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 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	12/02/2018 10:02
Date Of Accident	09/02/2018 20:35
Exact Location Of Accident	JUNCTION OF UPPER CHANGI ROAD/BEDOK ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCA1068H
Insured/Policyholder	
Name Of Registered Owner	WONG KIM CHOONG
NRIC No	S1498303A
Email Address	DECEMBERFATE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96278263
Alternative Phone No	OTHERS-87999223
Vehicle Particulars	
Manufacturer	TOYOTA
Model	RX 350 MOONROOF-3.5 (A)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3034401700
Cover Note Number	
Driver	
Name of Driver	SHAWN WONG ZHI JIE
NRIC No	S9637213B
Date Of Birth	10/11/1996
Occupation	INDOOR
Date Of Driving Pass	05/09/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96278263
Fax Number	
Contact Number	OTHERS-87999223
EMail Address	DECEMBERFATE@HOTMAIL.COM

Address	BLK 895A TAMPINES STREET 81 #04-918
Postcode	521895
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	SIDE SWIPE
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?	
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 6 TAMPINES AVE 4 , **POSTCODE:** 529682 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-5871999 - **FAX NO**: 65871699
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180209/2211(COLLISION TYPE IS HEAD TO SIDE)

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	SJF4392S
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	EDWARD CHNG
NRIC/Passport Number	
Contact Number	83336223
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2

SKETCH PLAN

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 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. 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.

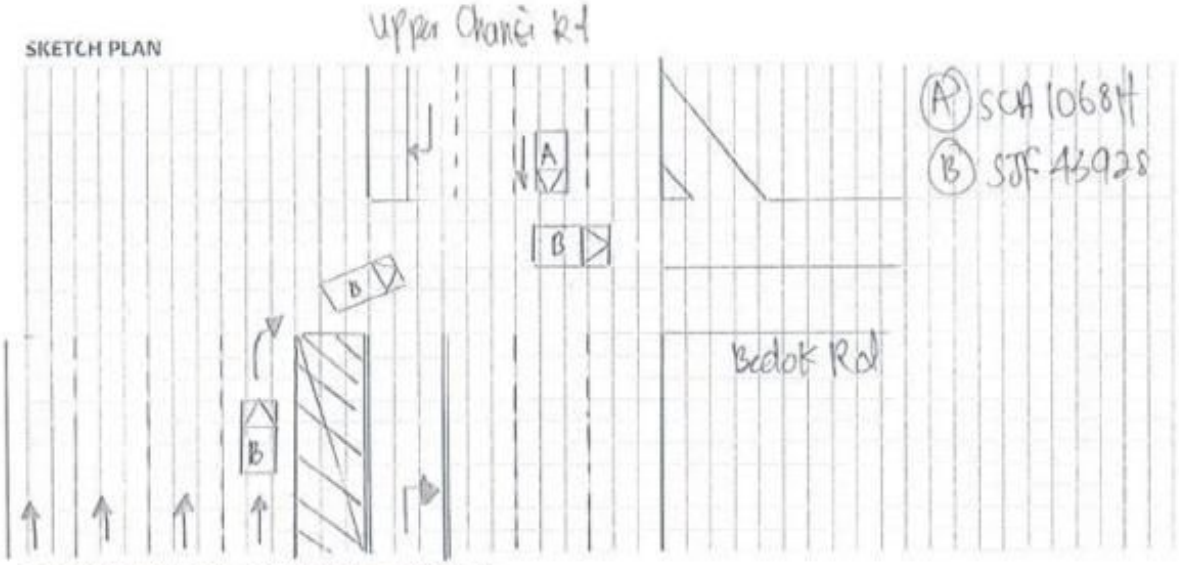
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report NO: T/20180209/2211

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.:
		23/02/2018

Sketch Plan #3

SINGAPORE POLICE FORCE

T/20180209/2211

Report No. T/20180209/2211

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
09/02/2018 23:15		147

Informant's Particulars

*Name of Informant: SHAWN WONG ZHI JIE			Address: APT BLK 895A TAMPINES STREET 81 #04-918 SINGAPORE 521895	
ID Type / ID No.: NRIC NO / S9637213B			Contact No.: Home/Office:	Mobile: 87999223
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 21	Date of Birth: 10/10/1996	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 09/02/2018 20:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 UPPER CHANGI ROAD BEDOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCA1068H	Car	TOYOTA	RX350	Black		0
SJF4392S	Car	HONDA	Stream	Silver		1

Details of Person Involved

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

Sketch Plan #4

SINGAPORE POLICE FORCE

T/20180209/2211

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver					
Name	SHAWN WONG ZHI JIE			ID No.	S9637213B
Related Vehicle	SCA1068H (Car)			Contact No.	87999223
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	EDWARD CHNG			ID No.	NIL
Related Vehicle	SJF4392S (Car)			Contact No.	83336223
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	

Brief Details.

On 09/02/2018 at about 2036hrs, I was driving my father's vehicle SCA1068H along Upper Changi Road. The direction is from Tanah Merah MRT station toward the direction of Bedok Road. There are 4 lanes and I was driving on the second lane from the left. My intention was to proceed straight past Bedok Road. While I was at the junction of Upper Changi Road and Bedok Road, the traffic light was green to my favor. When I was driving past the junction, a vehicle SJF4392S suddenly appeared in front of me from the right. I was unable to stop the vehicle in time. The other vehicle mounted a pavement nearby and collided against a post for a zebra crossing.

I spoke to the driver and eventually police came to scene. Police have spoke to the both of us and to my knowledge, the driver was making a right turn from a non-right turn lane from Upper Changi Road towards Bedok Road from the opposite direction of me. To my understanding the road from the opposite direction has some construction going on, thus traffic was diverted in a way of which the lane which the other was driving on is a non-right turn lane.

No one was injured from the accident. We were advised by the traffic police to lodge a police report about the accident.

Sketch Plan #5

SINGAPORE POLICE FORCE

T/20180209/2211

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180209/2211

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: G / Staff Sgt LOO JIA JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/02/2018 23:15
Officer In Charge Of Case: TP AAE/T / SSgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NR168 SIGNATURE	

Land Transport Author

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

20 Apr 2017 Our ref 2004170203N057002454

WONG KUM CHOONG
APT BLK 895A TAMPINES STREET 81
#04-918
SINGAPORE 521895

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SLM1923U WITH VEHICLE REGISTRATION NO. SCA1068H

You may be pleased to know that your application of 20 Apr 2017 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No.	: SCA1068H (Previously SLM1923U)
Vehicle Make	: TOYOTA
Vehicle Model	: RX 350 MOONROOF
Chassis No.	: JTJBK11A602407290
Engine No./ Motor No.	: 2GRJ072062 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : JTJBK11A602407290, Engine No./ Motor No. : 2GRJ072062 / -) to display the new/ replacement registration number, SCA1068H by 23 Apr 2017. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than $1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than $2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20170420120239583436 or the vehicle registration number when making your enquiry.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0080
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA4180 20853 Vehicle Registration No: SCA 1068U

Name(as shown in NRIC) : SHAWAL WONG ZHI JIE NRIC/FIN/Passport No : S9637213B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 87999223

Email Address : _____

Date of Accident : 09/07/2018 Time of Accident : 20:35

Place of Accident : JUNCTION OF UPPER CHANGI ROAD/BEDOK RD

Insurance Company : CHINA TAIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO INCLUDE LETTER OF TRANSFER

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: [illegible]
NRIC/FIN No.:
Date: 23/07/2018