

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	12/01/2019 13:38
Date Of Accident	11/01/2019 20:00
Exact Location Of Accident	JUNC OF SENGKANG WEST AVE AND FERNVALE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB6393Y
Insured/Policyholder	
Name Of Registered Owner	WONG MUN KIT ROBIN
NRIC No	S7734441A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92377392
Alternative Phone No	OTHERS-92377392

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3093121802
Cover Note Number	

Driver

Name of Driver	WONG MUN KIT ROBIN
NRIC No	S7734441A
Date Of Birth	17/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92377392
Fax Number	
Contact Number	OTHERS-92377392
Email Address	NOEMAIL

Address	BLK 430B FERNVALE LINK #11-221
Postcode	792430
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	CHAIN COLLISION
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	4
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: : LIAN WEN YAN, GINA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190112/2013

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3182Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOK CHIN NAM
NRIC/Passport Number	S0056342J

Contact Number 96269436
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB4967D
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 SHB5248P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NG BEE TIAN
NRIC/Passport Number S1212242Z
Contact Number 91052598
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG MUN KIT ROBIN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJB6393Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIAN WEN YAN, GINA
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJB6393Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address
Postcode

Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

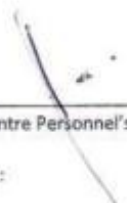
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

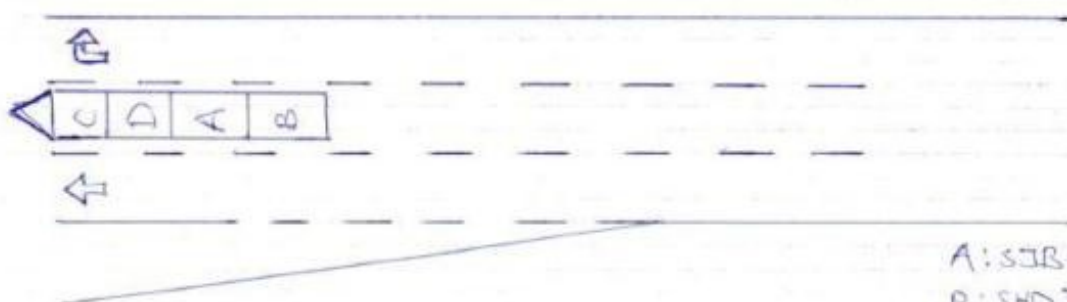

Policyholder's Signature
Date & Time: 11/1/19


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/1/19


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



A: SHB6393Y
B: SHD3182Y
C: SHB4967D
D: SHB5248P

SENGKANG WEST AVE X FERNVALE RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE/TIME AND LOCATION. I WAS TRAVELING ON SENGKANG WEST AVE ON MY WAY HOME. I STOPPED BEHIND A VEHICLE DUE TO RED LIGHT. ALL OF A SUDDEN VEHICLE "B" COLLIDED ONTO MY REAR AND MY VEHICLE MOVED FORWARD AND HITS ONTO MY FRONT VEHICLE. AFTER THAT I REALISE I WAS INVOLVED IN A 4 CARS ACCIDENT. WE PROCEED TO INSURANCES.

PLS Refer to the Police Report -
T/20190112/2013

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.:



**SINGAPORE
POLICE FORCE**



T/20190112/2013

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20190112/2013

CONTINUATION OF REPORT

Brief Details.

On 11/01/2019 at about 2000hrs, I was driving my vehicle registration plate number SJB6393Y along Sengkang West Ave. I was travelling on the second lane of a three lane road. I then stopped my vehicle behind one vehicle registration plate number SHB5248P as the traffic light turns red. It is at the junction of Sengkang West Ave and Fernvale Road. Just then, one vehicle registration plate number SHD3182Y collided onto my vehicle rear causing my vehicle to move forward. My vehicle then hit onto the vehicle rear of SHB5248P.

We then alighted from the vehicle and I realised it was a chain collision involving 4 vehicles however the first vehicle had a slight contact as such the driver drove off after.

No one was injured during the accident. Traffic police were at scene to assist.

I wished to state that I do have an in-built CCTV in my vehicle.

After the accident, my wife and I then went to Mount Elizabeth Novena hospital for medical check. We were both given 4 days of medical leave by the doctor.

I lodging this report for my insurance claims.

Accident Sketch Plan



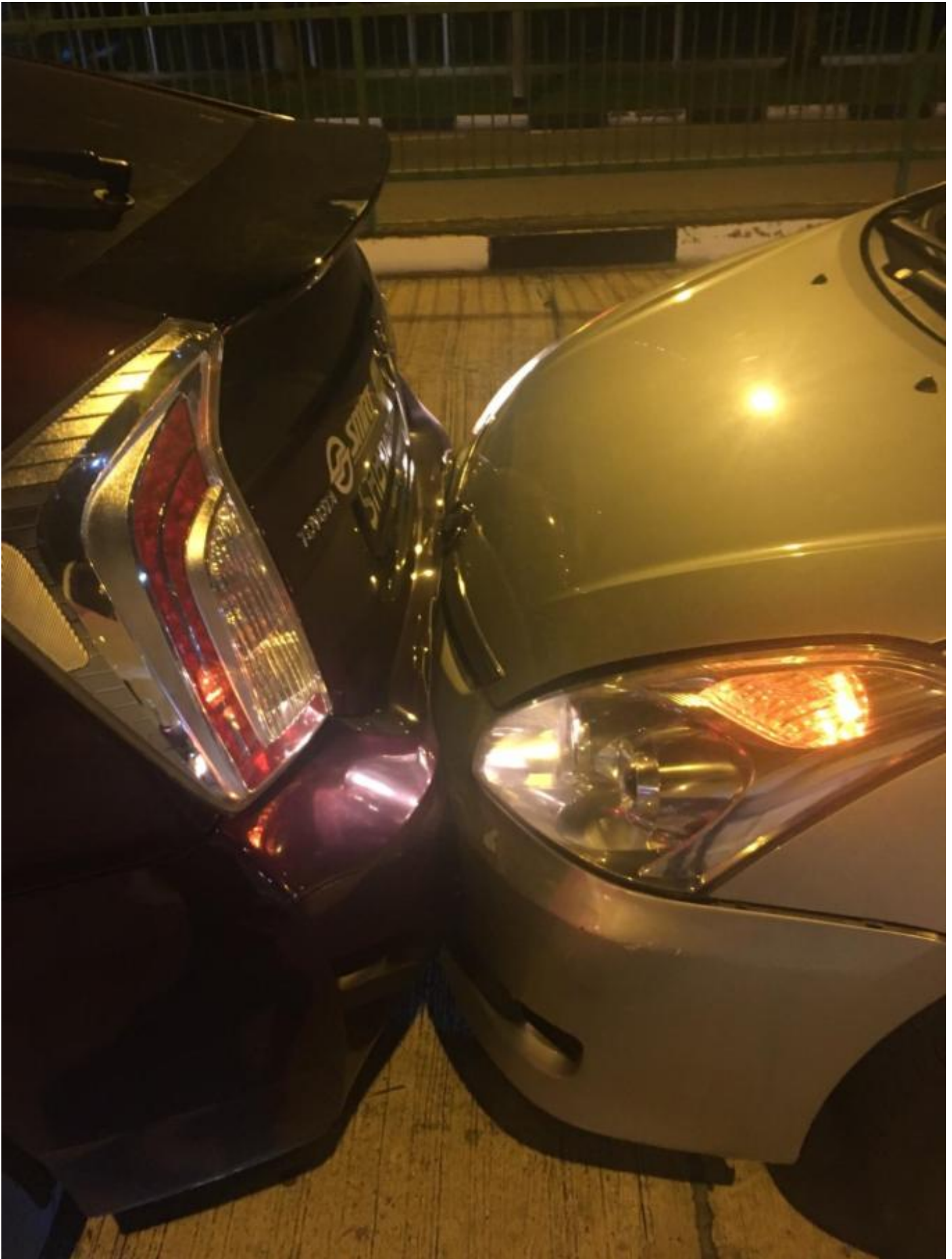
Driver



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



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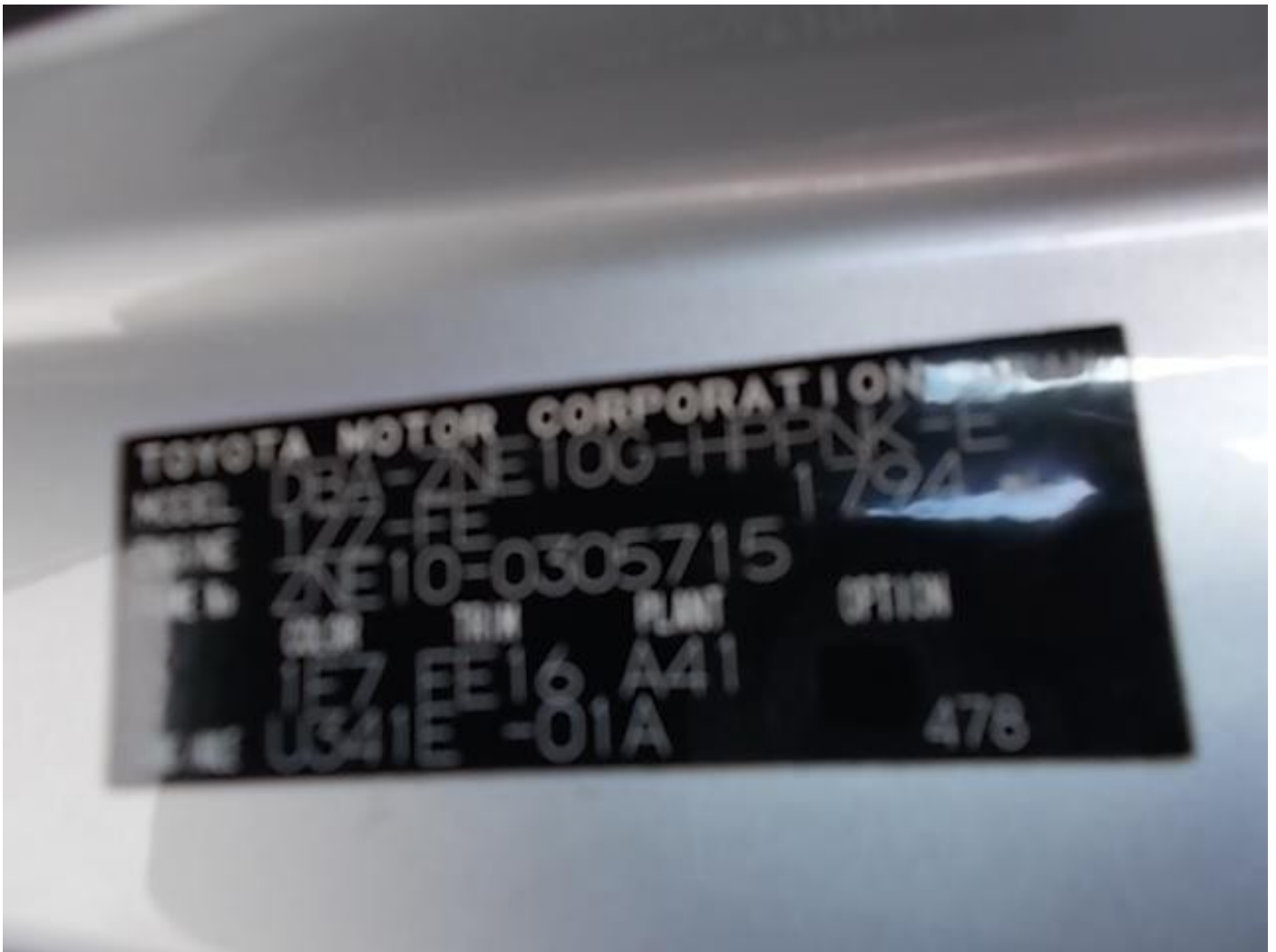
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190112/2013

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20190112/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2019 01:53		Vide Report No.:	Station Diary No.: 16
Informant's Particulars			
Name of Informant: ROBIN WONG MUN KIT		Address: APT BLK 430B FERNVALE LINK #11-221 SINGAPORE 792430	
ID Type / ID No.: NRIC NO / S7734441A		Contact No.: Home/Office: Mobile: 92377392	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 17/11/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: BANK OFFICER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2019 20:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SENGKANG WEST AVENUE FERNVALE ROAD Junction of Sengkang West Ave and Fernvale Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SHB4967D	Car					0
SHB5248P	Car					0
SHD3182Y	Car					0
SJB6393Y	Car	TOYOTA	WISH 1.8 A	Silver		1

Police Report



**SINGAPORE
POLICE FORCE**



T/20190112/2013

2 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190112/2013

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJB6393Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30931218 02	26/04/2018	25/04/2019

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	NG BEE TIAM	ID No.	S1212242Z
Related Vehicle	SHB5248P (Car)	Contact No.	91052598
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	LOK CHIN NAM	ID No.	S0056342J
Related Vehicle	SHD3182Y (Car)	Contact No.	96269436
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	ROBIN WONG MUN KIT	ID No.	S7734441A
Related Vehicle	SJB6393Y (Car)	Contact No.	92377392
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Police Report



**SINGAPORE
POLICE FORCE**



T/20190112/2013

3 of 4

Report No. T/20190112/2013

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2 Sengkang Square #01-02 SINGAPORE
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I lodging this report for my insurance claims.

Police Report



SINGAPORE
POLICE FORCE



T/20190112/2013

4 of 4

Report No. T/20190112/2013

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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:
F /
Sgt 3 TAY JIAN LONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/01/2019 01:53

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Classification Of Case:

SN 085

Authentication Stamp
NP168

