

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	08/01/2018 16:11
Date Of Accident	07/01/2018 15:50
Exact Location Of Accident	CLEMENTI RD JUNCTION OF COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1801L
Insured/Policyholder	
Name Of Registered Owner	MRS WANG YOOK FUN MARGARET NEE LEONG
NRIC No	S1298585A
Email Address	KRISTELWANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97713694
Alternative Phone No	OTHERS-97713694

Vehicle Particulars

Manufacturer	CHEVROLET
Model	OPTRA
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M494805
Cover Note Number	

Driver

Name of Driver	WANG TINGWEI ,KRISTEL
NRIC No	S8628826E
Date Of Birth	11/10/1986
Occupation	INDOOR
Date Of Driving Pass	15/06/2005
Driving Experience	12 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97713694
Fax Number	
Contact Number	OTHERS-97713694
Email Address	KRISTELWANG@GMAIL.COM

Address	9 JALAN MENBINA #20-01
Postcode	169483
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180107/2088

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	SKW3716Y
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN POH HONG
NRIC/Passport Number	S1360771J
Contact Number	94302523
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

Veh A: SJM 1801L

Veh B: SKW 3716Y

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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. The 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 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:

8 Jan 2018 13:10

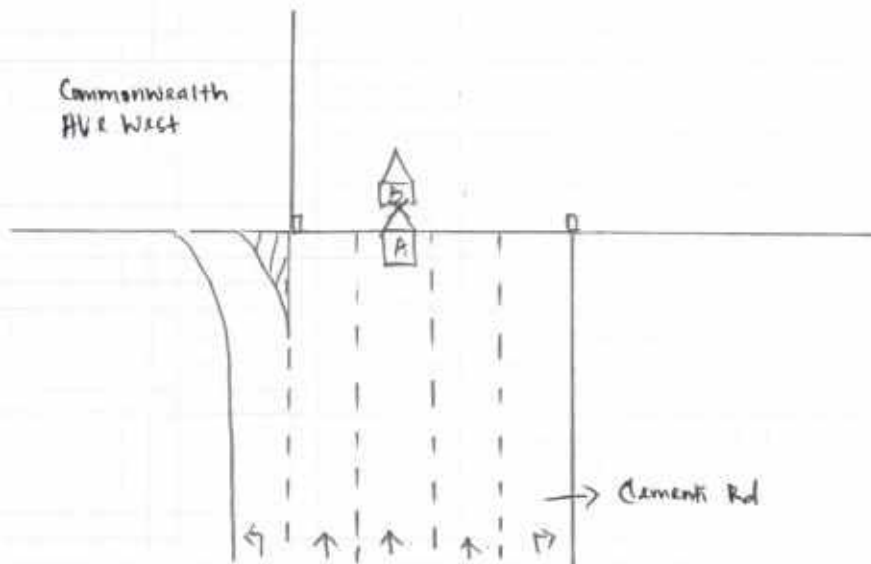
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Resh W Datta

Veh B: SKW 3716 Y

Commonwealth
AVE West



As per police report. 1/20/80107/2088

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

Policyholder's Signature
Date & Time:

Driver's Signature *[Signature]* 8 Jan 2014 13:30
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Rafael Wong
NRIC/FIN No.: 9201 2345 6789



**SINGAPORE
POLICE FORCE**



T/20180107/2088

1 of 4

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20180107/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2018 21:28	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars			
Name of Informant: WANG TINGWEI, KRISTEL		Address: 9 JALAN MEMBINA #20-01 SINGAPORE 169483	
ID Type / ID No.: NRIC NO / S8628826E		Contact No.: Home/Office: Mobile: 97713694	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 31	Date of Birth: 11/10/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Unemployed		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: 07/01/2018 15:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CLEMENTI ROAD COMMONWEALTH AVENUE WEST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SJM1801L	Car				Slightly Damaged	0
SKW3716Y	Car				Slightly Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20180107/2088

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20180107/2088

CONTINUATION OF REPORT

Driver			
Name	WANG TINGWEI, KRISTEL		ID No. S8628826E
Related Vehicle	SJM1801L (Car)		Contact No. 97713694
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	NIL	Degree of Injury	NIL
Driver			
Name	TAN POH HONG		ID No. S1360771J
Related Vehicle	SKW3716Y (Car)		Contact No. NIL
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
Passenger			
Name	KOH FOONG SUM		ID No. S7217148I
Related Vehicle	SKW3716Y (Car)		Contact No. NIL
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	03	Degree of Injury	Slight
Passenger			
Name	ESTHER LEE SOW FOONG		ID No. S1525445I
Related Vehicle	SKW3716Y (Car)		Contact No. 94302523
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



**SINGAPORE
POLICE FORCE**



T/20180107/2088

3 of 4

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20180107/2088

CONTINUATION OF REPORT

Brief Details.

