

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	11/07/2018 17:07
Date Of Accident	11/07/2018 12:15
Exact Location Of Accident	BLK 116 ALJUNIED AVE 2 OPENSOURCE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU2183Z
Insured/Policyholder	
Name Of Registered Owner	WONG KIM HWA
NRIC No	S9236828I
Email Address	BENNZZWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81393774
Alternative Phone No	OTHERS-81393774

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.5 AT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093184158
Cover Note Number	

Driver

Name of Driver	WONG HUI SEE
NRIC No	S9619220G
Date Of Birth	05/06/1996
Occupation	INDOOR
Date Of Driving Pass	24/04/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81393774
Fax Number	
Contact Number	OTHERS-81393774
Email Address	BENNZZWONG@GMAIL.COM

Address	BLK 12 MERPATI ROAD #03-129
Postcode	370012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180711/2099

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	GBB6622G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAWRENCE TAN HAN LOONG
NRIC/Passport Number	S7345190F
Contact Number	
Address	BLK 11 UPPER BOON KENG RD #15-915
Postcode	380011
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	WONG HUI SEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGU2183Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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 (a) 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:

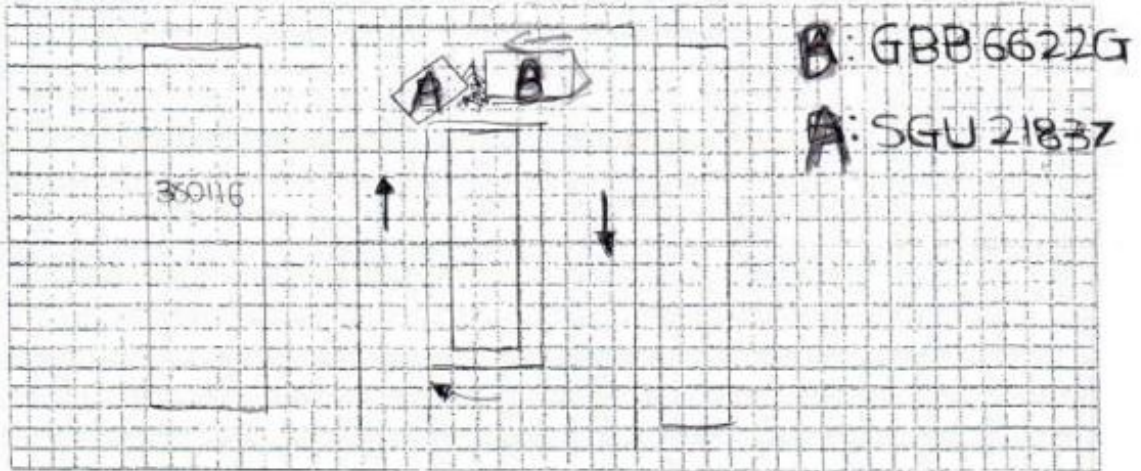
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

11/7/2018

Sketch Plan #2

BLK 116 ALJUNIED AVE 2, 5380116 CAR PARK

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow police report T/20180711/2099

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/PIN No.:

11/7/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180711/2099

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180711/2099

CONTINUATION OF REPORT

Driver			
Name	WONG HUI SEE	ID No.	S9619220G
Related Vehicle	SGU2183Z (Car)	Contact No.	87992620
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	11/07/2018	Date Discharge	11/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	LAWRENCE TAN HAN LOONG	ID No.	S7345190F
Related Vehicle	NIL	Contact No.	84017225
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 11/07/2018 at about 1215hrs, I was driving my grey, Suzuki Swift, SGU2183Z inside the openspace carpark of Blk 116 Aljunied Ave 2. Upon making a right turn in front of an electrical room. I observed a light grey, Toyota lorry reversing out hurriedly in front of me as such I immediately applied brake. At that moment, my vehicle was stationary however the driver did not check his blind spot and continue to reverse before his rear right bumper collided onto my front right portion. Due to the impact, my whole body swing forward. After which, both of us alighted to inspect the damage and I discovered that my front headlamp was cracked while the fender was dented in. After which, the driver and I exchange particulars and proceed for insurance claim. My car does not have any in-car camera and I had sought medical treatment at Mount Alvernia Hospital. The doctor, Su Xiao Ting had issued me a 3 days MC from 11/07/2018 to 13/07/2018. I felt sharp pain on my neck and back area pertaining to the accident.

Sketch Plan #4

PLATINUM WERKZ
24 hrs Service



MAX OH
ACCIDENT CLAIM SPECIALIST
M: +65 9765 9745 E: platinumwerkz@gmail.com
63 Ubi Avenue 1 #01-25, Paya Ubi Industrial Park, Singapore 408934

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24 hrs Service

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- Six-months Warranty
- Vehicle Accident Claims, Car Repair Claims
- Personal Injury Claims, Rental Car Claims, Medical Claims
- Provide A Car For Your Use, Subject To Availability
- Major & Minor Repairs We Can Negotiate Further.

CALL: +65 6741 0610 / +65 9765 9745

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



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180711/2099

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180711/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2018 16:22	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: WONG HUI SEE			Address: APT BLK 12 MERPATI ROAD #03-129 SINGAPORE 370012	
ID Type / ID No.: NRIC NO / S9619220G			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 87992620
			Email:	
Sex: Female	Age: 22	Date of Birth: 05/06/1996	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALES ASSISTANT			Driving Licence Information: Class: 3A	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: 11/07/2018 12:15	Type of Location: Car Park
Location: Along Road 1 ALJUNIED AVENUE 2				
Blk 116 Aljunied Ave 2, opensapce carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GBB6622G	Lorry				No Damage	0
SGU2183Z	Car				Seriously Damaged	0

Details of Person Involved

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

Police Report



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POLICE FORCE**



T/20180711/2099

Police Station Of Origin:
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629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180711/2099

CONTINUATION OF REPORT

Driver			
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Related Vehicle	NIL	Contact No.	84017225
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Police Report



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Tel No: 1800-4439999



T/20180711/2099

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Report No. T/20180711/2099

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 HEAP ZHI YONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

11/07/2018 16:22

Classification Of Case: