

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	08/02/2019 19:54
Date Of Accident	07/02/2019 09:15
Exact Location Of Accident	PORTSDOWN AVE TOWARDS NORMANTON PARK(FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA3113C
Insured/Policyholder	
Name Of Registered Owner	LUO WENCONG
NRIC No	S8424845B
Email Address	MANSON131@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91131314
Alternative Phone No	OTHERS-91131314

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-1.8 CGI ELEGANCE (W212) (A)
Exact Purpose for which vehicle was being used at time of accident	TRANSPORTATION BACK HOME
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	DMPCSN3029021800
Cover Note Number	

Driver

Name of Driver	LUO WENCONG
NRIC No	S8424845B
Date Of Birth	18/08/1984
Occupation	INDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91131314
Fax Number	
Contact Number	OTHERS-91131314
Email Address	MANSON131@GMAIL.COM

Address	BLK 62B STRATHMORE AVENUE #06-58
Postcode	143062
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 (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)	2
Passenger 1	NAME: : CHUA WEI TIEN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190208/7003

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX8284A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JINXING ANDREW
NRIC/Passport Number	S8229235G

Contact Number 97548728
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LUO WENCONG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKA3113C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHUA WEI TIEN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKA3113C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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. The 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 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:

080219 1245

Driver's Signature

(If driver is not the policyholder)

Date & Time:

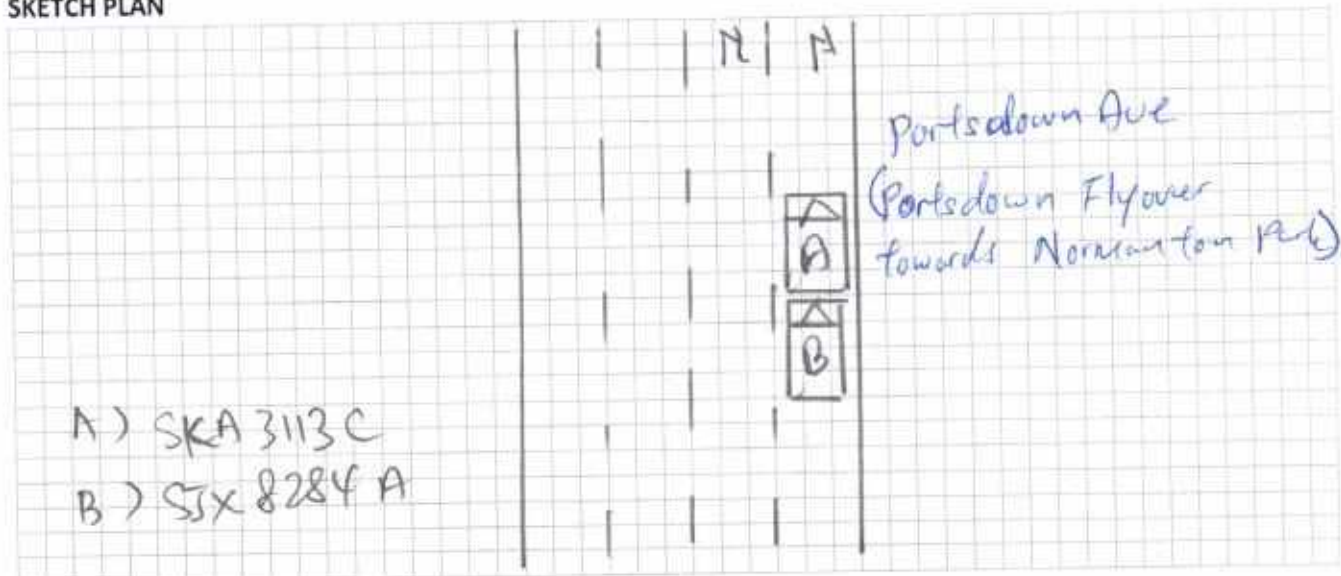


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the first lane (extreme right) of the red light traffic along portsdown ~~flyover~~^{avenue} (towards Normanston Park) to turn right into AVE. There were about 6-8 ~~stopping~~ stationary cars in front of me. Upon the traffic light turn green, I was about to move off, the car SJX 8284A hit the rear of my car SKA3113C at 9.13pm, 07/02/2019. I am the driver and my wife (15 weeks pregnant) was the front passenger. As both of us experienced pain at the back and neck, we went to Nuff A&E for a post accident check. We were ~~both~~ both given 4 days MC. The driver of SJX 8284A, Andrew Tan Jing Xin, S8229235 G contact: 97548728, has acknowledged ~~that~~ that he will bear the full responsibility of the accident and I will be claiming under his insurance (other party insurance - AXA).

POLICE REPORT T/20190208/2003

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time:

08/02/2019 12:45

1324910 SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] 08/02/2019
Rashid



SINGAPORE POLICE FORCE



T/20190208/7003

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190208/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2019 13:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LUO WENCONG			Address: APT BLK 62B STRATHMORE AVENUE #06-58 SINGAPORE 143062		
ID Type / ID No.: NRIC NO / S8424845B			Contact No.: Home/Office: Mobile: 91131314		
Nationality: SINGAPORE CITIZEN			Email: manson131@gmail.com		
Sex: Male	Age: 34	Date of Birth: 18/08/1984	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Singapore Armed Forces personnel			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: 07/02/2019 21:15	Type of Location: Flyover
Location: PORTSDOWN AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage 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
SKA3113C	Car	MERCEDES BENZ	E 250	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA3113C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30290218 00	14/04/2018	31/05/2019



**SINGAPORE
POLICE FORCE**



T/20190208/7003

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190208/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHUA WEI TIEN	ID No.	S8601202B
Related Vehicle	SKA3113C (Car)	Contact No.	91913014
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/02/2019	Date Discharge	07/02/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	LUO WENCONG	ID No.	S8424845B
Related Vehicle	SKA3113C (Car)	Contact No.	91131314
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/02/2019	Date Discharge	07/02/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I was waiting at the first lane(extreme right) of the red light traffic along portdown flyover(towards Normanton Park) to Turn Right into AYE. There were about 6-8 stationary car in front of me. Upon the traffic light turn green and I was about to move off, the car SJX8284A hit the rear of my car SKA3113C at 9.13pm 07/02/19. I am the driver and my Wife(14 weeks pregnant) was at the front passenger seat. As both of us experienced pain at the back and neck, we admitted to NUH A&E for a post accident check up. We were both given a 4 days MC. The driver of SJX8284A(Andrew Tan Jing Xin, S8229235G, contact: 97548728) acknowledged that he held full responsibility of the accident and I will be claiming under his insurance(Other Party Insurance -AXA).

Yes. i have the video footage and photos.



**SINGAPORE
POLICE FORCE**



T/20190208/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190208/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/02/2019 13:11

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (07/02/2019) (DD/MM/YYYY), TIME: (09:13 PM) (HH:MM)

LOCATION: PORTDOWN FLUDDER TOWARD NORMANTON PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA3113C
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMPCSN3029021800
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MERCEDES BENZ W212 E250
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORTATION BACK HOME
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: LUO WENJUN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8424845B CONTACT: 91131314
 c) ADDRESS: BLK 62B STRATHMORE AVE #06-58 S143062

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (18/08/1984) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 17/12/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Online

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 55X 8234A MODEL: HONDA
 b) DRIVER'S NAME: TAN JINXIN ANDREW
 c) NRIC/FIN/PASSPORT: S82292356 CONTACT: 97548728

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = manson131@gmail.com

VIDEO

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
LUO WENCONG

NRIC No
S8424845B

This card is the property of the Singapore Armed Forces. Any person losing this card is requested to forward it without delay to Central Munition Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S8424845B**
Name
LUO WENCONG

Birth Date **18 Aug 1984**
Issue Date **17 Dec 2004**

001307614B

Wencong
080219

NRIC No / Colour
S8424845B / PINK

Date Of Birth
18/08/1984

Service Status
REGULAR

Race
CHINESE

Country Of Birth
SINGAPORE

Military Rank Status
MILITARY EXPERT M09868

Address: **APT BLK 62B STRATHMORE AVENUE #06-58**
SINGAPORE 143062 **DATE: 05.06.2015** **S8424845B**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3: Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

PASS DATE
17 Dec 2004

NP 428

Licence No: **S8424845B**



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MX1E
E SN
AN0621A
Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMPCSN3029021800	Engine No : 27186030373434 ChaNo: WDD2120472A540025
1. Index Mark and Registration Number of Vehicle	SKA3113C	AUTOSAFE =====
2. Name of Policy Holder	LUO WENCONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 April 2018	Named Drivers Ex Sect. I S\$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 S\$3,000.00 Ex Sect. I - Age >= 26 S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	13 April 2019	
5. Persons or Classes of Persons entitled to drive*	(a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to use*	Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy year. HIRE PURCHASE CO. : SING INVESTMENTS & FINANCE LTD AS HP OWNER	

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
Authorised Officer

Authorised Signatory