

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	28/10/2024 15:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/10/2024 20:52 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS BAYSHORE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2046H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG DE HUI, MARK
NRIC No	SXXXX238H
Email Address	MARKWONG905@GMAIL.COM
Mobile Phone No	(Phone) +65-96182158
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1197
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5143329672

DRIVER

Name of Driver	WONG DE HUI, MARK
NRIC No	SXXXX238H
Date Of Birth	11/03/1994
Occupation	Indoor
Driving Pass Date	16/08/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96182158
Alt. Phone Number	-
Email Address	MARKWONG905@GMAIL.COM
Address	BLK 62 BAYSHORE RD
Address complement	#07-04
Postcode	469983
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)	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	JOANNA CHAN
Gender	Female

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 ATTACH

ATTACHMENT(S)

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

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1772H
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	WONG DE HUI, MARK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	SLA2046H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JOANNA CHAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	SLA2046H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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

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

Sketch Plan

	↑	↑	↑	↑	Vehicle A SLA 2046 H
					Vehicle B SHD 1772 H
					Location: ECP before PAYSON ROAD EXIT


Describe Circumstance of the Accident

Refer to police report

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



Witnessed by Reporting Centre Personnel
(Name as in NR/CAD card)



**SINGAPORE
POLICE FORCE**



T/20241028/7040

1 of 3

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

Report No. T/20241028/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2024 12:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG DE HUI, MARK			Address: 62 BAYSHORE ROAD #07-04 SINGAPORE 469983		
ID Type / ID No.: NRIC NO / S9409238H			Contact No.: Home/Office: Mobile: 96182158		
Nationality: SINGAPORE CITIZEN			Email: MARKWONG90S@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 11/03/1994	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: logistics			Driving Licence Information: Class: 3 Date of Expiry		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2024 20:50	Type of Location: Merging to expressway
Location: BAYSHORE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1772H	Motor car				Seriously Damaged	0
SLA2046H	Motor car	VOLKSWAGON	GOLF 1.2 TSI AT 5G12BZ	White	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLA2046H	NTUC Income Insurance Co-Operative Limited	5143329672	13/02/2024	23/02/2025



**SINGAPORE
POLICE FORCE**



T/20241028/7040

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

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Report No T/20241028/7040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	JOANNA CHAN	ID No.	S9119556I
Related Vehicle	SLA2046H (Motor car)	Contact No.	91250260
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/10/2024	Date Discharge	28/10/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Serious
Driver			
Name	WONG DE HUI, MARK	ID No.	S9409238H
Related Vehicle	SLA2046H (Motor car)	Contact No.	96182158
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/10/2024	Date Discharge	28/10/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Serious

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE PLATE NUMBER SLA 2046 H WAS STATIONARY ALONG ECP TOWARDS CHANGI AIRPORT ON THE EXTREME LEFT LANE WHILE WAITING TO THE MERGE TO MAIN ROAD, SUDDENLY I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE.

I CAME DOWN AND CHECK VEHICLE PLATE NUMBER SHD 1772 H COULD NOT STOP IN TIME AND REAR ENDED OUR VEHICLE.

ON 28/10/2024 WE WENT TO CONSULT DOCTOR AT CAREDOC MEDICAL CLINIC CAUSE I FELT PAIN ON MY NECK, BACK, RIGHT SHOULDER AND GIVEN 4 DAYS MC.

MY WIFE (JOANNA CHAN) SUFFER NECK, BACK, CHEST PAIN AND GIVEN 4 DAYS MC.

**SINGAPORE
POLICE FORCE**

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



T/20241028/7040

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Report No. T/20241028/7040

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
PHNG KAR SOON
Contact No.: 65476439

NP168

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

Date/Time:
28/10/2024 12:25

Classification Of Case: