

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	12/11/2024 14:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/11/2024 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG AYE BEFROE LOWER DELTA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR2088S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG YOKE PENG
NRIC No	S1743412H
Email Address	TAY6657@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-97682088
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
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 car
Transmission	Auto
CC	998
Vehicle Fuel	-
First Registration Date	-
Chassis no	JSAAZC13500305384
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129501314-02

DRIVER

Name of Driver	WONG YOKE PENG
NRIC No	S1743412H
Date Of Birth	24/06/1966
Occupation	Indoor
Driving Pass Date	08/07/1985
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	39 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97682088
Alt. Phone Number	-
Email Address	TAY6657@SINGNET.COM.SG
Address	BLK 408 JURONG WEST STREET 42 #02-665
Address complement	-
Postcode	640408
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	WONG YOKE KENG
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 POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? No
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN4178A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver NEELAKANDAN SENTHUR PANDI
Contact Number (Phone) +65-94715840
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKU8831A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver AW BOON WAH
Contact Number (Phone) +65-92738227
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 YOKE PENG
Gender Female
Phone No (Phone) +65-97682088
Address BLK 408 JURONG WEST STREET 42 #02-665
Address Complement -
Post Code 640408
Approximate Age Years Old -
Injuries Sustained DISCOMFORT 4 DAYS MC
Injured person in which vehicle? SDR2088S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person WONG YOKE PENG
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained DISCOMFORT 4 DAYS MC
Injured person in which vehicle? SDR2088S

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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

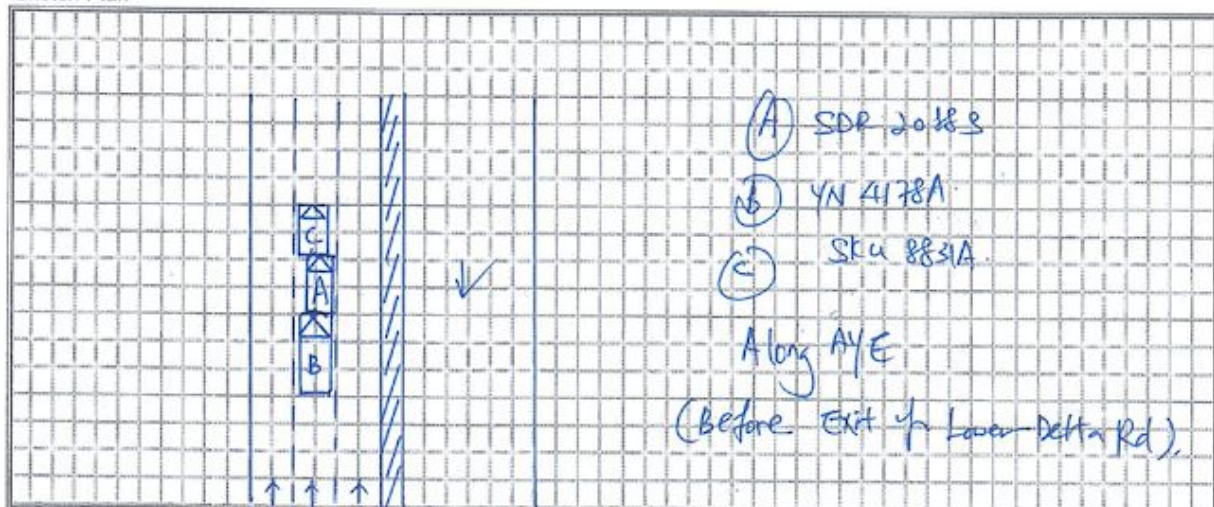
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident

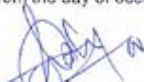
Statement As Refer
To Police Report No:
T/2024/1111-7072

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


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**



T/20241111/7072

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

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Report No. T/20241111/7072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2024 14:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG YOKE PENG			Address: 408 JURONG WEST ST 42 #02-665 SINGAPORE 640408		
ID Type / ID No.: NRIC NO / S1743412H			Contact No.: Home/Office: Mobile: 97682088		
Nationality: SINGAPORE CITIZEN			Email: tay6657@singnet.com.sg		
Sex: Female	Age: 58	Date of Birth: 24/06/1966	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: ADMIN			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: 11/11/2024 10:30	Type of Location: Straight Road
Location: LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: 3 Vehicles Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDR2088S	Motor car	SUZUKI	SWIFT			2
SKU8831A	Motor car					0
YN4178A	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241111/7072

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

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Report No. T/20241111/7072

CONTINUATION OF REPORT

Passenger			
Name	WONG YOKE KENG		ID No. S1563937G
Related Vehicle	SDR2088S (Motor car)		Contact No. NIL
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	11/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight
Vehicle Owner			
Name	WONG YOKE PENG		ID No. S1743412H
Related Vehicle	SDR2088S (Motor car)		Contact No. 97682088
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	11/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight

Brief Details.

On 11/11/2024 at about 10:30am, I was driving my car (SDR 2088S) along AYE (before exit of Lower Delta Road) in the middle lane with 1 passenger inside my car.

The vehicles ahead has stopped, so i stop in time too. Suddenly i felt an impact from behind and due to the huge impact my car was pushed forward and then collided onto rear portion of vehicle C : SKU 8831A. When i alighted from my car then i realized that i was involved in a 3 vehicles chain collision accident as following sort :

- 1st car (SKU 8831A) - C
- 2nd car (SDR 2088S) - A
- 3rd vehicle (YN 4178A) - B

Me and my passenger has felt pain and discomfort after the accident impact and both of us are given 4 days of MC.

Hence, i hereto lodge this report to claim against vehicle B (YN 4178A)'s insurance for my accident damages.

**SINGAPORE
POLICE FORCE**

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



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Report No. T/20241111/7072

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: 11/11/2024 14:00
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168