

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 Authorised 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 ability.
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 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 Report	06/11/2017 14:37
Date Of Accident	05/11/2017 05:20
Exact Location Of Accident	PIE(CHANGI) NEAR TO ONRAET EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2258G
Insured/Policyholder	
Name Of Registered Owner	BRITMAND WONG
NRIC No	S8321811H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92737978
Alternative Phone No	OFFICE-92737978

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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

If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10549545
Cover Note Number	

Driver

Name of Driver	WONG QUINNISON
NRIC No	S9148437D
Date Of Birth	18/12/1991
Occupation	INDOOR
Date Of Driving Pass	05/11/2013
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92737978
Fax Number	
Contact Number	
EMail Address	QUINNISONWONG@YAHOO.COM

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SIBLING
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions RAINING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX
 BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2369999 - FAX NO: 62268438
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO: (T/20171105/2135) ON 05/11/2017 AT ABOUT 0520HRS, I WAS TRAVELLING ALONE PIE (CHANGI) NEAR TO THE ONRAET RD EXIT. WHILE I WAS NEGOTIATING THE LEFT BEND. A TAXI SHD1291D HAD SIDE SWIPED ME ON MY LEFT, AND THE IMPACT MADE THE TAXI SWERVE LEFT AND ON TO THE KERB. THE IMPACT CAUSED MY VEHICLE TO SPIN AND FACE ON COMING TRAFFIC. AFTER THE INITIAL COLLISION, I EXITED MY VEHICLE AND CHECKED ON THE TAXI DRIVER AND WAS ON THE LEFT MOST SIDE OF THE SAID ROAD. WHEN I WAS STATIONARY AT LANES 1&2. AFTER THE ACCIDENT, THE UBER DRIVER OF SLK9734G DROVE OVER TO WHERE WE BOTH WERE AND SPOKE TO US. FOLLOWING THAT, TRAFFIC POLICE CAME IN VEHICLE QX329A AND PARKED HIS VEHICLE TO BLOCK OFF MY VEHICLE FROM THE COMING TRAFFIC. THE POLICE VEHICLE WAS PARKED WITH ITS BLINKER ON. SHORTLY AFTER, ANOTHER VEHICLE SLQ6105K COLLIDED ON TO THE REAR OF THE SAID TRAFFIC POLICE CAR WHICH WAS ATTENDING TO ME. I WISH TO STATE THAT NONE OF US WERE INJURED DUE TO THE ACCIDENT, BUT I WENT TO SEEK MEDICAL TREATMENT AFTER AND WAS GIVEN TWO DAYS OF MC. I WAS ATTENDED TO VIDE POLICE INCIDENT E/20171105/0063 I HAVE ATTACHED A SKETCH PLAN TO THIS REPORT. THAT IS ALL.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD1291D
 Vehicle Make/Model/Colour KIA/OPTIMA 1.7
 Details Of Properties
 Name of Driver MOHAMED YUSOFF BIN HAJI DARI
 NRIC/Passport Number S0019119A
 Contact Number 92451516
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

QX329A

Vehicle Make/Model/Colour

TOYOTA/COROLLA ALTIS

Details Of Properties

Name of Driver

UNKNOWN DRIVER

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLK9734G

Vehicle Make/Model/Colour

HONDA/VEZEL HYBRID

Details Of Properties

Name of Driver

TANG TAI GUAN

NRIC/Passport Number

S8802345E

Contact Number

96303752

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SLQ6105K

Vehicle Make/Model/Colour

TOYOTA/C-HR HYBRID

Details Of Properties

Name of Driver

UNKNOWN DRIVER

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

WONG QUINN SON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJU2258G

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171105/2135

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Report No. T/20171105/2135

Police Station Of Origin:
Bukit Merah East N.P.C.
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No. 1800-2369999

CONTINUATION OF REPORT

Brief Details:

On 05/11/2017 at about 0520hrs, I was travelling along PIE (Changi) near to the Onraet Rd exit. While I was negotiating the left bend, a taxi SHD1201D had side swiped me on my left, and the impact made the taxi swerve left and onto the kerb. The impact caused my vehicle to spin and face oncoming traffic. After this initial collision, I exited my vehicle and checked on the taxi driver and was on the leftmost side of the said road. When I was there speaking to the taxi driver, suddenly another vehicle SLK9734G collided onto my car which was stationary at lanes 1&2. After the accident, the Uber driver of SLK9734G drove over to where we both were and spoke to us.

Following that, traffic police came in vehicle OX320A and parked his vehicle to block off my vehicle from the coming traffic. The police vehicle was parked with its blinker on. Shortly after, another vehicle SLQ8105K collided onto the rear of the said traffic police car which was attending to me.

I wish to state that none of us were injured due to the accident, but I went to seek medical treatment after and was given two days of MC. I was attended to vide police incident E/20171105/0063. I have attached a sketch plan to this report. That is all.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171105/2135

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Report No: T/20171105/2135

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 068782
Tel No: 1800-2369999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A/
Staff Sgt MUHAMMAD ANDI SUFIAN BIN
MOHD SHAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/11/2017 21:20

Officer In Charge Of Case:

TP / ABIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP164



Signature

Singapore Police Force

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

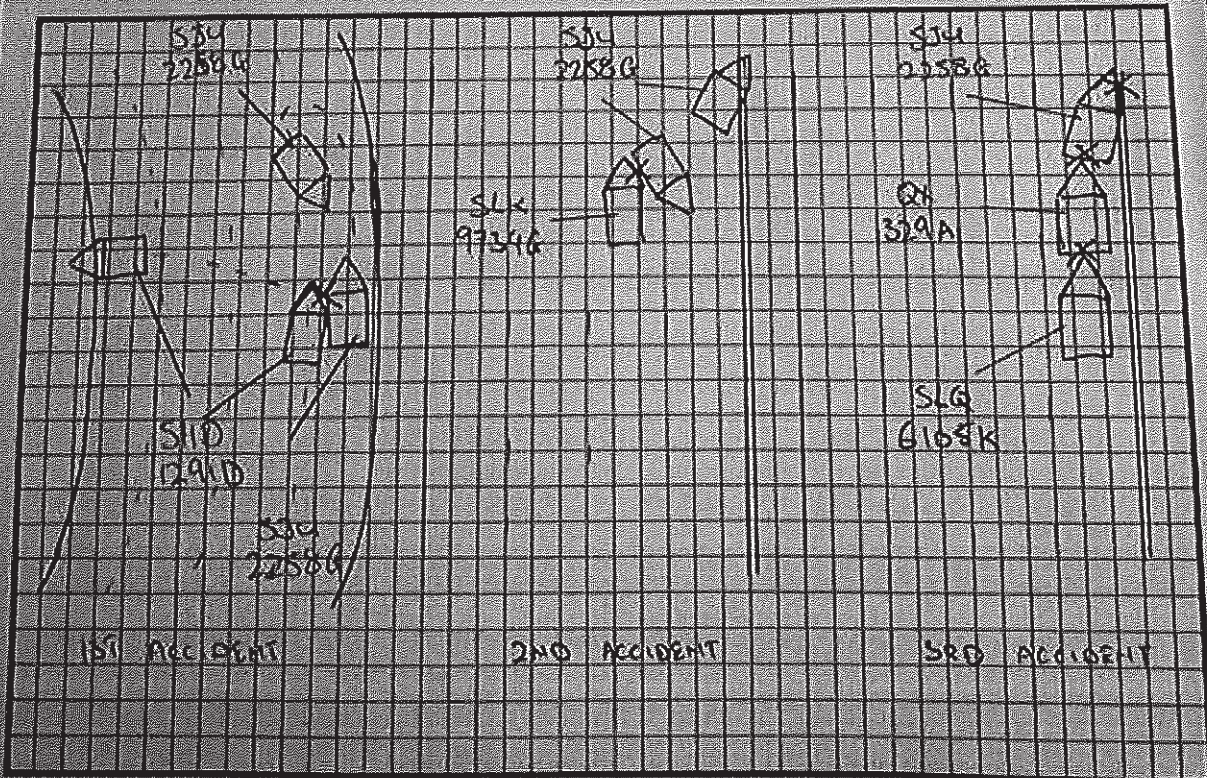
VERIFIED BY AJAX MARS
REPORTING OFFICER

Muhammad Faizal

Din Pabla

Witnessed by Reporting Centre
Personnel

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171105/2135

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20171105/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2017 21:20	Vide Report No.: E/20171105/0063	Station Diary No.: 144
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Informant's Particulars

Name of Informant: WONG QUINN SON			Address: 63 FLORA DRIVE #03-38 THE INFLORE SINGAPORE 505848		
ID Type / ID No.: NRIC NO / S9148437D			Contact No.: Home/Office: 67317164 Mobile: 92737978		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 18/12/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 05/11/2017 05:20	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE (Changi) near to Onraet Rd exit.				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
OX329A	Car	TOYOTA	ALTIS	White	Seriously Damaged	0
SHD1291D	Taxi	KIA		Silver	Slightly Damaged	0
SJU2258G	Car	TOYOTA	VIOS	Grey	Slightly Damaged	0
SLK9734G	Car	HONDA	VEZEL	Brown	Slightly Damaged	0
SLQ8105K	Car	TOYOTA	CH-R	Blue	Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171105/2135

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2389999

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Report No. T/20171105/2135

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU2258G	AVIVA LTD			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED YUSOFF BIN HAJI DARI	ID No.	S0019119A
Related Vehicle	SHD1291D (Taxi)	Contact No.	92451516
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	NIL	Degree of Injury	NIL
Driver			
Name	WONG QUINN SON	ID No.	S9148437D
Related Vehicle	SJU2258G (Car)	Contact No.	92737978
Hospital/Clinic	MEDICARE ASSOCIATES & DENTAL SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/11/2017	Date Discharge	05/11/2017
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Driver			
Name	TANG TAI GUAN, ANDREW	ID No.	S8802345E
Related Vehicle	SLK9734G (Car)	Contact No.	96303752
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	NIL	Degree of Injury	NIL