

## 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	07/07/2018 09:35
Date Of Accident	06/07/2018 17:35
Exact Location Of Accident	ALONG TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1742G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WANG YIHONG
NRIC No	S8624237J
Email Address	YIHONG002@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97488264
Alternative Phone No	OTHERS-97488264

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	A 0005503

### Driver

Name of Driver	WANG YIHONG
NRIC No	S8624237J
Date Of Birth	06/08/1986
Occupation	INDOOR
Date Of Driving Pass	26/07/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97488264
Fax Number	
Contact Number	OTHERS-97488264
Email Address	YIHONG002@HOTMAIL.COM

Address	BLK 472B FERNVALE STREET #18-45
Postcode	792472
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	CHAIN COLLISION
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)	4
Passenger 1	NAME: : MANFRED QUEK GENDER: : MALE
Passenger 2	NAME: : WOO JIA QI GENDER: : MALE
Passenger 3	NAME: : DESIREE KER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### 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	SKW3598X
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGJ1965Z  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJK5556K  
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 WANG YIHONG  
Approximate Age 32  
Injuries Sustain LEFT WRIST  
Injured person in which vehicle? SJU1742G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address BLK 472B FERNVALE STREET  
#18-45  
Postcode 792472


**SKETCH PLAN**

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5. Any false reporting may be referred to the Police for investigation.
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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:

07 JUL 2018  
09:35AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No. Poh Kwee Choo  
S6840583A

SKETCH PLAN

A: SJU 1742G  
B: SKW 3598X  
C: SGJ 1965Z  
D: SJK 5556K

TPE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


While driving, the vehicle in front came into a sudden stop. I've managed to stop my vehicle in time. However, the car behind did not stop and crashed into my vehicle resulting my vehicle to crash into the front vehicle. Hence causing a chain collision of 4 vehicles.

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 07 JUL 2018  
09:35AM  
GIARMC SketchPlanForm\_V3

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: Poh Kwee Choo  
S6840583A



ORIGINAL COPY

W130

MCNo A 0005503

**MOTOR INSURANCE COVER NOTE**

Whereas the applicant named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance thereupon will cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

Name of Insured:

Wang Yi Hong

**DESCRIPTION OF MOTOR VEHICLE**

Type of Vehicle: Saloon  
 Registered Number: SJU 1742 G  
 Year of Registration: 2009  
 Seating Capacity: 04  
 Engine Capacity/Max Laden Weight: 1591  
 Estimated Value: Market Value

Class Description: Car Shield Plus  
 Make: Hyundai  
 Model: Avante 1.6 A  
 Chassis Number: KMHDAU41BMAU897517  
 Engine Number: G4FCQU 7503 6A

**COVERAGE OF MOTOR POLICY**

Comprehensive

**PERIOD OF INSURANCE**

31/10/17 — 30/10/18

**VALIDITY PERIOD OF COVER NOTE**

VALID FOR 30 DAYS FROM DATE OF ISSUE

**HIRE-PURCHASE OWNER**

DBS Bank Ltd

I/We hereby certify that this Cover Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and the The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore).

JIN LI PTE LTD  
 2 Kallang Avenue #08-16A  
 CT Hub S(339407)  
 Off : 6444 4116  
 Fax : 6444 0010

Signature of the Intermediary

Date of Issue:

31/10/17 (3.45pm)

Billing A/C:

A6158A03

Signed For And on Behalf Of

Authorised Person

Allied World Assurance Company, Ltd


**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8624237J**

Name: **WANG YIHONG**

Birth Date: **06 Aug 1986**  
Issue Date: **26 Jul 2005**

001358030D



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8624237J**

Name: **WANG YIHONG**

王义鸿



Race: **CHINESE**

Date of Birth: **06-08-1986**

Country/Place of Birth: **SINGAPORE**

Sex: **M**

S8624237J

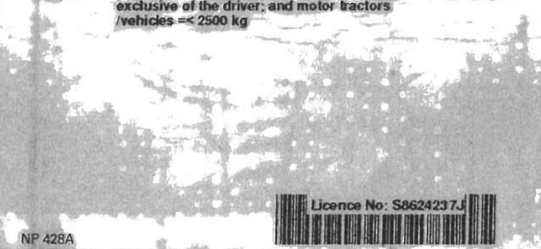
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3: **Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors / vehicles ≤ 2500 kg**

PASS DATE: **26 Jul 2005**

Licence No: **S8624237J**

NP 428A




5635021

NRIC No: **S8624237J**

Date of Issue: **13-08-2016**

Address: **APT BLK 472B FERNVALE STREET  
#18-45  
SINGAPORE 792472**

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



CHASSIS NUMBER





Scene Photo



Scene Photo





Scene Photo

