



## 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 .....	03/12/2024 15:38 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	02/12/2024 10:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	T2 VIP DRIVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLK2558U
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ENG HUAT 1200 AUTO LEASING PTE LTD
Company Reg No .....	202202165N
Email Address .....	WILIFER_WONG@YAHOO.COM
Mobile Phone No .....	(Phone) +65-91916458
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 hire
Transmission .....	Auto
CC .....	1500
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 .....	5142862230

#### DRIVER



Name of Driver .....	WONG WAI CHUNG
NRIC No .....	S7039866D
Date Of Birth .....	08/11/1970
Occupation .....	Outdoor
Driving Pass Date .....	24/09/2008
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	16 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91916453
Alt. Phone Number .....	-
Email Address .....	WILIFER_WONG@YAHOO.COM
Address .....	BLK 555 WOODLANDS DRIVE 53 03-27 SINGAPORE 730555
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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

REFER TO ATTACHED POLICE REPORT

#### 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 .....	FILE TOO LARGE

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA8200L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 WAI CHUNG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLK2558U
Were seat belts worn? .....	-
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 insurers 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 making 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 the Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.



*Signature*  
03/12/2024

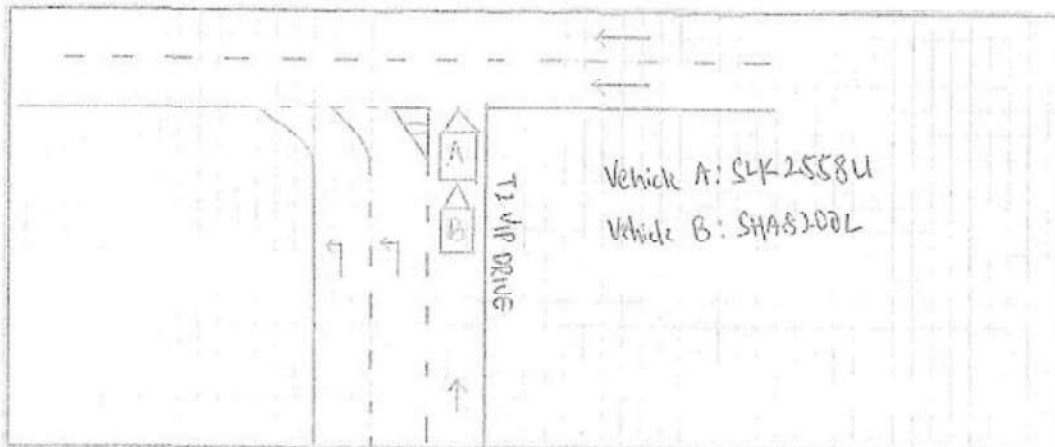


Policyholder's Signature & Date & Time

Driver's Signature & Date & Time

Witnessed by Reps Sing Centre Personnel  
(Name as in Full ID Card)

**Sketch Plan**



Describe Circumstance of the Accident

Please refer to police report

Was there any video captured by Car Camera? ☒ Yes / ☐ No

Has the driver been approached by unknown persons? ☐ Yes / ☒ No

Number of Passengers (Including Driver)?


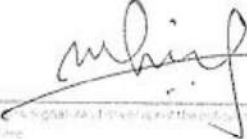

Name \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Declaration

I/We declare the foregoing particulars are true in every respect

  03/12/2024 

Members' Signature Date & Time \_\_\_\_\_

Witness's Signature Date & Time \_\_\_\_\_

Witness's Signature Date & Time \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20241203/7033

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

1 of 3  
Report No. T/20241203/7033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2024 14:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WONG WAI CHUNG			Address: 555 WOODLANDS DRIVE 53 #03-27 SINGAPORE 730555		
ID Type / ID No.: NRIC NO / S7039866D			Contact No.: Home/Office: Mobile: 91916453		
Nationality: SINGAPORE CITIZEN			Email: WILIFER_WONG@YAHOO.COM		
Sex: Male	Age: 54	Date of Birth: 08/11/1970	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2024 10:30	Type of Location: Straight Road
Location:  T2 VIP DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8200L	Taxi					0
SLK2558U	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20241203/7033

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

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Report No. T/20241203/7033

CONTINUATION OF REPORT

Driver			
Name	WONG WAI CHUNG	ID No.	S7039866D
Related Vehicle	SLK2558U (Motor car)	Contact No.	91916453
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

**Brief Details.**

On the 2nd of December 2024 @ 1030 Hrs. I was driving towards Changi Airport T2 arrival on my to pick up a passenger. On the way there I was driving along T2 Vip Drive with my vehicle (Vehicle A, SLK2558U) at a full stop and stationary at a traffic light junction awaiting to turn right on to T2 Airport Boulevard. It was at this moment I felt an impact to the rear of my vehicle. The impact was so heavy that my stationary vehicle with my foot fully on the brake jerked and inched forward at least a foot length. This impact caused me to sustain a whiplash at the back of my body mainly my neck and upper back. I felt strain from my shoulders as well. It took me a moment upon impact to level my state of mind and recognise the collision. After I regained my senses and got a hold of the situation, I then alighted my vehicle to assess the damages and enquire the situation. The driver of the vehicle that collided into me (Vehicle B, SHA8200L) also alighted his vehicle and we exchanged particulars and both of us took on scene pictures before proceeding off scene.



SINGAPORE  
POLICE FORCE

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



T/20241203/7033

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Report No. T/20241203/7033

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: 03/12/2024 14:16
Officer In Charge Of Case: TP / AEIT / LOW MENG FATT Contact No.: 97577566	Classification Of Case:

NP168