

## 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	25/03/2019 11:53
Date Of Accident	23/03/2019 16:10
Exact Location Of Accident	GARDEN BY THE BAY TWDS ROUNDABOUT EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9591C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	53350846X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5097296239-01
Cover Note Number	

### Driver

Name of Driver	WONG SOON KIAT
NRIC No	S7306566F
Date Of Birth	31/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	02/05/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93380380
Fax Number	
Contact Number	
EEmail Address	SOONKIAT12@GMAIL.COM

Address	BLK 169 STIRLING ROAD #07-1165
Postcode	140169
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
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)	5
Passenger 1	NAME: : MARK GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKOWN(NOT SURE OF THE GENDER) GENDER: : MALE

#### 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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS EXITING GARDEN BY THE BAY ROUNDABOUT EXIT ON THE RIGHT LANE OF A2-LANES RD. WHEN I SAW VEH(B) BEARING REG NO PC7272E FROM MY LEFT LANE ENCROACHED INTO MY LANE I STOP MY VEH BUT VEH B KEEP ON MOVING HIS VEH AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

#### 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 Witness 1

Name MARK  
Phone Number 93370194  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC7272E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category BUS  
Name of Driver ALAN  
NRIC/Passport Number  
Contact Number 83689699  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25/3/19

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

## 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: 25/3/19

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

25/03/19

## Individual Statement

### LKK Paya Ubi

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**From:** soonkiat wong <soonkiat12@gmail.com>  
**Sent:** Friday, 29 March 2019 3:14 PM  
**To:** rspu@lkkauto.com  
**Subject:** SLF9591C  
**Attachments:** 20190329\_133824.jpg; 20190329\_133926.jpg

Dear sir / mdm,

Hereby attached some of the photo taken after the accident and some photo taken when i went back to accident site to look for cctv to help in the case.

In the photo taken after the accident, when u enlarged the photo, u can see all debris is drop inside half of my lane, which clearly show that i am all along inside my lane and i have shift my car left most into the left side and also have stop my car which my customer can witness that , and after stopping but the bus still swift and knock into my car.

After the accident i return back to the site and look for further evident to support my case, i found couple of cctv near the accident site but i am not able to get to it.

Thanks and regards,  
Wong soon kiat



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190404/2035

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

1 of 4

Report No. T/20190404/2035

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2019 10:21	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: WONG SOON KIAT			Address: APT BLK 169 STIRLING ROAD #07-1165 STIRLING VIEW SINGAPORE 140169		
ID Type / ID No.: NRIC NO / S7306566F			Contact No.: Home/Office: Mobile: 93380380		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 31/01/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2019 16:10	Type of Location: Roundabout
Location: Along Road 1 MARINA GARDENS DRIVE				
EXIT OF THE ROUNDABOUT .				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7272E	Bus/Coach/Mi nibus				Slightly Damaged	0
SLF9591C	Car				Slightly Damaged	4

### Details of Person Involved

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190404/2035

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

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Report No. T/20190404/2035

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WONG SOON KIAT		ID No. S7306566F
Related Vehicle	NIL		Contact No. 93380380
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ONG BENG HUI		ID No. S8517489D
Related Vehicle	NIL		Contact No. 83689699
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

### Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS EXITING GARDENS BY THE BAY ROUNDABOUT ON THE RIGHT LANE OF A TWO LANE ROAD. AS I WAS GOING, I SAW A VEH BEARING NO PC7272E FROM MY LEFT LANE ENCROACHED INTO MY LANE. I STOPPED MY VEHICLE TO AVOID COLLISION. BUT YET THE COACH WAS KEEP ON MOVING TOWARDS MY CAR AND HIT ONTO THE FRONT LEFT SIDE PORTION OF MY CAR.

AFTER THE HIT, I APPROACHED THE DRIVER. NO ONE SUSTAINED INJURY AND BOTH THE VEHICLES WERE SLIGHTLY DAMAGED. WE DISCUSSED TO SETTLE THE ISSUE PRIVATELY AND EXCHANGED OUR CONTACT DETAILS TO SETTLE THROUGH PHONE..

WE LEFT THE SCENE AFTER THE ACCIDENT.

AFTER A FEW DAYS, I WAS INFORMED BY MY RENTAL COMPANY THAT THE COACH DRIVER LODGED A POLICE REPORT AND HE TWISTED THE STORY AND REPORTED THAT, I COLLIDED ON HIS VEHICLE.

I WAS TRAVELLING WITH A FAMILY OF 4 IN MY CAR AND THE HUSBAND AND WIFE WAS WILLING TO BE THE WITNESS OF THE ACCIDENT.

NAME: MARK

CONTACT NO: 93370194



**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190404/2035

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

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Report No. T/20190404/2035

**CONTINUATION OF REPORT**

THATS ALL

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190404/2035

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

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Report No. T/20190404/2035

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:  
TP /  
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
04/04/2019 10:21

Classification Of Case:

	SINGAPORE POLICE FORCE
Signature: 	

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**





**Accident Photo**



Accident Photo



Accident Photo





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119038595 Vehicle Registration No: SLF9591C  
Name (as shown in NRIC) : WONG SOON KHA NRIC/FIN/Passport No : 57206366F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 169 STIRLING ROAD #07-1165 Singapore ( 140169 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93380580  
Email Address : \_\_\_\_\_  
Date of Accident : 23/03/19 Time of Accident : 16:10  
Place of Accident : GARDEN BY THE BAY T2 WAS ROUNDABOUT EXIT  
Insurance Company : NTUL

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN PHOTO AT SCENE

ADD IN STATEMENT



Policyholder / Driver's Signature  
Date:

Signature 27/03/19

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

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MHA119078595-01 Vehicle Registration No: SLF 9591C  
Name(as shown in NRIC) : Voulez Cars NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 9144 9265  
Email Address : \_\_\_\_\_  
Date of Accident : 23/3/19 Time of Accident : 16:10  
Place of Accident : Garden by the Bay twds Roundabout Exit  
Insurance Company: NTUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Police Report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 4/4/19