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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 witholding 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

	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
f 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

Vehicle Registration Number of Driver's Own

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)

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 PIOLICE 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?

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

Vela A: STM 1801 L

Who skw 3716Y

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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.
- 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
- 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.
- 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

1 Jan 2018

(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:

Marrie

NRIC/FIN No.:

Reporting Centre Pers

SKETCH PLAN				
Veh A: SJM 1801 L				
Veh B: Skw 3716 Y	Commonwealth Ave West			
			> Clement Rd	
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	T, T 1 1 1	-	
As per police repor	+. 1/20180107/201	f		
	*			
		71		
-				
			/	
DECLARATION /We declare the foregoing part	ticulars are true in every respect.		/ 11	
m	1 war	m 201 + 13:30	as/01/201	8
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policy	R	eporting Centre Personnel's Signature	,

(If driver is not the policyholder)

Date & Time:

NAME KOLL WOODE





1 of 4

Report No. T/20180107/2088

Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 07/01/201		Made:	Vide Report No.:	Station Diary No.: 39	
Informan	t's Particu	ulars			
	nformant: NGWEI, K		Address: 9 JALAN MEMBINA #20-	01 SINGAPORE 169483	
ID Type / NRIC NO	ID No.: / S86288	26E	Contact No.: Home/Office: Mobile: 97713694		
Nationalit SINGAPO	y: ORE CITIZ	ΈN	Email:		
Sex: Female	Age: 31	Date of Birth: 11/10/1986	Type of Informant: Driver		
Race: Chinese		11	Language:	Institution / School Name:	
Occupation: Unemployed		Driving Licence Informati Class: 3	on: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2018 15:50	Type of Location X-Junction
CLEMENTI R	oad 1 and Road 2 OAD EALTH AVENUE W	EST Road Surface:	F	Road Speed Limit:
Clear		Dry		
Traffic Flow: Traffic Control: One Way Traffic Light - Working		A224 THE	raffic Volume: Noderate	
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Rear	а	Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	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





2 of 4

Report No. T/20180107/2088

Police Station Of Origin: River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999 CONTINUATION OF REPORT

Driver		BOYLE EL	150 651	BE014	
Name	WANG TINGWEI, KRISTEL		ID No.		S8628826E
0.600005-2					
Related Vehicle	SJM1801L (Car)		Contact No.		97713694
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
	ed Medical Leave NIL	Degree of		NIL	
Driver			STATE AND	100	NAME OF TAXABLE PARTY.
Name	TAN POH HONG		ID No.		S1360771J
Related Vehicle	SKW3716Y (Car)		Conta	ct No.	NIL .
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of			
Passenger				1100	
Name	KOH FOONG SUM		ID No		S7217148I
Related Vehicle	SKW3716Y (Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave 03	Degree of		Sligh	t
Passenger		Steam Little	18.15		A GREEKEN W
Name	ESTHER LEE SOW FOONG		ID No).	S1525445I
Related Vehicle	SKW3716Y (Car)		Conta	act No.	94302523
Hospital/Clinic	NIL		Class Drivin Licen Expir	g	Class; NIL Date of Expiry; NIL
Dala Taratara	NIL Date Dis			NIL	
Date Treatment	INIL	1/818 1/151		LVII	





20100101100

3 of 4

Report No. T/20180107/2088

Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

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.





Police Station Of Origin; River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004

Report No. T/20180107/2088

Tel No: 1800-2789999

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 Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	07/01/2018 21:28
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	The state of the s
SSI 2 YEO GEAK ENG CECILIA	The state of the s
Contact No.: 65476404	
Authentication Stamp	1/
sore Polic	e Force

Accord Auto Services Pte Ltd

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

Particular Of Insured/Driver & Details Of The Acc	cident	
*Date of Accident: 7 Jan 2018	*Time of Accident: 15 5	00
*Accident Location: Clementi eoad ju	Lasting of Common real H. Arct John	+
Accident Location: Viewest 1 20001	Action of Course and Course to the Course	
Vehicle Details		
*Vehicle Number: SJM 1801 L	* Make & Model: Cherrolet O	pha
N NUMBER OF STREET		
*Owner Name: Mrs Way Yook Fun Man	word NEL Lead MIDIC PIZAPTA	t A
*Address: 9 Jalan Mentin #20-0	C-11-9413	
	* HP: 97713644	
*Email: tristelway@gmail con		
*Occupation: Hamemake (Inc	door /-Outdoor) * Tel /H /Other:	
Driver () same as above		
*Driver Name: Way Tigure Kristel	*NRIC: SPUZAFZU	E
*Address: 9 Jalan Membine #20-0	1 5-16a+13	
*Date of Birth: 11 Oct 1986 *Driving	Pass Date: 15 Jun 2005 * HP: 917	13694
*Email: kristelway & gnail can		
*Occupation: evenplayed (Indo		
	relationship with the policyholder : Daugh	e-)
Passengers Details	V 1 10 10 10 10 10 10 10 10 10 10 10 10 1	A VIII PER LEA
* P/Name: NL (N	Male/Female) * P/Name:	(Male/Female) (Male/Female)
*Insurer: India International Insurance	*Coverage C/TPFT / TPO *Policy No: M49	+805
Detail of other vehicle / Property 1	Detail of other vehicle / Prope	erty 2
Vehicle No.: SEW 3714 F	Vehicle No.:	
Make & Model: Volkswajen	Make & Model:	
Vehicle Category:	Vehicle Category:	
Name of Driver: Tan Poly Hong		
NRIC : \$ 136 077 1 J	NRIC ;	
HP : 14302523	HP :	
No. of Passengers (Including Driver): 3	No. of Passengers (Including D	river):
For Official Use Only *Claiming against Own Ins.: Yes / No (If No, I	Bana Calv / TB Claims)	
Claiming against Own ins.: res / No (ii No, i	Reporting Only / Tr Claims)	
General Information of the accident		
*Type of accident: Head-Rear / Side swipe / o	thers:	
*Weather conditions: Clear / Raining / others	::*Any video car	m: Yes / No
*Road Surface: DW / Wet / others:		
*Witness: Yes / No (Name:	NRIC :	
	ummon against whom:	
*Injured party: Yes / No	*No. of passengers (include driver):	
-I/Name:	*Fasten seat belt: Yes / No *Conveyed by	
-I/Name:	*Fasten seat belt: Yes / No *Conveyed by	/ Ambulance: Yes / No



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8628826E





Name:

WANG TINGWEL KRISTEL

汪 廷 维 Bace

CHINESE

Date of taken 11-10-1986

Country/Flads of Sinth SINGAPORE

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

PASS DATE

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

NP 428A

Licence No: 58628826E

5720405



HRC + S8628826E

27-03-2017

Address

9 JALAN MEMBINA #20-01 SINGAPORE 169483

0919203





25-04-1993

9 JALAN MEMBINA #20-01 SINGAPORE 169483

NRIC No: \$1298585A

27/04/2008 (R) No: 5922208

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1298585A







MRS WANG YOOK FUN MARGARET NEE LEONG

注

CHINESE

Date of Birth

21-03-1958

Country of Birth

SINGAPORE





INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST. Reg. No. M2-0078806-X 64 Cecil Street #04/ #05/ #06-02 108 Building Singapore 049711

Office (65) 63476100 Fax [65] 62244174 Email insure@tii.com.sg Webuite www.iii.com.sg

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. I & additional \$2500/- Sect. I for age

< 21 years or > 65 years &/or S'pore D.L. < 2 years

Windscreen Excess:

\$100/-

CERTIFICATE NO.

M494805

 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.

his/her employer or his/her partner.

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 localings.

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).

10 Anson Road #11-15/16

International Plaza Singapore 079903

M.X. I (PRIVATE CAR) INDIVIDUAL OWNERSHIP

Tet: -65 6220 1822 Fax: +65 6224 6806

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Authorised Signatury

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