#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	10/10/2018 14:05
Date Of Accident	09/10/2018 21:10
Exact Location Of Accident	BUANGKOK DRIVE EXIT FORM KPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA1744U
Insured/Policyholder	
Name Of Registered Owner	TONY LUM @ LUM KIM WAH

NRIC No \$1564164I

Email Address EDDIEYMW@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-91082732

Alternative Phone No OFFICE-91082732

**Vehicle Particulars** 

Manufacturer VOLKSWAGEN

Model TIGUAN-2.0 TSI (5N22N9) (A)

Exact Purpose for which vehicle was being used at

time of accident

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 HL ASSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number MP302015

Cover Note Number

Driver

Name of Driver WONG YIK MUN

 NRIC No
 \$7077924B

 Date Of Birth
 15/05/1970

 Occupation
 INDOOR

 Date Of Driving Pass
 18/10/2003

Driving Experience 14 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91376223

Fax Number

Contact Number

EMail Address NOEMAIL

Address 31 COMPASSVALE ROAD #01-42

Postcode 544759

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured **FRIEND** 

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 YES

Was any other material or property damaged?

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 SENGKANG NPC

ROAD: 2 SENGKANG SQUARE #01-02, POSTCODE: 545025, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBG2861H

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

**GOODS VEHICLE** Vehicle Category Name of Driver LEO SANG YONG

NRIC/Passport Number S6829510F Contact Number 98387489

Address Postcode

Insurance Company Name

Nature Of Damage

## No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLQ6005R

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

SHC824D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

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

WONG YIK MUN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKA1744U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

31 COMPASSVALE ROAD #01-42

Postcode

544759

#### Sketch Plan

### SKETCH PLAN

### 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 ligibility on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GrA Seconds 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
- 2. 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 (POPA)

Lunderstand, 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)
  - (1) processing, flandling 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
- (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agentalinctuding 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. lovestigation 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 regularements under any regulations, laws or court orders.

Policyholder's Signature Date & Time 10 (10/2018

Driver's Stenature

(if three is not the palmyholder) Date & Time 10/10/2018

Reporting Contro Personnel's Signature Name Claim Soon

NAIC/FIN No

## Sketch Plan #2

SKETCH	PLAN
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V.

A:SEA ITHUANU

B: GBG 2861H

C: SLO 6005R

DI SHC 8240

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/10/2018 at about 910 pm, my car SKA 1744U stopped
at talkic light and there are more cars infrant of my car.
Suddenly, I felt a huge impact on the back of my car.
VEHICLE GBG 2861H bong into my rear and caused my car to
move forward and hit onto SLOGOOSR, VEH SLOGOOSR also
move forward and hit onto SHC8240. This is a chain collision.
This morning 10/10/2018, I start to feel stiffress on my neck.
Refer to Police Report

DECLARATION

Whe declare the foregoing particulars are true in every respect

傘

Pulmyholder's Sapature Date & Time: 40 LD 2618

Driver's Signature

(If driver is not the policyhulder)
Date & Firme: (O[10[2018]

lpm '

Assorbing Centre Assonnel's Sanature

Name: Elaine Soon NRICTIN NO: 880291448





Report No. T/20181010/2058

1 of 4

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

· · · · · · · · · · · · · · · · · ·			
REPORT OF A TRAFFIC ACCIDENT	•		·
Date/Time Report Made:	Vide Report No.:		Station Diary No.:
10/10/2018 13:17		.*	96

10/10/2018	13:17				96
Informant'	s Particul	ars			
Name of In WONG YIK			Address:	14 42 CINCA	DODE 544750
ID Type / II			31 COMPASSVALE ROAD #0 Contact No.:	71-42 SINGA	PURE 344739
NRIC NO /		IB	Home/Office:	Mobile: 91	376223
Nationality: MALAYSIA			Email:		
Sex: Male	Age: 48	Date of Birth: 15/05/1970	Type of Informant: Driver		
Race: Chinese			Language: English	Institution /	School Name:
Occupation SELF-EMP			Driving Licence Information: Class: 3	Date of Ex	oiry:

General Informat	ion of the Accident					
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 09/10/2018 21:10	)	Type of Location: X-Junction
Location: Along Road 1 BUANGKOK DRIVE  Exit from KPE. Traffic light cross junction.						
Weather: Clear			Surface:		Road	d Speed Limit:
Traffic Flow: One Way		Traffic	Control:		Traff Hea	ic Volume: vy
Type of Collision: Between Moving	Vehicles - Head To Ro	ear				one conveyed by ulance:

Details of Ve	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG2861H	Van	HYUNDAI		White	Slightly Damaged	0
SHC824D	Car	HYUNDAI		Yellow	Slightly Damaged	0
SKA1744U	Car	VOLKSWAGO N	Tiguan	Black	Seriously Damaged	0
SLQ6005R	Car	MAZDA		White	Slightly Damaged	1





2 of 4

Report No. T/20181010/2058

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

### **CONTINUATION OF REPORT**

Details of Vo	hicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA1744U	HL ASSURANCE PTE. LTD	MP302015	25/01/2018	24/01/2019
			:	

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrian	s Injured: NIL		Use of Peo	destrian	Cross	ing: NA
Driver						
Name	LEO SANG YONG			ID No.		S6829510F
Related Vehicle	GBG2861H (Van)			Conta	ct No.	98387489
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL			
Driver						
Name	WONG YIK MUN			ID No.		S7077924B
Related Vehicle	SKA1744U (Car)		110000	Conta	ct No.	91376223
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ·	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL Degree of Injury NIL						

## Brief Details.

On the mentioned date, time and location, I had brought my vehicle to a complete halt as the traffic light junction ahead had turned red. Al the other vehicles ahead of mine were also stationary.

Thereafter, I suddenly felt a huge impact coming from the rear of my vehicle (SKA1744U). The impact caused my stationary vehicle to surge forward which resulted in it having colliding into the rear of the vehicle ahead of mine, i.e. (SLQ6005R). This vehicle in turn collided into the rear of the taxi, i.e. SHC824D.

The driver of the van (GBG2861H) which had collided into my vehicle and ultimately caused the chain collision had not even explain as to why he had failed to stop his vehicle.

At that juncture, I did not feel any pain... but today on 10/10/2018, I now sense some stiffness to my neck region.

My vehicle sustained some dents to the rear section area and also damages to the rear taillights. Also,





3 of 4

Report No. T/20181010/2058

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

**CONTINUATION OF REPORT** 

my front end section where the number plate is positioned at has been damaged.

That's all.





4 of 4

Report No. T/20181010/2058

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

## 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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: F / Sr Staff Sgt NORMAN AHMAD EDMUND HERMANN	Signature Of Informant:
Signature Of Interpreter:  Not applicable	Date/Time: 10/10/2018 13:17
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp	

# > Back to OneMotoring

# **Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	41641
Vehicle Details	
Vehicle No.:	SKA1744U
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Oct 2018
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	TIGUAN 2.0L TSI AT 5N12K9 SR
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	CCZ110978
Chassis No.:	WVGZZZ5NZBW068449
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$27,288.00
Original Registration Date:	25 Jan 2011
First Registration Date:	25 Jan 2011
Transfer Count:	0
Actual ARF Paid:	\$27,288.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jan 2021
PARF Rebate Amount:	\$16,372.00
Intended COE Rebate Details	
COE Expiry Date:	24 Jan 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$42,801.00
COE Rebate Amount:	\$9,791.00
Total Rebate Amount:	\$26,163.00
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The information contained herein is correct as at 10 Oct 2018