On 07/01/2018 at about 1550hrs, I was waiting for traffic light at the junction of Clementi Rd and Commonwealth Avenue West. When the lights turn green, the cars were moving off so I slowly accelerated my vehicle (SJM1801L). Suddenly the car (SKW3716Y) in front braked and as I was too close I could not brake in time. It hit the car in front lightly and my front bumper and car plate was damaged. The car in front rear right bumper was damaged. The car in front (SKW3716Y) had 2 passengers and the passenger behind was not wearing seat belt as such she suffered a whiplash. She informed me she went to a hospital A&E and had three days MC. No Police attended to scene and no one was conveyed by ambulance.



**SINGAPORE
POLICE FORCE**



T/20180107/2088

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River Valley NPP
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Report No. T/20180107/2088

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:
E /
Sgt 2 TAY KAH JUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Signature Of Informant:

Date/Time:
07/01/2018 21:28

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

08 JAN 2018 @ 13:15 PM

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 7 Jan 2018 *Time of Accident: 1550
*Accident Location: Clementi road junction of Commonwealth Ave West

Vehicle Details

*Vehicle Number: SJM 1801 L *Make & Model: Chevrolet Optra

Insured / Policyholder

*Owner Name: Mrs Wang Kok Fun Margaret nee Leong *NRIC: S1298585 A
*Address: 9 Jalan Membina #20-01 S-169483
*Email: kristelwang@gmail.com *HP: 97713694
*Occupation: Homemaker (Indoor / Outdoor) *Tel / H / Other: —

Driver () same as above

*Driver Name: Wang Tingwei Kristel *NRIC: SP628P26E
*Address: 9 Jalan Membina #20-01 S-169483
*Date of Birth: 11 Oct 1986 *Driving Pass Date: 15 Jun 2005 *HP: 97713694
*Email: kristelwang@gmail.com *Gender: Male / Female
*Occupation: unemployed (Indoor / Outdoor) *Tel / H / Other: —
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Daughter)

Passengers Details

*P/Name: NIL (Male/Female) *P/Name: — (Male/Female)
*P/Name: NIL (Male/Female) *P/Name: — (Male/Female)

Insurance Company

*Insurer: India International Insurance *Coverage: C TPFT / TPO *Policy No: M494805

Detail of other vehicle / Property 1

Vehicle No.: SKW 3716 T
Make & Model: Volkswagen
Vehicle Category: —
Name of Driver: Tan Poh Hong
NRIC: S1360771 J
HP: 94302523
No. of Passengers (Including Driver): 3

Detail of other vehicle / Property 2

Vehicle No.: —
Make & Model: —
Vehicle Category: —
Name of Driver: —
NRIC: —
HP: —
No. of Passengers (Including Driver): —

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: —
*Weather conditions: Clear / Raining / others: — *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: —
*Witness: Yes / No (Name: — NRIC: — HP: —)
*Accident reported to police: Yes / No *Summon against whom: —
*Injured party: Yes / No *No. of passengers (include driver): —
-I/Name: — *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: — *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

Expiry Month: **S8628826E**

Name: **WANG TINGWEI, KRISTEL**

Birth Date: **11 Oct 1986**

Issue Date: **04 Mar 2008**

001577707A




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8628826E**



Name

WANG TINGWEI, KRISTEL

汪廷維

Race

CHINESE

Date of birth

11-10-1986

Country/Place of birth

SINGAPORE

Sex

F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 15 Jun 2005



NP 428A

5720405



NRIC No: **S8628826E**



Date of issue

27-03-2017

Address

**9 JALAN MEMBINA
#20-01
SINGAPORE 169483**

0919203



NRIC No: **S1298585A**

Blood Group: **O+** Date of issue: **25-04-1993**

**9 JALAN MEMBINA #20-01
SINGAPORE 169483**

NRIC No: **S1298585A**

Date: **27/04/2008 (R)** No: **5922208**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1298585A**



Name



**MRS WANG YOOK FUN
MARGARET NEE LEONG**

汪育芬

Race

CHINESE

Date of Birth

21-03-1958

Sex

F

Country of Birth

SINGAPORE

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.

The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: 90290SE	Insured/ Named Drivers Excess: \$600/- Sect 1
Comprehensive	Unnamed Drivers Excess: \$1100/- Sect. 1 & additional \$2500/- Sect. 1 for age < 21 years or > 65 years &/or S'pore D.L. < 2 years
	Windscreen Excess: \$100/-
CERTIFICATE NO.	M494805
1. Index Mark and Registration Number of Vehicle	SJM 1801 L
2. Name of Policy Holder	Wang Yook Fun Margaret Nee Leong
3. Effective date of the Commencement of Insurance for the purposes of the Act	23rd December 2017
4. Date of Expiry of Insurance	22nd December 2018
5. Person or Classes of Persons entitled to drive*	
(a) The Policyholder	The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	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 reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to use*	Use only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, 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 (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue: **SJ/08.12.2017** 裕兄弟保險代理有限公司 for India International Insurance Pte. Ltd.
TAN BROTHERS INSURANCE AGENCIES PTE LTD (APPROVED INSURERS)

10 Anson Road #11-15/16

International Plaza Singapore 079903

M.X. I (PRIVATE CAR)
INDIVIDUAL OWNERSHIP

Tel: +65 6220 1822 Fax: +65 6224 6806


Authorised Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: **Tan Brothers**

Hire Purchase Company: **NA**