

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	13/12/2018 16:52
Date Of Accident	13/12/2018 14:50
Exact Location Of Accident	DUCHESS ROAD TOWARDS CORONATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1259U
Insured/Policyholder	
Name Of Registered Owner	WU RENCAI
NRIC No	S8836759F
Email Address	TIMMOWU@LIVE.COM
Mobile Phone No	(LOCAL) +65-96257892
Alternative Phone No	OFFICE-96257892

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102804905
Cover Note Number	

Driver

Name of Driver	WU RENCAI
NRIC No	S8836759F
Date Of Birth	29/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96257892
Fax Number	
Contact Number	OFFICE-96257892
EEmail Address	TIMMOWU@LIVE.COM

Address	BLK 146 JALAN BUKIT MERAH #08-1082
Postcode	160146
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	NAME: : WANG YAN FENG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER SKETCH PLAN

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	SHD8557S
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 INJURED PERSON 1

Name WU RENCAI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJX1259U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

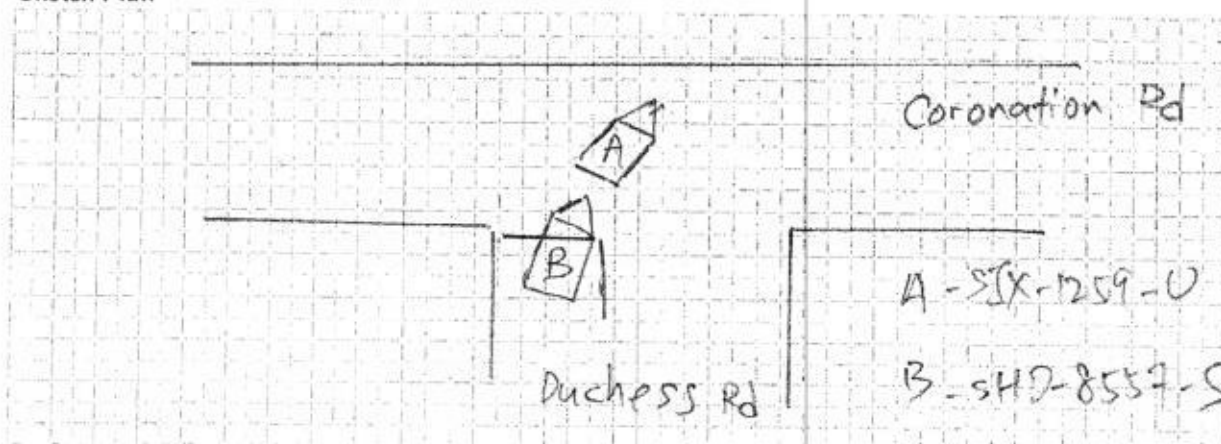
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

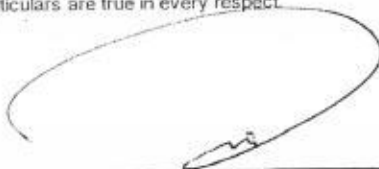
On 13/12/2018 around 2.50pm, I was driving along
 Duchess Rd towards Coronation Rd
~~Coronation Rd towards Botolph Claydon Rd~~ I was stopped
 at T-junction and want to turn right to Coronation Rd.
 After checking traffic left and right was clear, I was moving forward ^{then}
~~driving~~ my vehicle half-way turning right suddenly vehicle ^(SHD-8557-S) at
 my behind ~~was~~ hit ^{against} my ~~was~~ vehicle rear portion.

Declaration

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



Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20181214/2003

1 of 3

Report No. T/20181214/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2018 00:33		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: WU RENCAI			Address: APT BLK 146 JALAN BUKIT MERAH #08-1082 SINGAPORE 160146		
ID Type / ID No.: NRIC NO / S8836759F			Contact No.: Home/Office:		Mobile: 96257892
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 29/09/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Shipping Sales			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: 13/12/2018 14:55	Type of Location: T-Junction
Location: Along Road 1 DUCHESS ROAD CORONATION ROAD Duchess Road T-junction of Coronation Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
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
SHD8557S	Car	HYUNDAI				0
SJX1259U	Car	TOYOTA	VIOS E AUTO	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX1259U	NTUC Income Insurance Co-Operative Limited	5102804905	04/08/2018	03/08/2019



**SINGAPORE
POLICE FORCE**



T/20181214/2003

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No: T/20181214/2003

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time, I was driving my car along Duchess Road and had approached the T-junction. As I intended to make a right turn towards Coronation Road, I made a complete stop at the stop line to check oncoming vehicles travelling on the said road.

After checking that the traffic was clear, I then drove off pass the stop line and was about to make the turn, when subsequently, a vehicle hit onto the rear portion of my car.

I then stopped and noticed that a 'City Cab' taxi front portion had collided on the rear bumper of my car.

We then exchanged particulars at the accident location.

Due to the accident, I sustained neck and back aches. Thus, I had gone to Alexandra Hospital A&E department to seek medical treatment. I was later given 04 days of MC and 07 days of light duty. However, I was not diagnosed with any serious injuries and was told by the doctor to observe the condition.

I wish to state that earlier during the accident, there was also another passenger in my car but he did not sustain any injuries.

My car rear bumper was dislodged and there were scratches on the rear left portion of my car. I only noticed that the taxi had on the front bumper and unsure if the taxi driver had sustain any injuries.

My car have onboard vehicle installed for the front but none for the rear. Therefore, no footage of the accident was captured. I am unsure if the taxi had any cameras installed.



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POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20181214/2003

3 of 3

Report No., T/20181214/2003

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:
D /
Sr Staff Sgt MUHAMMAD NAUFAL BIN MOHD
DIAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

SN 45

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
14/12/2018 00:33

Classification Of Case: