

## 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 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	24/01/2018 14:22
Date Of Accident	24/01/2018 08:05
Exact Location Of Accident	KPE TWDS MCE B4 AIRPORT RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7056M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR WONG KOK SIN
NRIC No	S9041879C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96738505
Alternative Phone No	OFFICE-96738505

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MU002929-R00
Cover Note Number	-

### Driver

Name of Driver	MR WONG KOK SIN
NRIC No	S9041879C
Date Of Birth	27/10/1990
Occupation	INDOOR
Date Of Driving Pass	03/05/2012
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96738505
Fax Number	
Contact Number	OFFICE-96738505
Email Address	NOEMAIL

Address	BLK 703 PASIR RIS DR 10 #06-129
Postcode	510703
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FW5499U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NURHIDAYAH BINTE YAZRI
NRIC/Passport Number	S9743513H
Contact Number	98161257
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGL5262G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEE PING CHOON

NRIC/Passport Number S7809797C

Contact Number 97875485

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MR WONG KOK SIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLL7056M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:



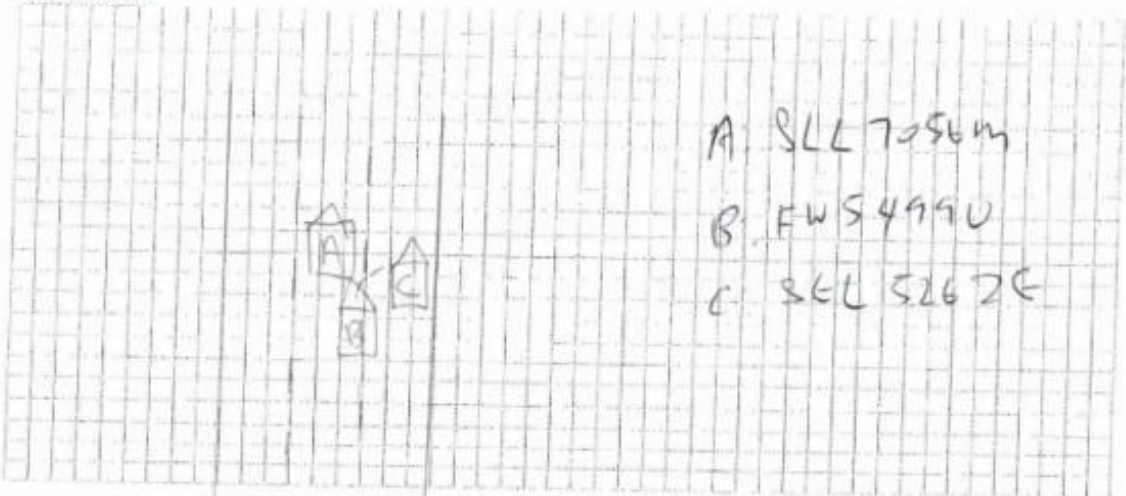
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## DECLARATION

I/We declare the foregoing particulars 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.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180124/2033

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

1 of 4

Report No. T/20180124/2033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2018 11:43	Vide Report No.: G/20180124/0068	Station Diary No.:
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### Informant's Particulars

Name of Informant: WONG KOK SIN			Address: APT BLK 703 PASIR RIS DR 10 #06-129 HDB-PASIR RIS SINGAPORE 510703		
ID Type / ID No.: NRIC NO / S9041879C			Contact No.: Home/Office: Mobile: 96738505		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 27/10/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ADMIN MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/01/2018 08:05	Type of Location: EXPRESSWAY
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW5499U	Motorcycle					0
SGL5262G	Car				Slightly Damaged	0
SLL7056M	Car	HONDA	CIVIC 1.5 TURBO VTIS SR	Grey	Slightly Damaged	0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180124/2033

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

Report No. T/20180124/2033

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL7056M	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU002929	07/03/2017	06/03/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	NURHIDAYAH BINTE YAZRI		ID No.	S9743513H
Related Vehicle	FW5499U (Motorcycle)		Contact No.	98161257
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	LEE PING CHOON		ID No.	S7809797C
Related Vehicle	SGL5262G (Car)		Contact No.	97875485
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 KOK SIN		ID No.	S9041879C
Related Vehicle	SLL7056M (Car)		Contact No.	96738505
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

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180124/2033

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

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Report No. T/20180124/2033

### CONTINUATION OF REPORT

#### Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS TRAVELLING ALONG KPE ON THE 2ND LANE WHEN THE CAR INFRONT OF ME SLOWED DOWN. I ALSO SLOWED DOWN. WHEN SLOWING DOWN, A MOTORCYCLE SUDDENLY HIT THE BACK RIGHT SIDE OF MY CAR WITH THE FRONT OF HER MOTORCYCLE. THE COLLISION LED TO THE MOTORCYCLE FLYING TOWARDS THE CAR(SGL5262G) ON THE 1ST LANE. THE MOTORCYCLE HIT THE LEFT SIDE OF THAT CAR. I STOPPED AND CALLED FOR THE AMBULANCE. THE AMBULANCE CAME AND CONVEYED THE MOTORCYCLIST. SOON AFTER THE POLICE CAME.

11/1

11/1



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180124/2033

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

Report No. T/20180124/2033

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:  
TP /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476365

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
24/01/2018 11:43

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



