

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	23/12/2024 11:42 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/12/2024 11:37 (SGT)
Exact Location of Accident	492E Tampines Street 45, Singapore 522492
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2918M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPG CONTRACTS MANAGEMENT PTE LTD
Company Reg No	200812266H
Email Address	BERNARD@SPGBUILDER.COM
Mobile Phone No	(Phone) +65-91997340
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Megane
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	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00039542400

DRIVER

Name of Driver	WEE CHENG YAO BERNARD (HUANG CHENGYOU)
NRIC No	S9237782B
Date Of Birth	16/10/1992
Occupation	Outdoor
Driving Pass Date	01/09/2020
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91997340
Alt. Phone Number	-
Email Address	BERNARD@SPGBUILDER.COM
Address	BLK 491F TAMPINES STREET 45 #06-258
Address complement	-
Postcode	525491
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Major/Minor Rd
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)	3
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	MICHELLE TAN SHI MIN
Gender	Female

PASSENGER 2

Name	VANORA WEE
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

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 WITH TP WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC5Y
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 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 WEE CHENG YAO BERNARD
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLP2918M
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person MICHELLE TAN SHI MIN
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLP2918M
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person VANORA WEE
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -

Injured person in which vehicle?	SLP2918M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

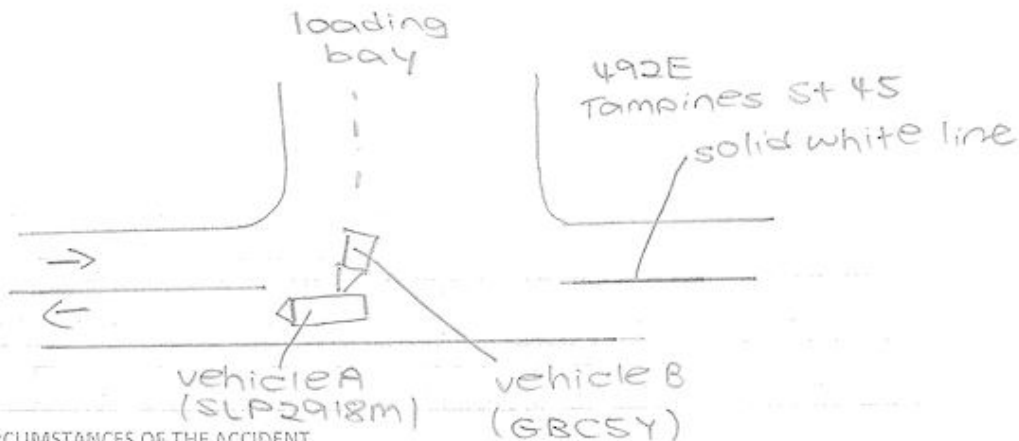


Policyholder's Signature
Date & Time:

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

I was driving along 492E Tampines St 45. Suddenly, vehicle B who was turning out from loading bay failed to check for oncoming vehicles before turning, resulted in the front portion of vehicle B hitting onto the right hand portion of my vehicle.

DECLARATION

I/We declare the above statements are true in every respect.

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20241223/7021

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

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Report No. T/20241223/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2024 10:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WEE CHENG YAO, BERNARD			Address: 491F TAMPINES STREET 45 #06-258 SINGAPORE 525491		
ID Type / ID No.: NRIC NO / S9237782B			Contact No.: Home/Office: Mobile: 91997340		
Nationality: SINGAPORE CITIZEN			Email: BERNARDWCY92@HOTMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 16/10/1992	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2024 11:35	Type of Location:
Location: TAMPINES STREET 45				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC5Y	Lorry					0
SLP2918M	Motor car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241223/7021

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

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Report No. T/20241223/7021

CONTINUATION OF REPORT

Driver			
Name	WEE CHENG YAO, BERNARD		ID No. S9237782B
Related Vehicle	SLP2918M (Motor car)		Contact No. 91997340
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Slight
Passenger			
Name	VANORA WEE		ID No. T2014149I
Related Vehicle	SLP2918M (Motor car)		Contact No. NIL
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
Passenger			
Name	MICHELLE TAN SHI MIN		ID No. S9004607A
Related Vehicle	SLP2918M (Motor car)		Contact No. NIL
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

I was driving along 492E Tampines Street 45. Suddenly, vehicle B (GBC5Y) who was turning out from loading bay failed to check for oncoming vehicles before turning, resulted in the front portion of vehicle B hitting onto the right hand portion of my vehicle. I would like to highlight that me, my wife and daughter felt unwell after the collision and went to consult doctor.



SINGAPORE
POLICE FORCE

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



T/20241223/7021

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Report No. T/20241223/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

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

Date/Time:
23/12/2024 10:54

Classification Of Case: