

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	03/09/2018 12:25
Date Of Accident	01/09/2018 13:30
Exact Location Of Accident	ALONG CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4997E
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Insured/Policyholder

Name Of Registered Owner	LOW KIA HAI
NRIC No	S1395683I
Email Address	LOWKIAHAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98241069
Alternative Phone No	OTHERS-98241069

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5 AT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PTE 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	5095875741
Cover Note Number	15/11/17 - 14/11/18

Driver

Name of Driver	WONG GUANGWEI
NRIC No	S8916700J
Date Of Birth	28/04/1989
Occupation	INDOOR
Date Of Driving Pass	21/10/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82229573
Fax Number	
Contact Number	
Email Address	ETERANGL@GMAIL.COM

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name WONG GUANGWEI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJN4997E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LOW CHUANYING

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJN4997E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SJN 4997 E
INSURER : NTUC
DATE & TIME: 01/9/18 @ 13:30

IMPORTANT NOTICE

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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: (45)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Along CTE

A = SON 4997E
 B = SLU 3691 M (Alone)
 Pung JiaJun
 SBS 03151A
 HP-91453301

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to on-line police report NO: T/20180901/7014

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

CHARP/CC/2018/0901/7014 () Claim Own Policy (X) Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop ()

PR



**SINGAPORE
POLICE FORCE**



T/20180901/7014

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20180901/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2018 19:23	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WONG GUANGWEI			Address: APT BLK 873 YISHUN STREET 81 #04-157 SINGAPORE 760873		
ID Type / ID No.: NRIC NO / S8916700J			Contact No.: Home/Office: Mobile: 82229573		
Nationality: SINGAPORE CITIZEN			Email: eterangel@gmail.com		
Sex: Male	Age: 29	Date of Birth: 28/04/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other finance and insurance clerks (eg credit clerk)			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: 01/09/2018 13:30	Type of Location: CTE near Ang Mo Kio ave 1 exit
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJN4997E	Car	NISSAN	LATIO	Silver	Seriously Damaged	2
SLU3691H	Car	MERCEDES BENZ		White	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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PR



**SINGAPORE
POLICE FORCE**



T/20180901/7014

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180901/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN4997E	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG GUANGWEI	ID No.	S8916700J
Related Vehicle	SJN4997E (Car)	Contact No.	82229573
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/09/2018	Date Discharge	01/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	PUNG JIAJUN	ID No.	S8503151A
Related Vehicle	SLU3691H (Car)	Contact No.	91453301
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.

Accident site: on CTE towards City, before AMK Ave 1 exit.

Road surface was dry, skies were clear and traffic condition was heavy jam. It happened on Lane 1 (right most lane).

My vehicle was stationary due to heavy jam. Another car (Plate no. SLU3691H), estimates to be travelling between 70-80 km/h collided into the rear of my vehicle full head on.

The vehicle sustained major damages, and entire rear was wrecked.

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**SINGAPORE
POLICE FORCE**



T/20180901/7014

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180901/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
01/09/2018 19:23

Classification Of Case:

PR AMENDMENT



**SINGAPORE
POLICE FORCE**



T/20180903/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No: T/20180903/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2018 13:01		Vide Report No.: T/20180901/7014		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG GUANGWEI			Address: APT BLK 873 YISHUN STREET 81 #04-157 SINGAPORE 760873		
ID Type / ID No.: NRIC NO / S8916700J			Contact No.: Home/Office: Mobile: 82229573		
Nationality: SINGAPORE CITIZEN			Email: eterangel@gmail.com		
Sex: Male	Age: 29	Date of Birth: 28/04/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other finance and insurance clerks (eg credit clerk)			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: 01/09/2018 13:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN4997E	Car	NISSAN	LATIO	Silver	Seriously Damaged	2
SLU3691H	Car	MERCEDES BENZ		White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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PR AMENDMENT



**SINGAPORE
POLICE FORCE**



T/20180903/7007

2 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180903/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN4997E	NTUC Income Insurance Co-Operative Limited	5095875741	15/11/2017	14/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	WONG GUANGWEI		ID No.	S8916700J
Related Vehicle	SJN4997E (Car)		Contact No.	82229573
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/09/2018		Date Discharge	01/09/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	LOW CHUANYING		ID No.	S9443718J
Related Vehicle	SJN4997E (Car)		Contact No.	97101562
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/09/2018		Date Discharge	01/09/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	PUNG JIAJUN		ID No.	S8503151A
Related Vehicle	SLU3691H (Car)		Contact No.	91453301
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

PR AMENDMENT



**SINGAPORE
POLICE FORCE**



T/20180903/7007

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Tel No: 65470000

3 of 4

Report No. T/20180903/7007

CONTINUATION OF REPORT

Brief Details:

My vehicle SJN4997E was travelling on CTE towards City, accident happened before AMK AVE 1 Exit, 1.30pm.

White Mercedes Benz SLU3691H came from behind at about 80-90km/h and collided into the rear of my vehicle which was stationary due to heavy traffic jam.

Ambulance came and conveyed me and my passenger Low Chuan Ying to Tan Tock Seng Hospital.

PR AMENDMENT



**SINGAPORE
POLICE FORCE**



T/20180903/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20180903/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/09/2018 13:01

Classification Of Case: