

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	09/05/2019 16:38
Date Of Accident	08/05/2019 15:30
Exact Location Of Accident	CASUARINA COVE ENTRANCE (TANJONG RHU RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP8430Y
Insured/Policyholder	
Name Of Registered Owner	WANG GANG
NRIC No	S6963443E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90189080
Alternative Phone No	OFFICE-90189080

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	DMPCSN7058801811
Cover Note Number	-

Driver

Name of Driver	WANG GANG
NRIC No	S6963443E
Date Of Birth	31/08/1969
Occupation	INDOOR
Date Of Driving Pass	01/01/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90189080
Fax Number	
Contact Number	OFFICE-90189080
Email Address	NOEMAIL

Address	120 TANJONG RHU RD #08-02
Postcode	436904
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	SIDE SWIPE
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?	
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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT & POLICE REPORT.

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	PC3704C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

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

Accident Sketch Plan

SKETCH PLAN

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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

Handwritten notes on graph paper:

calculating total displacement
of the object

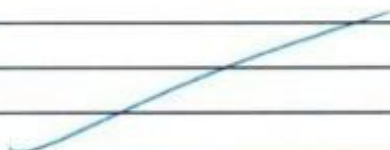
Diagram showing a path on a grid with points labeled A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z.

Handwritten calculations:

A = 1684504
B = 103740

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Attempt 1.



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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Mountbatten NPP
600 Dakota Crescent #01-213 SINGAPORE
3900660
Tel No: 1800-3449999



1201805092141
1 of 3
Report No: 1201805092141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2019 16:23
Vide Report No.:
Station Diary No.: 10

Informant's Particulars

Name of Informant: WANG GANG
Address: 120 TANJONG RHU ROAD #08-02 SINGAPORE 436904
ID Type / ID No.:
Contact No.: Mobile: 90189060
NRIC NO / S9063443E
Home/Office
Email:
Nationality: CHINESE
Sex: Age: Date of Birth: 31/08/1969
Male 49
Race: Chinese
Institution / School Name:
Occupation: Businessman
Driving Licence Information:
Class:
Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	08/05/2019 15:30	Type of Location:	T-Junction
Location: Along Road 1 TANJONG RHU ROAD							
Entrance to Casualty Core							
Weather:	Clear	Road Surface:	Dry	Road Speed Limit:			
Traffic Flow:	Dual Carriage Way	Traffic Control:	Not Controlled	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
PC3704C	Bus/Coach/Minibus	TOYOTA	CAMRY 2.4 AUTO ABS	Silver	Slightly Damaged	0
SGP8430Y	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SGP8430Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN70585018	28/12/2018	27/12/2019
		11		

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Moulmein NP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999



T120190509/2141

2 of 3

Report No: T120190509/2141

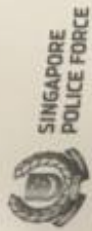
CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	Unknown Driver	ID No.	S1668759F
Related Vehicle	PC3704C (Bus/Coach/Minibus)	Contact No.	NIL
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	WANG GANG	ID No.	S6963443E
Related Vehicle	SGP8430Y (Car)	Contact No.	90199080
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

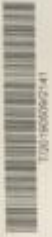
Brief Details.

On 08/05/2019 at about 1530hrs, I was driving my car SGP8490Y and was overtaking a vehicle PC3704C. The vehicle had stopped without any signals at the carpark entrance of my condominium as a result I had to overtake it to enter. As I was making the left turn, the other vehicle moved forward and had collided on the left front fender of my vehicle. No one was injured from the collision. The driver and I exchanged our particulars and I might have lost my driving license during it. I am lodging this report for records purposes.

POLICE REPORT



Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3446999



T201905092141

3 of 3

Report No: T201905092141

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Staff Sgt DZULRAHMAN BIN KAMALUDIN

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
MP-101

Signature Of Informant:

Date/Time:
09/05/2019 18:23

Classification Of Case:

Driving License



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6963443E



Name

WANG GANG

王 剛

Race

CHINESE

Date of birth

31-08-1969

Sex

M

Country of birth

CHINA



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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