

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	12/12/2024 10:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/12/2024 07:10 (SGT)
Exact Location of Accident	Near 58 Lengkok Bahru, Singapore 150058
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ5870S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WAN WEI HAN ANDY
NRIC No	SXXXX064A
Email Address	WANANDY86@GMAIL.COM
Mobile Phone No	(Phone) +65-91172537
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	ATTO 3
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	0
Vehicle Fuel	Electric
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	M0059115

DRIVER

Name of Driver	WAN WEI HAN ANDY
NRIC No	SXXXX064A
Date Of Birth	24/09/1986
Occupation	Indoor
Driving Pass Date	15/05/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91172537
Alt. Phone Number	-
Email Address	WANANDY86@GMAIL.COM
Address	49 HOY FATT RD #07-111
Address complement	-
Postcode	150049
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX1144T
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
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)	-

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

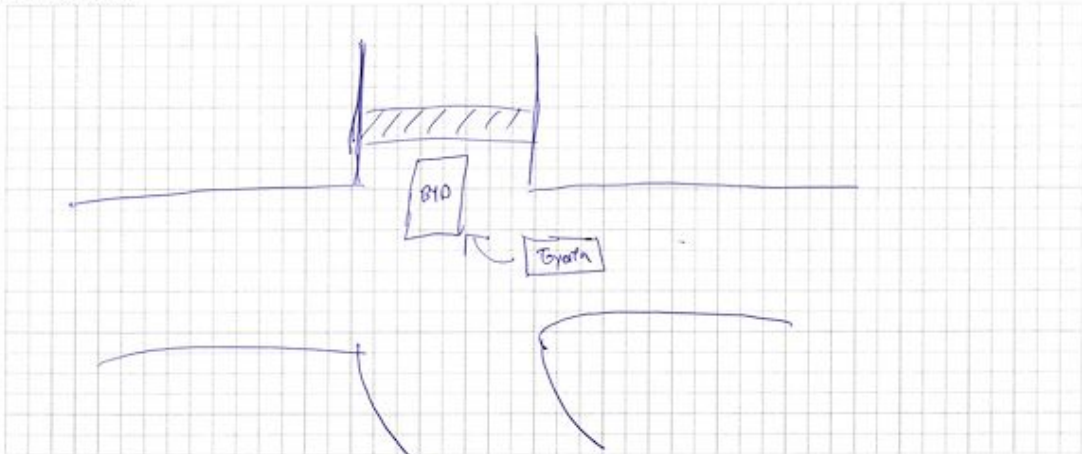

 Policyholder's Signature
 Date & Time:
 11/12/2024
 8:40am

GIA/ACC SketchPlanForm_V8

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

 
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/12/2024 at 7:10am, I was heading to work. At the cross junction, I slow down as there was a hump ahead. Suddenly a car (SLX 1144T) hit my car from my rear.

The driver came down and said sorry, we exchanged contact and he head to work as grab driver.

DECLARATION

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


 Policyholder's Signature
 Date & Time:
 11/12/2024
 8:45am

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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:





















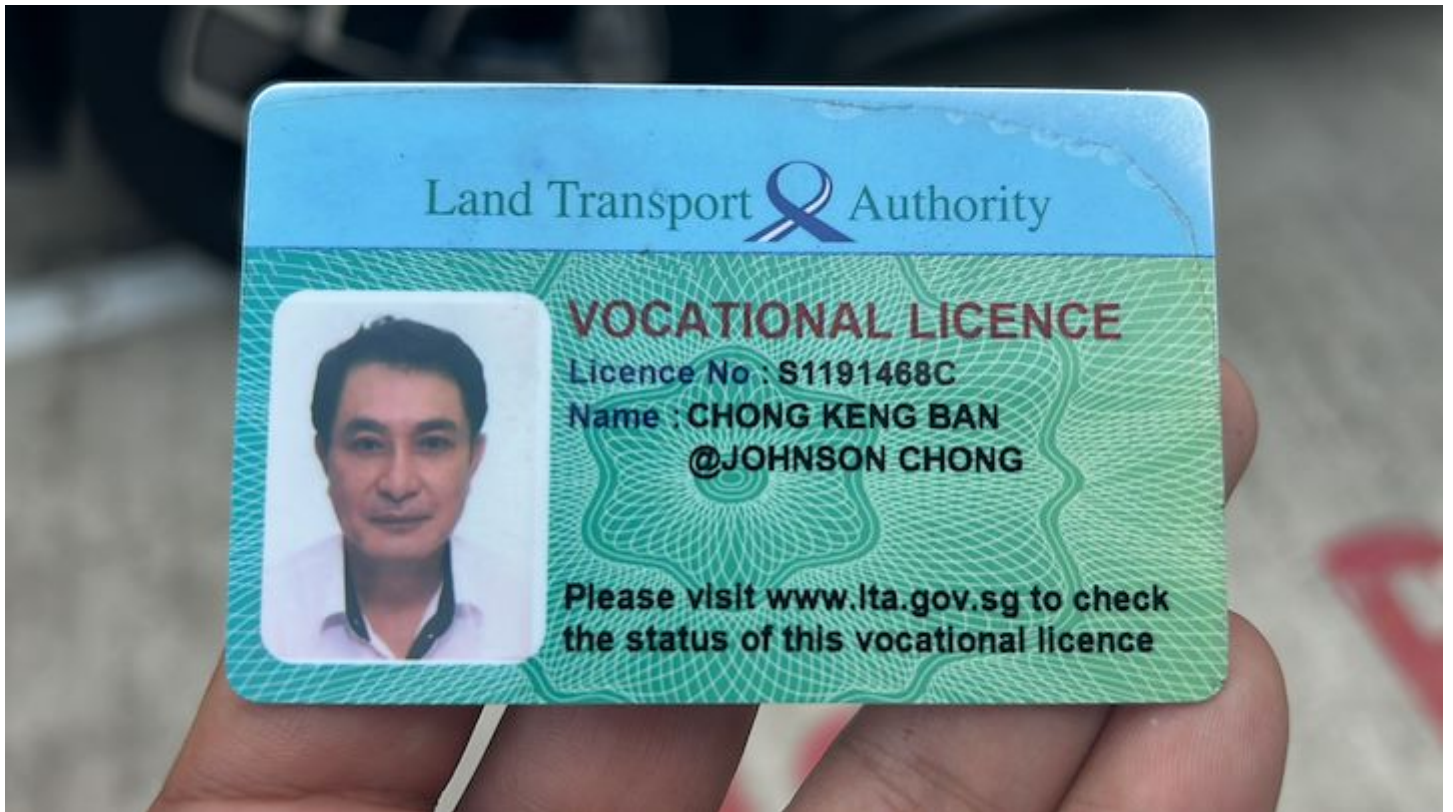


























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**SINGAPORE
POLICE FORCE**

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



T/20241211/7145

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Report No. T/20241211/7145

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
BOON YEN KIAN
Contact No.: 65472079

NP168

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

Date/Time:
11/12/2024 23:17

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20241211/7145

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

2 of 3

Report No. T/20241211/7145

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG KENG BAN@JOHNSON CHONG	ID No.	S1191468C
Related Vehicle	SLX1144T (Motor car)	Contact No.	97564952
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)	NIL	Degree of Injury	NIL
Driver			
Name	WAN WEI HAN, ANDY	ID No.	S8627064A
Related Vehicle	SNQ5870S (Motor car)	Contact No.	91172537
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

At the open car park Lengkok Bahru, I was leaving the parking lot on my way to work on December 11, 2024, at around 7:10 a.m.
I checked before crossing at the cross junction and slowed down as I approached the hump ahead heading toward 56/57 Lengkok Bahru.
Abruptly, a car (SLX1144T) from my rear right turned right and collided with my car's back right.
Following the crash, the grab driver named Mr Chong Keng Ba @Johnson Chong parked his vehicle in a lot, and we spoke and exchanged contacts.
He acknowledged that his approach was incorrect as he was against the traffic and asked me to get a quote from my workshop for the cost of the repairs.

When I gave him the official BYD workplace quote, which was \$719.40 with GST included, he suggested that we move forward with the insurance claim since it was not within his budget of \$200.00 Hence, i decided to file police report.



**SINGAPORE
POLICE FORCE**



T/20241211/7145

1 of 3

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

Report No. T/20241211/7145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2024 23:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WAN WEI HAN, ANDY			Address: 49 HOY FATT ROAD #07-111 SINGAPORE 150049		
ID Type / ID No.: NRIC NO / S8627064A			Contact No.: Home/Office: Mobile: 91172537		
Nationality: SINGAPORE CITIZEN			Email: WANANDY86@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 24/09/1986	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Occupational health and safety professional			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2024 07:10	Type of Location: Car Park
Location: LENGKOK BAHRU				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SLX1144T	Motor car	TOYOTA	PRIUS	Silver	Slightly Damaged	0
SNQ5870S	Motor car	BYD	ATTO 3 EXTENDED RANGE	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNQ5870S	ETIQA INSURANCE BERHAD	M0059115	26/04/2024	25/04/2026