

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	18/12/2018 14:23
Date Of Accident	14/12/2018 22:30
Exact Location Of Accident	JUNC NORTH BRIDGE RD & JALAN SULTAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8258T
Insured/Policyholder	
Name Of Registered Owner	KENG WONG
NRIC No	S7442518F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85182518
Alternative Phone No	OFFICE-85182518

Vehicle Particulars

Manufacturer	BMW
Model	216D GRAN TOURER LED NAV 7 SEATER
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104980408
Cover Note Number	

Driver

Name of Driver	KENG WONG
NRIC No	S7442518F
Date Of Birth	13/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85182518
Fax Number	
Contact Number	OFFICE-85182518
E-Mail Address	NOEMAIL

Address	3 JALAN MELATI
Postcode	368890
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181218/2008.

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	SHC5256K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG HIN WOO
NRIC/Passport Number	S1125028I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 2
Passenger 1 NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name KENG WONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLB8258T
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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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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

North Bridge Rd.

A: JCB82587
B: JHC52361c

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/18 12/15/2008.

(The remaining lines of the form are crossed out with a diagonal line.)

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.:

Police Report



Police Station Of Origin:
Geylang N.P.C.
132 Paya Lebar Road SINGAPORE 409014
Tel No. 1800-848999



T/20181218/2008

1 of 4

Report No. T/20181218/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2018 02:35
Vide Report No.
Station Diary No.: 17

Informant's Particulars

Name of Informant: KENG WONG
Address: 3 JALAN MELATI SINGAPORE 368890
ID Type / ID No.:
NRIC NO / S7442518F
Contact No.:
Home/Office: Mobile: 85182518
Email:
Nationality: SINGAPORE CITIZEN
Sex: Male Age: 44 Date of Birth: 13/12/1974
Type of Informant: Driver
Race: Chinese Language: Institution / School Name:
Occupation: BUSINESSMAN
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: 14/12/2018 22:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 NORTH BRIDGE ROAD JALAN SULTAN				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5256K	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0
SLB8258T	Car	BMW	218D GRAN TOURER LED NAV 7 SEATER	Brown	Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Geylang N.P.C.
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-940099



T20181218-2328

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Report No: T201812182328

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SL88258T	NTUC Income Insurance Co-Operative Limited	5104983408	25/10/2018	24/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	NG WIN HOO	ID No.	S1125028I
Related Vehicle	SHC5256K (Car)	Contact No.	9194711B
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	ID No.	Class of Driving Licence & Expiry Date	Degree of Injury
KENG WONG	S7442518F	Class: 3 Date of Expiry: NIL	Slight
Related Vehicle	SL88258T (Car)	Contact No.	8518251B
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/12/2018	Date Discharge	17/12/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.
 On 14/12/2018 at about 2230hrs, I was driving along North Bridge road travelling towards Jalan Sultan. I was travelling on the 2nd left most lane with light traffic on all lanes. As I was passing the Textile Centre, one taxi bearing vehicle number SHC5256K, was approaching my vehicle on the extreme left lane and had initially attempted to cut into my lane due to there being vehicles parked on the left most lane however it was too close whilst cutting into my lane, hit onto the rear left side of my vehicle. We then exited our vehicles and exchanged particulars and went on our separate ways.

On the 16/12/2018, I decided to go to Tan Tock Seng Hospital where I received 4 days MC due to pain on my neck and also double vision.

On 17/12/2018, I went to IDAC for accident reporting and was advised by the staff there to lodge a traffic accident report as I had been given 4 days MC.

That is all

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999



T201812182008

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Report No: T201812182008

CONTINUATION OF REPORT

Police Report

Z X C V B N M

 **SINGAPORE POLICE FORCE**

Police Station Of Origin
Geylang N.P.C
112 Paya Lebar Road SINGAPORE 40014
Tel No: 1800-8486299

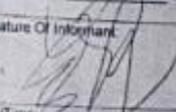

1201812180008

Report No: T201812180008

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 / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 18/12/2018 02:35
Officer in Charge Of Case TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No: 55476204	Classification Of Case

Authentication Stamp
SINGAPORE POLICE FORCE
MP188

S01447308

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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