



## 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 .....	24/06/2024 12:46 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/06/2024 20:30 (SGT)
Exact Location of Accident .....	Sengkang E Rd, Singapore
Additional Location Information .....	DIRECTLY OPP SENGKANG HOSPITAL
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLN1560C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	BERNARD WONG WENG KEONG
NRIC No .....	S7341327C
Email Address .....	BERNARDWK3@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97349847
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Mobilio
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 .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10528403R03

#### DRIVER

Name of Driver .....	BERNARD WONG WENG KEONG
NRIC No .....	S7341327C
Date Of Birth .....	15/11/1973
Occupation .....	Indoor



Driving Pass Date .....	14/10/2003
Driving experience .....	20 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97349847
Alt. Phone Number .....	-
Email Address .....	BERNARDWK3@GMAIL.COM
Address .....	BLK 187A RIVERVALE DRIVE #10-852
Address complement .....	-
Postcode .....	541187
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 .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20240622/2045

#### 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 .....	GBD9237E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ROBEL MD
Contact Number .....	(Phone) +65-93546536
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	BERNARD WONG WENG KEONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLN1560C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

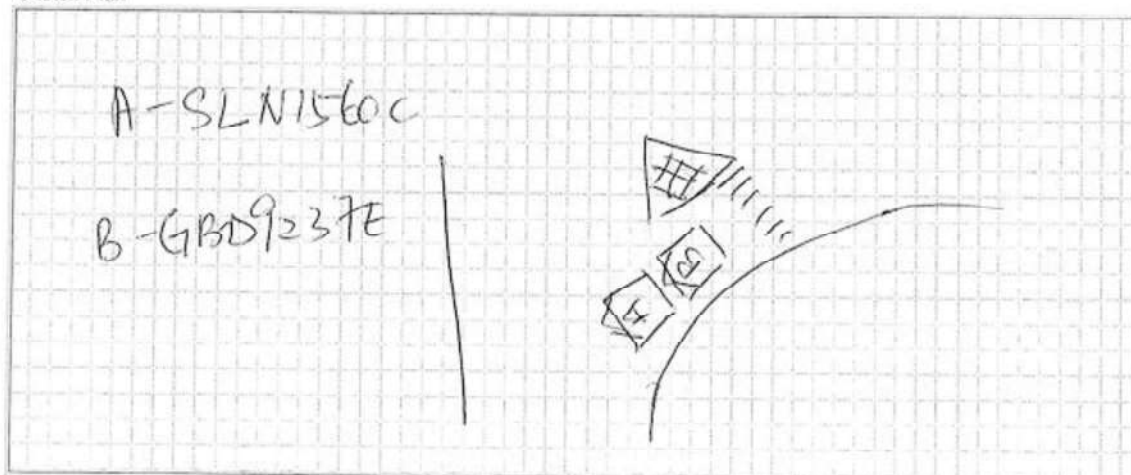
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 22/6/2024  
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





Describe Circumstance of the Accident

Refer Police Report.

Declaration

I/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 NRIC/ID card)











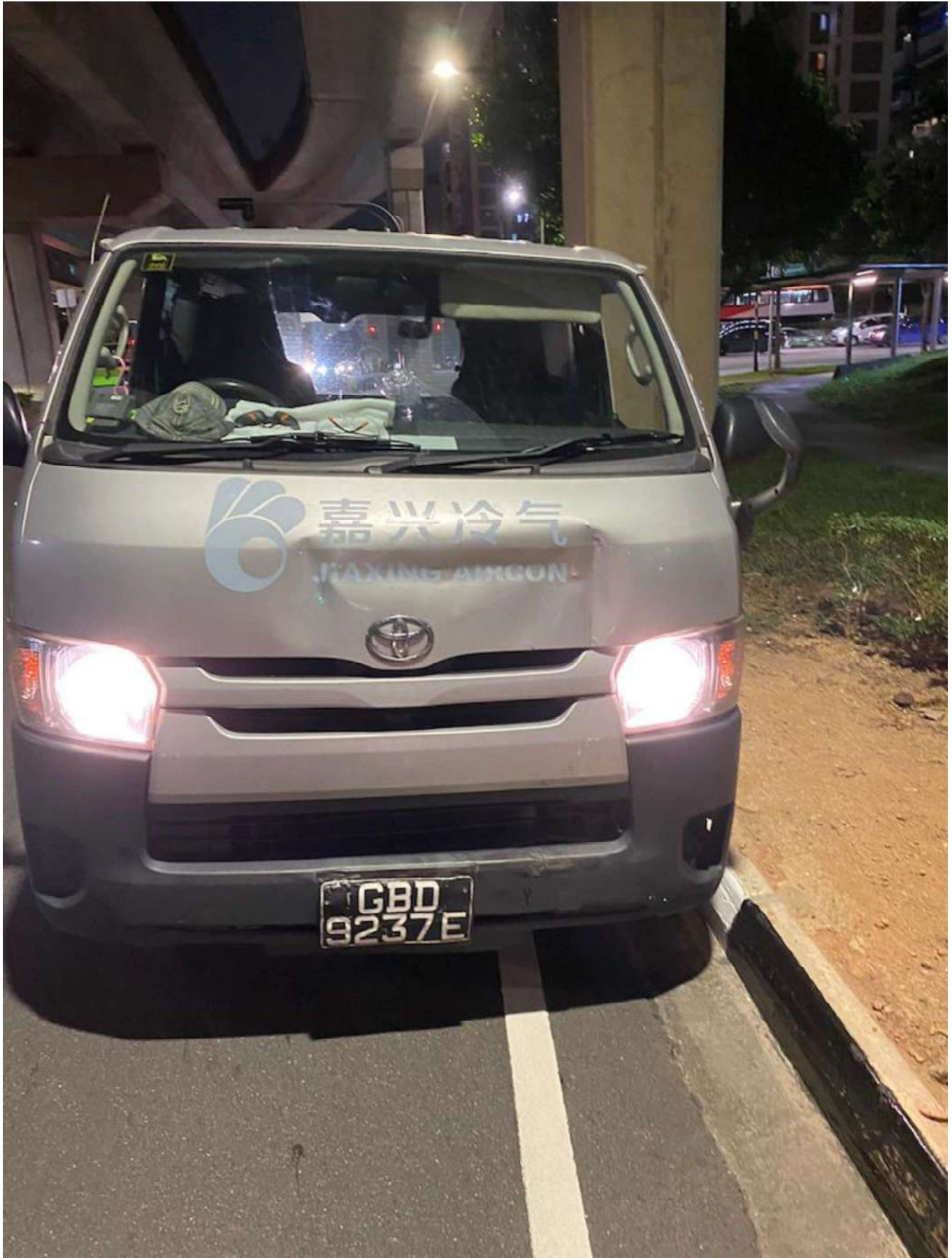








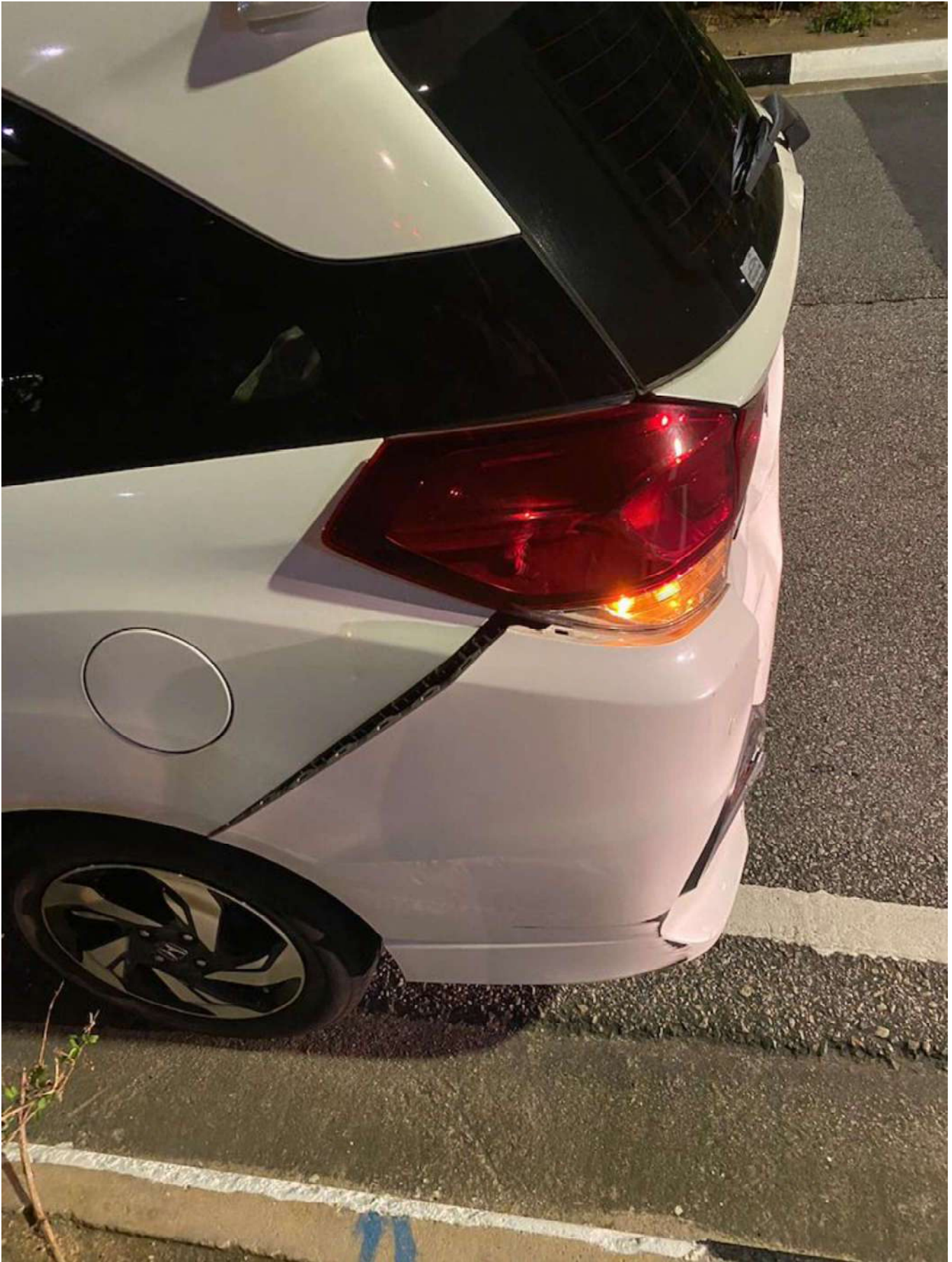
























SINGAPORE  
POLICE FORCE

Accident Report Form  
Accident Report Form  
Accident Report Form  
Accident Report Form  
Accident Report Form

### REPORT OF A TRAFFIC ACCIDENT

Date and Time of Accident  
20/05/2020 14:53

Police Station  
47-504/07/20

Police Officer  
47

### Informant's Particulars

Name of Informant  
REINARD WONG WING KEONG

Address  
APT BLK 167A RIZOVALE DRIVE #10-052 SINGAPORE  
541107

ID Type / ID No.  
NRIC NO: S7413270

Contact No.  
Mobile: 97346847

Home Office  
Email

Nationality

Sex	Age	Date of Birth	Type of Informant
Male	50	15/11/1973	Driver
Race	Language	Driving Licence Information	Date of Expiry
Chinese		Class 3	
Occupation			
ENGINEER			

### General Information of this Accident

Type of Accident	Party Involved	Date of Accident	Type of Road
	NA	20/05/2020 14:53	Urban

Location

COMPASSVALE STREET

Weather	Road Surface	Traffic Volume
Clear	Wet	Moderate
Traffic Flow	Traffic Control	Anyone involved by accident?
One Way	Not Controlling	No
Type of Collision		
Between Moving Vehicles - Head To Rear		

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBD6247E	Motor car	TOYOTA		Silver	Slightly Damaged	1
SLN1588C	Motor car	HONDA		White	Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No  
Name of Pedestrian Involved: NA

Date of Pedestrian Crossing: NA



Police Station Of Origin:  
Sengkang N.P.C.  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8889



1/0245026/0015

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Report No: 3/20/0032/2045

#### CONTINUATION OF REPORT

Driver			
Name	Rebel MD	ID No.	G7871168Q
Related Vehicle	G8D9237E (Motor van)	Contact No.	93546936
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	BERNARD WONG WENG KEONG	ID No.	S7341327C
Related Vehicle	SLN1560C (Motor car)	Contact No.	97349847
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	21/06/2024	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

#### Brief Details.

On the above mentioned date and time, I was driving along Sengkang East Road exiting from the highway and turning at the bend. There were vehicles oncoming as such I slowed down before making a turn however I believe the vehicle behind me was looking at the oncoming vehicles while slowly making the turn and did not realise I was still in front of his vehicle, as such the front of his vehicle hit the rear of my vehicle. No one was seriously injured and no police was required however I felt swelling on my forehead as such I went to a clinic on the same day of the accident and received 4 days MC.

I am lodging this report for record purposes.





SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



T/20240622/2045

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Report No. T/20240622/2045

CONTINUATION OF REPORT

Signature of Officer Recording The  
F /  
SGT 2 ANITHASHREE D/O  
SATHIAMOORTHY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT LEE GUANG HUI  
Contact No.: 65476414

Signature Of Informant:

Date/Time:  
22/06/2024 14:53

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: \_\_\_\_\_ Vehicle Registration No: SLN1560C  
 Name (as shown in NRIC): Bernard Wong Weng Keong NRIC/FIN/Passport No: S7341327C  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 187A Rivervale Drive #10-852 Singapore (541187)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97349847  
 Email Address: bernardwk3@gmail.com  
 Date of Accident: 21 June 2024 Time of Accident: 8.30pm  
 Place of Accident: along Sengkang East Road exiting from TPE and turning at the bend  
 Insurance Company: Budget Direct 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:

I would like to claim against third party insurance policy and use another workshop of my choice.

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Bernard Wong Weng Keong

Policyholder / Driver's Signature

Date: 27 June 2024

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Submit to: accidentreporting.com

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**  
 150 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 [budgetdirect.com.sg](http://budgetdirect.com.sg)

It pays to choose

**Budget  
Direct  
insurance**

## Certificate of Insurance

Comprehensive Car Policy  
 Policy Number: P10528403R03

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

### Certificate Number P10528403R03 (Comprehensive / Named Driver Plan)

- |  |   |                         |
|--|---|-------------------------|
| 1) Vehicle Registration Number   | : | SLN1560C                |
| Chassis Number   | : | MRHDD4870GP000401       |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : | 24/04/2024 (00:00)      |
| 3) Date / Time of Expiry of Insurance  | : | 23/04/2025 (23:59)      |
| 4) Excess (i) Policy   | : | S\$ 600.00              |
| (ii) Windscreen  | : | S\$ 100.00              |
| 5) Policyholder  | : | Bernard Wong Weng Keong |

#### 6) Persons or Classes of Persons Entitled to Drive\*

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth : Bernard Wong Weng Keong(15/11/1973)

Named Driver(s) / Date of Birth : No driver is named.

#### 7) Limitation as to use\*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

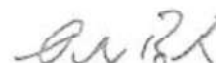
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

- |                    |   |   |
|--------------------|---|---|
| 8) Finance Company | : | Oversea-Chinese Banking Corporation Limited |
|--------------------|---|---|

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on  
 27/02/2024

Auto & General Insurance (Singapore) Pte. Limited  
 Trading as Budget Direct Insurance



Simon Birch  
 Chief Executive Officer