

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	08/08/2018 14:38
Date Of Accident	07/08/2018 12:15
Exact Location Of Accident	ALONG EU TONG SEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6997H
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094921806
Cover Note Number	

Driver

Name of Driver	WONG DAVID (WANG DAVID)
NRIC No	S8331535J
Date Of Birth	04/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2004
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91088108
Fax Number	
Contact Number	OFFICE-91088108
Email Address	NOEMAIL

Address	BLK 144 RIVERVALE DRIVE #17-541
Postcode	540144
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	3
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)	2
Passenger 1	NAME: : ANGELO GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMPAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180807/2181.

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 Witness 1

Name	ANGELO
Phone Number	97739465
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH2046X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	KOK CHUN CHEONG, AARON
NRIC/Passport Number	S8730686J
Contact Number	97344553
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC8319P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DHAMODHARAN DHANA RAJ
NRIC/Passport Number	G5228857L
Contact Number	91664979
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	WONG DAVID (WANG DAVID)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJK6997H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:


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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180002/2181.

DECLARATION

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

Policyholder's
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/20180807/2181

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No: T/20180807/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2018 21:03	Vide Report No.:	Station Diary No.: 83
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Informant's Particulars

Name of Informant: WONG DAVID			Address: APT BLK 144 RIVERVALE DRIVE #17-541 SINGAPORE 540144		
ID Type / ID No.: NRIC NO / S8331535J			Contact No.: Home/Office: Mobile: 91088108		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 04/10/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 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: 07/08/2018 12:15	Type of Location: Straight Road
Location: Along Road 1 EU TONG SEN STREET				
Along Eu Tong Sen Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
GBC8319P	Lorry	TOYOTA	DYNA 150 MANUAL	Silver	Slightly Damaged	1
SJK6997H	Car	TOYOTA	VIOS E AUTO	Red	Seriously Damaged	1
SLH2046X	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Blue	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180807/2181

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20180807/2181

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DHAMODHARAN DHANA RAJ	ID No.	G5228857L
Related Vehicle	GBC8319P (Lorry)	Contact No.	91664979
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WONG DAVID	ID No.	S8331535J
Related Vehicle	SJK6997H (Car)	Contact No.	91088108
Hospital/Clinic	HEALTHMARK FAMILY CLINIC (COMPASSVALE)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/08/2018	Date Discharge	07/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	KOK CHUN CHEONG, AARON	ID No.	S8730686J
Related Vehicle	SLH2046X (Car)	Contact No.	97344553
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

Brief Details.

Vehicles involved:
My car: SJK6997H
Blue Toyota altis: SLH2046X (V2)
Lorry: GBC8319P

I am the driver of a red Toyota Vios bearing license plate: SJK6997H. I am a Grab driver for the past 10months.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180807/2181

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20180807/2181

CONTINUATION OF REPORT

On 7/8/2018, I was travelling from 14 Carpenter Street to Embassy of Italy. At about 1215hrs, I was driving along Eu Tong Sen Street on the way to alight a Grab customer. The traffic was very heavy at that point of time because it was during lunch period. I was stationary because about 100m ahead the traffic light was red. Suddenly, I heard a bang sound and I felt an impact when my head hit against the head rest. I then checked with my passenger if he was injured, he informed that he was fine. I then got off my vehicle and spoke to the driver of V2 and he then explained to me saying sorry as V3 hit onto his car and his car surged forward. We then exchanged particulars. My car was then being towed away at 1300hrs because I fear that my car's rear bumper would drop off if I continued driving.

My passenger is willing to be a witness, however he is not local. His name is Angelo, C/N: 9773 9465. No TP or ambulance were at scene, no government property were damaged.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180807/2181

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Report No. T/20180807/2181

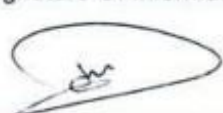
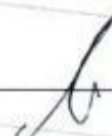
Police Station Of Origin:
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4 Sembawang Crescent SINGAPORE
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Tel No: 1800-5549999

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 2 LIM AI LING, IVY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2018 21:03
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:  SN 005
Authentication Stamp NP168	



Accident Photo



Accident Photo



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