Vehicle Involved |           |        |                             |        |           |                 |
|-----------------------------|-----------|--------|-----------------------------|--------|-----------|-----------------|
| Vehicle No.                 | Type      | Make   | Model                       | Color  | Condition | No of Passenger |
| SLJ6004E                    | Motor car |        |                             |        |           | 0               |
| SNH7040E                    | Motor car | NISSAN | KICKS<br>PREMIUM<br>1.2L E- | Orange |           | 1               |

| Details of Vehicle Insurance |                                                  |                        |                |             |
|------------------------------|--------------------------------------------------|------------------------|----------------|-------------|
| Vehicle No.                  | Insurance Company                                | Insurance No           | Effective Date | Expiry Date |
| SNH7040E                     | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMHCSNW00026352<br>300 | 21/11/2023     | 21/11/2024  |



**SINGAPORE  
POLICE FORCE**

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



T/20240819/7057

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Report No. T/20240819/7057

CONTINUATION OF REPORT

|                                        |                         |                                        |                                   |
|----------------------------------------|-------------------------|----------------------------------------|-----------------------------------|
| <b>Details of Person Involved</b>      |                         |                                        |                                   |
| Any Pedestrian Involved: No            |                         |                                        |                                   |
| No. of Pedestrians Injured: NIL        |                         | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                          |                         |                                        |                                   |
| Name                                   | TEONG KAI YAN           | ID No.                                 | S9206909E                         |
| Related Vehicle                        | SLJ6004E (Motor car)    | Contact No.                            | 97827937                          |
| Hospital/Clinic                        | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave (MC) | NIL                     | Degree of Injury                       | NIL                               |
| <b>Driver</b>                          |                         |                                        |                                   |
| Name                                   | WONG KUEN WAI           | ID No.                                 | S1618963D                         |
| Related Vehicle                        | SNH7040E (Motor car)    | Contact No.                            | 82228997                          |
| Hospital/Clinic                        | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                         | 17/08/2024              | Date Discharge                         | 17/08/2024                        |
| No. of Days granted Medical Leave (MC) | 05                      | Degree of Injury                       | Slight                            |

**Brief Details.**

ON 17.08.2024 AT ABOUT 1345HRS. I WAS TRAVELLING ALONG LOWER DELTA ROAD. I WAS STATIONARY DUE TO RED LIGHT AT THE JUNCTION OF LOWER DELTA ROAD AND TIONG BAHRU ROAD. SUDDENLY I FELT AN IMPACT. THE VEHICLE SLJ 6004E COLLIDED ONTO REAR PORTION OF MY VEHICLE SNH 7040E.

I HAVE VIDEO IN MY IN-CAR CAMERA.

I FELT DISCOMFORT AFTER THE ACCIDENT. I WENT TO MOUNT ALVERNIA HOSPITAL FOR CONSULTATION. I WAS GIVEN 5 DAYS MC.





**SINGAPORE  
POLICE FORCE**

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



T/20240819/7057

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Report No. T/20240819/7057

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

NP168

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

Date/Time:  
19/08/2024 13:04

Classification Of Case: