

## 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	09/02/2019 10:07
Date Of Accident	03/02/2019 19:15
Exact Location Of Accident	ALONG UBI AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF549K
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#### Insured/Policyholder

Name Of Registered Owner	M/S W.J.DESIGN & RENOVATION CONTRACTOR
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83211683

#### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 2
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	DMPCSN3066181800
Cover Note Number	

#### Driver

Name of Driver	WOH CHOY NYIN
Passport No/FIN	G2121636X
Date Of Birth	03/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83211683
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	28 LORONG 30 GEYLANG #02-06
Postcode	398361
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
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 N.P.C
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

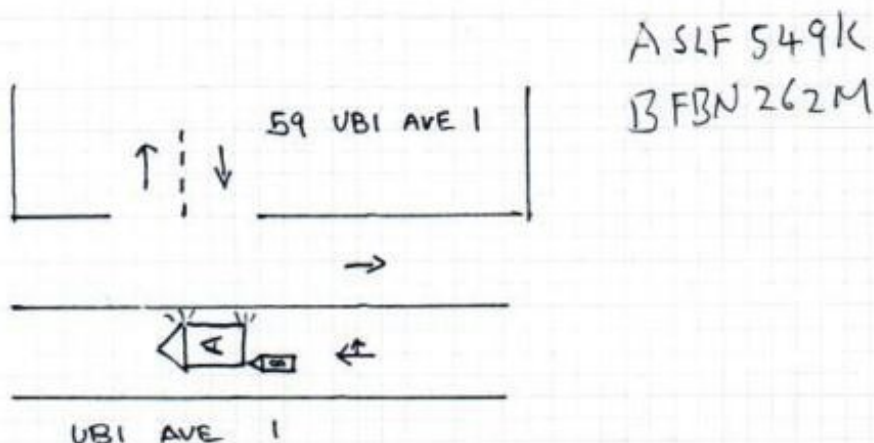
Vehicle Registration Number	FBN262M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBN262M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20190203/2105

## 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.:

## Accident 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 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:

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

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

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190203/2105

2 of 3

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

Report No. T/20190203/2105

### CONTINUATION OF REPORT

Driver			
Name	WOH CHOY NYIN	ID No.	G2121636X
Related Vehicle	SLF549K (Car)	Contact No.	83211683
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3C Date of Expiry: 02/05/2021
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

#### Brief Details.

On 03/02/2019 at about 1915hrs, I was on Ubi Ave 1, waiting for my turn to turn right into 59 Ubi Ave 1. My right turning signal was on and I was waiting for oncoming traffic to clear up when suddenly I felt a strong impact from the left rear of my car. I subsequently realized that a motorcycle had hit onto the rear left portion of my car. I exited my vehicle and saw the motorcyclist lying on the road. Passerby's then helped him off the road and onto the pavement where we awaited for ambulance. Traffic Police and the ambulance soon arrived and the motorcyclist was conveyed to a hospital. I did not manage to get his particulars. I was then provided with a reference number by the Traffic Police officers, G/20190203/0166 and was instructed to lodge a traffic accident report. I then activated a towing crew to tow my vehicle to a workshop at Kaki Bukit.

A man then approached me and informed that he was the driver of the car behind the motorcycle and that his in car camera had captured the entire incident. He sent me the video via WhatsApp. I only took down his contact number which is, 93667827.

#### Damages to my vehicle:

- 1) Broken rear left signal lights
- 2) Badly scratched and dented rear left portion of the rear bumper
- 3) Rear left wheel deflated
- 4) Damaged left side mirror

That is all.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

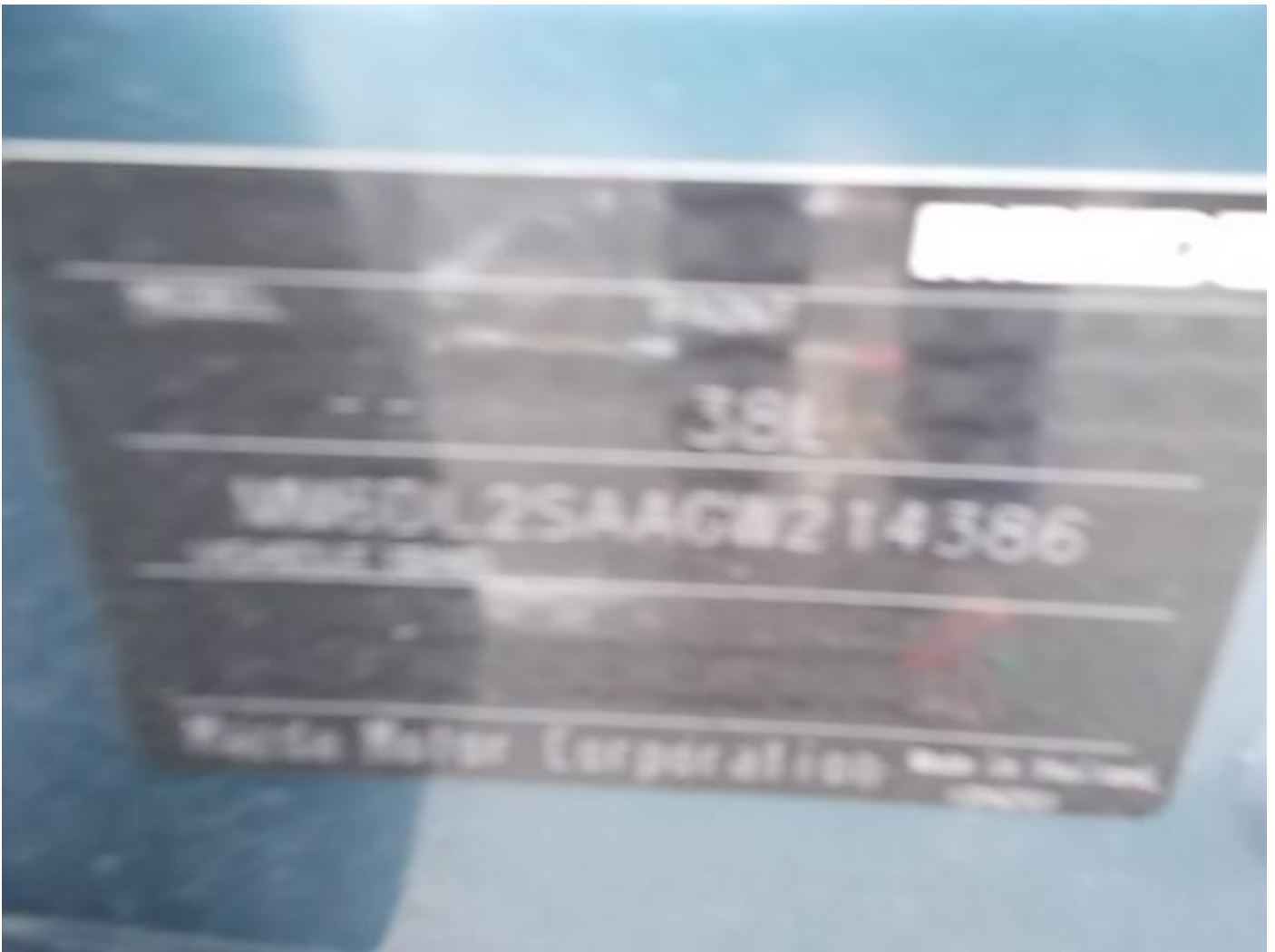


Accident Photo





Accident Photo



Accident Photo



## Identification Card

**Employment of Foreign Manpower Act (Chapter 91A)**  
**Republic of Singapore**

**EMPLOYER:**  
W. J. DECARIE & PERSONAL TRAINING CO. (P) LTD.

**Worker:** CONSTRUCTION

**Name:**  
JESSIE CHOI NIN

**Occupation:**  
INTERIOR DESIGNER

**Photo**  **Work Permit No.**  
S 00000005

**Date of Application:**  
08-04-2018

**Date of Issue:**  
08-04-2018

**Date of Expiry:**  
01-04-2019

**Barcode**  **L7587317**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

**Photo**  **NAME:** CHOI NIN JESSIE

**DOB:** 03 JAN 1987

**SEX:** F

**ISSUE DATE:** 03 May 2018

**EXPIRY DATE:** 03 May 2020

**Barcode** 

**WBIT PASS**  
Immigration Registration

**Photo**  **NAME:** CHOI NIN JESSIE

**Date of Birth:** 03-01-1987 **Sex:** F **Nationality:** MALAYSIAN

**Entry:** 021048000 **Expiry:** 021048000 **Date of Expiry:** 21-04-2019

**Barcode** 

**YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

**CLASSIVE DATE:**

**Class 3C:** Motor cars with enclosed seating or seating with not more than 7 passengers, exclusive of driver **03 May 2018**

**Barcode**  **License No 021010300**

**NT 4284**

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190203/2106

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

1 of 3

→ Report No: T/20190203/2106

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2019 21:07	Video Report No.: G/20190203/0166 ←	Station Diary No.: 116
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### Informant's Particulars

Name of Informant: WONG CHOY NYIN			Address: C/O APT BLK 28 LORONG 30 #02-06 SUITES 28 SINGAPORE 368361		
ID Type / ID No.: FIN NO / G2121638X			Contact No.: Home/Office: Mobile: 83211683		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 31	Date of Birth: 03/10/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: 3C Date of Expiry: 02/05/2021		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2019 19:15	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 1  59 Ubi Avenue 1, BIZLINK CENTRE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN262M	Motorcycle	YAMAHA	SNIPER T150	Black	Slightly Damaged	0
SLF549K	Car	MAZDA	MAZDA2 SEDAN 1.5L SP.8EAT	Blue	Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190203/2105

2 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8488999

Report No. T/20190203/2105

### CONTINUATION OF REPORT

Driver			
Name	WOH CHOY NYIN	ID No.	G2121636X
Related Vehicle	SLF549K (Car)	Contact No.	83211683
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That is all.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/201902002/105

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486599

3 of 3

Report No: T/201902002/2105

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: 03/02/2019 21:07
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp NP 108 	