

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	12/03/2018 14:41
Date Of Accident	10/03/2018 15:20
Exact Location Of Accident	ALONG YISHUN AVE 1 T JUNC OF GEMS ACADEMY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU4947P
Insured/Policyholder	
Name Of Registered Owner	KWANG XUAN FENG, PATRICK
NRIC No	S8239164I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94505077
Alternative Phone No	OFFICE-94505077

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF
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?	YES
If No, Please state action to be taken	
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	DMPCSN1801721800
Cover Note Number	-

Driver

Name of Driver	KWANG XUAN FENG, PATRICK
NRIC No	S8239164I
Date Of Birth	16/11/1982
Occupation	INDOOR
Date Of Driving Pass	30/03/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94505077
Fax Number	
Contact Number	OFFICE-94505077
Email Address	NOEMAIL

Address	554 MILTONIA CLOSE #02-77
Postcode	768121
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 - CROSS JUNCTION
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)	3
Passenger 1	NAME: : MAVERIC LEE DONG EN GENDER: : MALE
Passenger 2	NAME: : LI ZHENNI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
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 Witness 1

Name	MR HO
Phone Number	81188194
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM4159M
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Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KWANG XUAN FENG, PATRICK
 Approximate Age
 Injuries Sustain CHEST, NECK
 Injured person in which vehicle? SLU4947P
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

DETAILS OF INJURED PERSON 2

Name LI ZHENNI
 Approximate Age
 Injuries Sustain BRUISES RIGHT HAND, RIGHT THIGH AND STRAIN NECK
 Injured person in which vehicle? SLU4947P
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

DETAILS OF INJURED PERSON 3

Name MAVERIC LEE DONG EN
 Approximate Age
 Injuries Sustain BACK
 Injured person in which vehicle? SLU4947P
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

Accident Sketch Plan

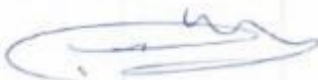
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:



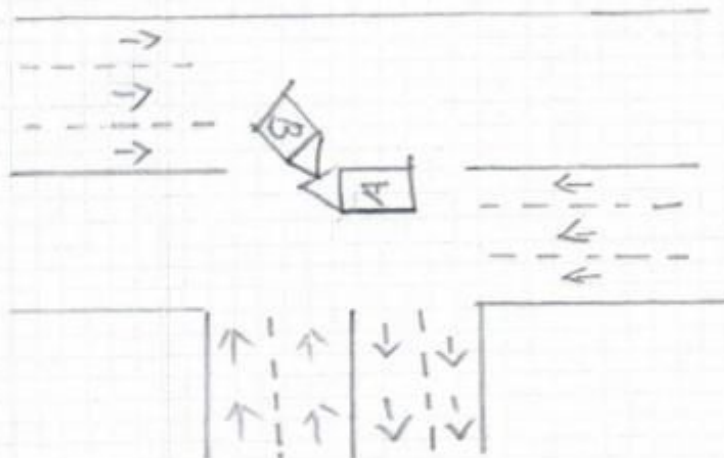
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



A.SLU 4947P

B: SJM 4159M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report attached

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/20180311/2001

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180311/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2018 00:24	Vide Report No.: F/20180310/0204	Station Diary No.: 12
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Informant's Particulars

Name of Informant: KWANG XUAN FENG, PATRICK			Address: 554 MILTONIA CLOSE #02-77 SINGAPORE 768121	
ID Type / ID No.: NRIC NO / S8239164I			Contact No.: Home/Office: Mobile: 94505077	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 16/11/1982	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2018 15:20	Type of Location: T-Junction
Location: Along Road 1 YISHUN AVENUE 1				
ALONG YISHUN AVE 1, T JUNCTION OF GEMS ACADEMY.				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two 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
SJM4159M	Car	SUBARU	IMPREZA 5D 1.5R AWD AT	Grey	Seriously Damaged	0
SLU4947P	Car	JAGUAR	XF 2.2 I4D AUTO ABS D/AB 2WD 4DR HID TC	Green	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180311/2001

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Report No. T/20180311/2001

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLU4947P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN18017218 00	09/01/2018	08/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	MAVERIC LEE DONG EN	ID No.	T0300356B	
Related Vehicle	SLU4947P (Car)	Contact No.	NIL	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	10/03/2018	Date Discharge	10/03/2018	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Driver				
Name	KWANG XUAN FENG, PATRICK	ID No.	S8239164I	
Related Vehicle	SLU4947P (Car)	Contact No.	94505077	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	10/03/2018	Date Discharge	10/03/2018	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Passenger				
Name	LI ZHENNI	ID No.	S8313103I	
Related Vehicle	SLU4947P (Car)	Contact No.	92365913	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	10/03/2018	Date Discharge	10/03/2018	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20180311/2001

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Report No. T/20180311/2001

CONTINUATION OF REPORT

Brief Details.

On 10/03/18 at about 1520hrs, I was driving my white jaguar XF bearing registration 'SLU 4947P' along Yishun Ave 1 at the T junction of gems academy. I was driving towards lower seletar road. There was a black Subaru bearing registration 'SJM 4159M' whom was making a right turn at the opposite road had knocked onto the front driver side of my vehicle. After the accident, the driver abandoned his car and ran away. As such, traffic police and ambulance were at scene. However, I had went to KTPH for medical treatment together with my wife and son. As I was feeling strain on my rear neck area, and also chest pain, my wife had also bruises at her right hand, right thigh and strain at her rear neck area. My son was not injured. We had our x ray taken. We were given 3 day of medical leave dated from 11/03/18-13/03/18 reference KHANE181308882, KHANE181308872, KHANE181308873. My vehicle sustain severe dents at the front part of the driver seat, the other party sustain severe dents at the front bonnet. This is the 1st time such incident happen. I am lodging the police report for traffic police investigation.

 SN 085
Signature: 
Singapore Police Force

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20180311/2001

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Report No. T/20180311/2001

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:

F /

Sgt 3 WONG GUAN JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

11/03/2018 00:24

Classification Of Case:



Signature:

Singapore Police Force

SN 085

DRIVING DOC

REPUBLIC OF SINGAPORE
DRIVING LICENCE

License Number: **S82391641**

Name:
KWANG XUAN FENG, PATRICK
(GUAN XUANFENG, PATRICK)

Birth Date: **16 Nov 1982**
Issue Date: **30 Mar 2005**





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S82391641**



Name:
KWANG XUAN FENG, PATRICK
(GUAN XUANFENG, PATRICK)

Chinese Name:
官 煊 丰

Race:
CHINESE

Date of birth:
15-11-1982

Sex:
M


Country of birth:
SINGAPORE

Signature:
S82391641


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors vehicles <= 2500 kg

PASS DATE:
30 Mar 2005



License No: **S82391641**



NP 426A



License No: **S82391641**



Date of issue:
15-04-2012

554 MILTONIA CLOSE #02-77
SINGAPORE 768121

NRIC No: **S82391041** Date: **10/05/2015**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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