

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	21/06/2018 17:01
Date Of Accident	20/06/2018 12:00
Exact Location Of Accident	NICOLL HIGHWAY TWDS SPORTS HUB (KALLANG STADIUM) T
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8800P
Insured/Policyholder	
Name Of Registered Owner	WONG CHUN GUAN
NRIC No	S8879010C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82000927
Alternative Phone No	OFFICE-82000927

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF

Exact Purpose for which vehicle was being used at time of accident

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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MA001480
Cover Note Number	

Driver

Name of Driver	WONG CHUN GUAN
NRIC No	S8879010C
Date Of Birth	14/05/1988
Occupation	INDOOR
Date Of Driving Pass	01/08/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82000927
Fax Number	
Contact Number	OFFICE-82000927
Email Address	NOEMAIL

Address	104 ELIAS ROAD #04-78
Postcode	519957
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	WET

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	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180621/2085.

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	SHC281U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
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

WONG CHUN GUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLN8800P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

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

Gu

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.:



**SINGAPORE
POLICE FORCE**



T/20180621/2085

1 of 3

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20180621/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2018 13:29	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: WONG CHUN GUAN			Address: 104 ELIAS ROAD #04-78 SINGAPORE 519957	
ID Type / ID No.: NRIC NO / S8879010C			Contact No.: Home/Office: Mobile: 82000927	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 30	Date of Birth: 14/05/1988	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: ACCOUNT MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2018 12:00	Type of Location: Straight Road
Location: NICOLL HIGHWAY towards Sports Hub (Kallang Stadium) Traffic light junction in between of South Bridge Tower and Sun Tech City.				
Weather: After Rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SHC281U	Car	HYUNDAI	SONATA	Yellow	Slightly Damaged	2
SLN8800P	Car	VOLKSWAGO N	GOLF A7 1.4 TSI AT 5G13GZ W/O HID	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20180621/2085

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN8800P	ETIQA INSURANCE BERHAD	MA001480	06/12/2017	05/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG CHUN GUAN	ID No.	S8879010C
Related Vehicle	SLN8800P (Car)	Contact No.	82000927
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	20/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 20/06/2018 at about 1200hrs, I was traveling along Nichol Highway in my vehicle SLN8800P. Subsequently I approached a traffic light junction and the traffic light change from green to red. I stopped my vehicle and waited for the traffic light to change from red to green. Suddenly I felt a great impact coming from the rear which also made my vehicle moved forward. I soon discovered a City Cab Taxi bearing registration number SHC281U had banged on to the rear portion of my vehicle. On the same day I went to Changi General Hospital to seek treatment and was later discharge with 3 days of MC (EMD2018118770) starting on the 20/06/2018 to 22/06/2018 followed by 7 days of light duty starting on the 23/06/2018 to 29/06/2018.



**SINGAPORE
POLICE FORCE**



T/20180621/2085

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526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No: T/20180621/2085

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 MUHAMMAD TARMIZI BIN ABDUL
WAHAB

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/06/2018 13:29

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE