

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 liability.
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	10/10/2018 10:07
Date Of Accident	09/10/2018 03:15
Exact Location Of Accident	SERANGOON ROAD AFTER SHELL STATION, NEAR BUS STOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN71R
Insured/Policyholder	
Name Of Registered Owner	HO LAN FONG
NRIC No	S2609235C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82990071
Alternative Phone No	OTHERS-82990071

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 COUPE AUTO
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V08096/VPE/R00
Cover Note Number	

Driver

Name of Driver	WEE ZAN WEI, NICKLAUS
NRIC No	S9244403A
Date Of Birth	24/11/1992
Occupation	INDOOR
Date Of Driving Pass	06/12/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82990071
Fax Number	
Contact Number	OTHERS-82990071
Email Address	NOEMAIL

Address	71 WESTWOOD AVENUE
Postcode	648393
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	DRIZZLING
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT :

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	SJN7090B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG WEN XIAN
NRIC/Passport Number	S9134534Z
Contact Number	91063912
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WEE ZAN WEI, NICKLAUS
Approximate Age	

Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKN71R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


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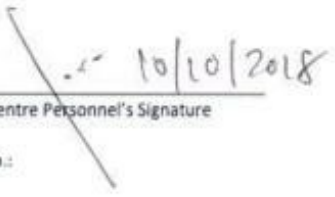
8. Consent under the Personal Data Protection Act (PDPA)

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.:

Sketch Plan #2

SKETCH PLAN

Diagram of a road layout with a bus stop and a junction:

The road is labeled "Serangoon Rd" and has a "bus stop" indicated by a box. The road is divided into four lanes. The first lane from the top has a right-pointing arrow. The second lane from the top has a right-pointing arrow. The third lane from the top has a right-pointing arrow and a box labeled "A" and "B". The fourth lane from the top has a right-pointing arrow.

Below the road, the following text is written:

A - SKN71R
B - SJN7090B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20181009/2159

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181009/2159

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

2 of 3

Report No. T/20181009/2159

CONTINUATION OF REPORT

Name	ANG WEN XIAN		ID No.	S9134534Z
Related Vehicle	SJN7090B (Car)		Contact No.	91063912
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	
Driver				
Name	WEE ZAN WEI, NICKLAUS		ID No.	S9244403A
Related Vehicle	SKN71R (Car)		Contact No.	82990071
Hospital/Clinic	ACCORD MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/10/2018	Date Discharge	09/10/2018	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 09/10/2018 at about 0315hrs, I was travelling on the third lane along Serangoon Road when suddenly the taxi in front of me jammed his brakes and to avoid collision, I also applied my emergency brakes. The taxi then changed lane to the 4th lane to drop off his passenger. I then suddenly felt an impact behind my vehicle and realized that there was another vehicle had hit me. I then went out from my vehicle and both drivers exchanged particulars. Afterwhich, both drivers left scene.

Earlier this morn after I woke up, I felt pain on my back and my neck as such, I went to the clinic for medical assessment and was given 3 days MC.

My vehicle's rear bumper was damaged and the other driver's front bumper was seriously damaged.

Sketch Plan #4



Sketch Plan #5

Accord Medical Clinic
BLK 325 UBI AVENUE 1
Tel: 68441528 Fax: 68443782

Medical Certificate

Date : 09 Oct 2018
MC No. : 0000052604

This is to certify that :

Name : WEE ZAN WEI NICKLAUS
NRIC : S9244403A

is Unfit for Duty for 3 days
from 09/10/2018 to 11/10/2018 inclusive.

DR JOSEPH WANG
M.B.B.S(S'PORE) GDFM(S'PORE)
ACCORD MEDICAL CLINIC
MCR NO: 11754D

ACCORD MEDICAL CLINIC
Blk 325 Ubi Avenue 1 #01-701
Singapore 400325
Tel: 6844 1528 Fax: 6844 3782
Email: enquiry@accordmedical.com.sg

JOSEPH WANG

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

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



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181009/2159

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

1 of 3

Report No. T/20181009/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2018 18:01	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars			
Name of Informant: WEE ZAN WEI, NICKLAUS		Address: 71 WESTWOOD AVENUE SINGAPORE 648393	
ID Type / ID No.: NRIC NO / S9244403A		Contact No.: Home/Office: Mobile: 82990071	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 24/11/1992	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/10/2018 03:15	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD				
After Shell Station, near bus stop				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SJN7090B	Car	VOLKSWAGO N		Grey	Slightly Damaged	0
SKN71R	Car	MERCEDES BENZ	C200 Coupe	Grey	Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181009/2159

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SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20181009/2159

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 /
Sr Staff Sgt AHMAD ZAHID BIN JASNI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/10/2018 18:01

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476190

Classification Of Case:

Authentication Stamp
NP168