

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	15/05/2019 16:49
Date Of Accident	13/05/2019 18:30
Exact Location Of Accident	BISHAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6220S
Insured/Policyholder	
Name Of Registered Owner	WANG YUWEI
NRIC No	G0733772N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98268120
Alternative Phone No	OFFICE-98268120

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at time of accident	
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103948997
Cover Note Number	

Driver

Name of Driver	TIAN BOREN
NRIC No	G0678723T
Date Of Birth	27/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	10/04/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98268120
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - -
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	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20190515/2096.

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	SKU2946S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 2

Vehicle Registration Number	SLU5046H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
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 INJURED PERSON 1

Name	TIAN BOREN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMD6220S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

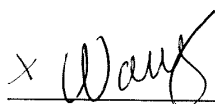
SKETCH PLAN

IMPORTANT NOTICE

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

x 

Policyholder's Signature
Date & Time:

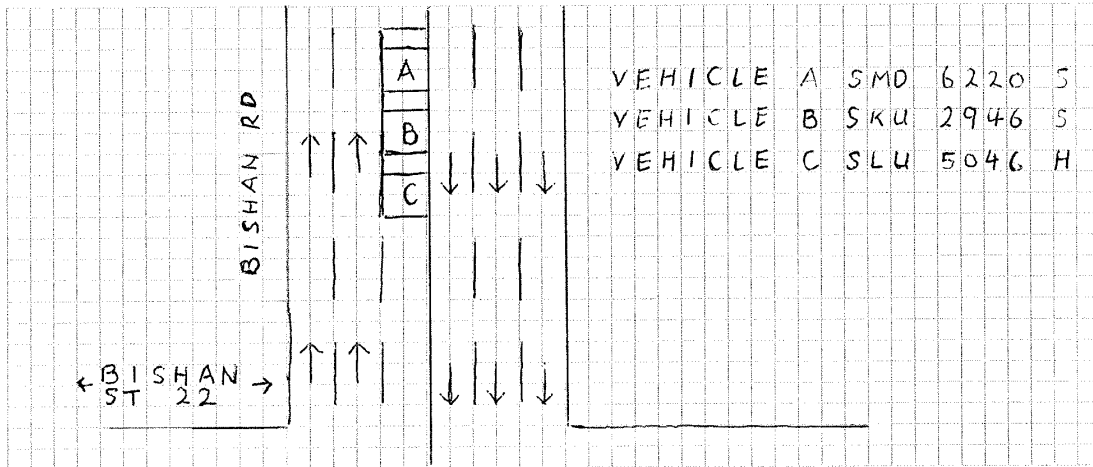


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 13/5/2019 6:30pm at Bishan Rd, I Tian Boren was involved in a road traffic accident. My Vehicle (SMD 6220 S) was stop stationary due to traffic jam. A sudden impact alarmed me. I got off my vehicle noticed the rear have been hit by vehicle B (SKU 2946 S) and vehicle B was hit by vehicle C (SLU 5046 H). I was given 3 days Medical Leave from Ten Tock Seng Hospital.

DECLARATION

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

x Wang
Policyholder's Signature
Date & Time:

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

15/5/19 f 2.55pm
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190515/2096

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No. T/20190515/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2019 13:55	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: TIAN BOREN			Address: APT BLK 8 HOUGANG STREET 11 #11-22 THE MINTON SINGAPORE 534082		
ID Type / ID No.: FIN NO / G0678723T			Contact No.: Home/Office: Mobile: 97760655		
Nationality: CHINESE			Email:		
Sex: Male	Age: 29	Date of Birth: 27/08/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ELECTRICAL ENGINEER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 BISHAN ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SKU2946S	Car		Infiniti	Red	Seriously Damaged	0
SLU5046H	Car	KIA		White	Slightly Damaged	0
SMD6220S	Car	VOLKSWAGO N	golf	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190515/2096

2 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20190515/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TIAN BOREN	ID No.	G0678723T
Related Vehicle	NIL	Contact No.	97760655
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 13/05/2019 at around 1830hrs, I(SMD6220S) was driving along Bishan road and was stuck in a traffic jam. Hence, I was in stationary. Subsequently, I felt an impact from the back of my vehicle. I then realized that the vehicle behind of me hit into my vehicle. I immediately get out of my vehicle to understand the situation and discovered that it is a three car accident. The third vehicle(SLU5046H) hit onto the second vehicle(SKU2946S) and the second vehicle hit onto my vehicle. My vehicle suffered damages at the back. I do not have any in-car camera in my vehicle. I suffered injuries at the back of my neck and went to Tan Tock Seng for a checkup. I was given a medical certificate of 3 days. As such, I am lodging this report to claim for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20190515/2096

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20190515/2096

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 2 NEO CHANG WEI

[Signature]

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

15/05/2019 13:55

Officer In Charge Of Case:

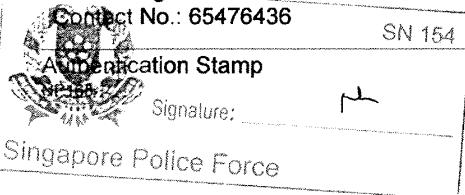
TP / AEIT /

Sr-Staff Sgt ONG YONG HOCK

Contact No.: 65476436

SN 154

Classification Of Case:



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

Employer
KIMLY CONSTRUCTION PRIVATE LIMITED

Sector: **CONSTRUCTION**

Name
WANG YUWEI

Occupation
PROCUREMENT OFFICER

S Pass No.
0 76226539

Date of Application
05-02-2018

Date of Issue
06-03-2018

Date of Expiry
17-03-2020

L8633666

owner

VISIT PASS
Immigration Regulations

Name
WANG YUWEI

Date of Birth
06-11-1989

Sex
F

Nationality
CHINESE

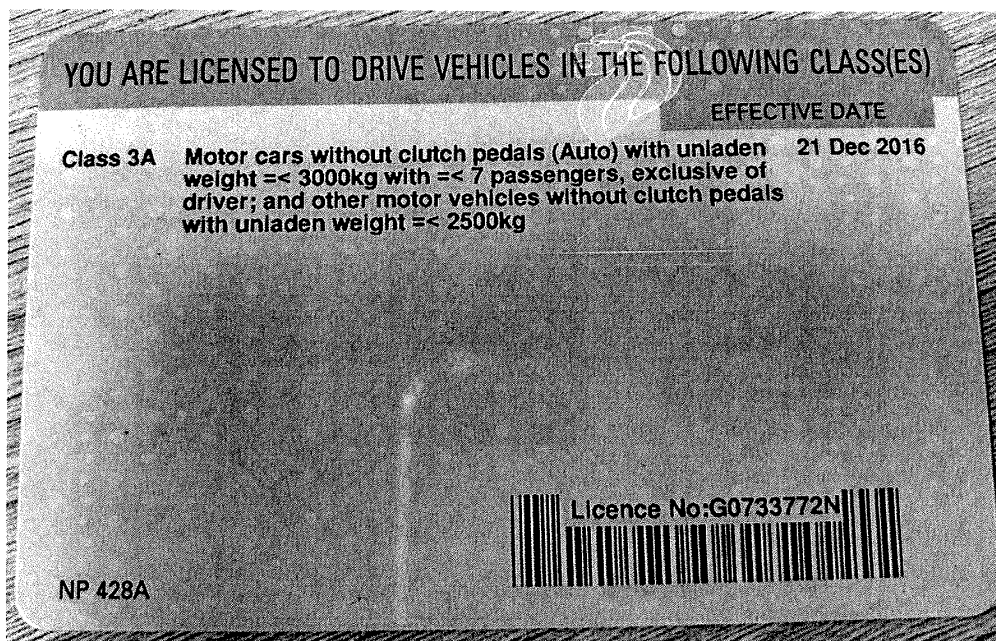
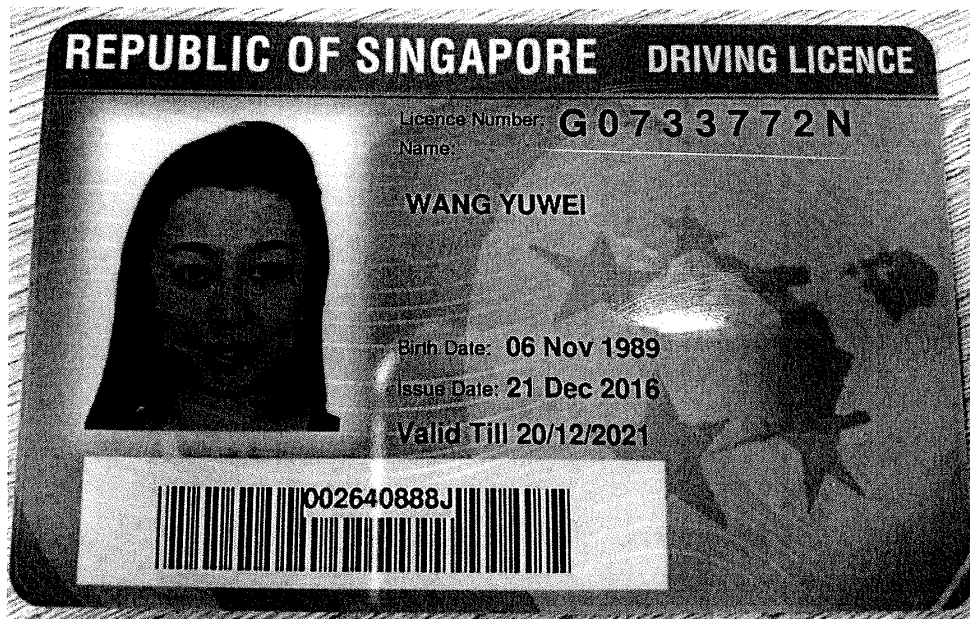
FIN
G0733772N

Date of Issue
06-03-2018

Date of Expiry
17-03-2020


MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**






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

Employer
QINGJIAN INTERNATIONAL (SOUTH PACIFIC) GROUP DEVELOPMENT CO., PTE. LTD.

 Name
TIAN BOREN

S Pass No.
0 76196168 Sector:
CONSTRUCTION

 **K0652238**

Driver

VISIT PASS
Immigration Regulations 02-08-2018

Name
TIAN BOREN

FIN
G0678723T

Date of Birth
27-08-1989 Sex
M

Nationality
CHINESE

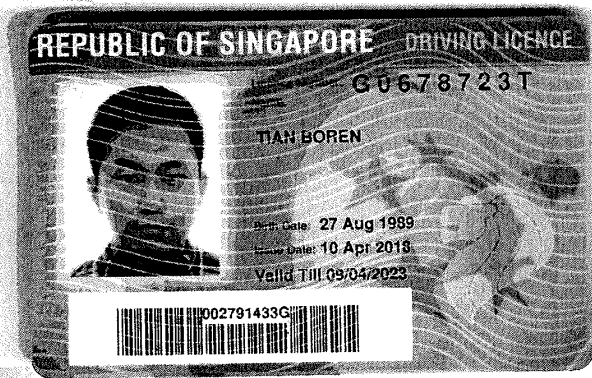
 

Download SGWorkPass
App to check status

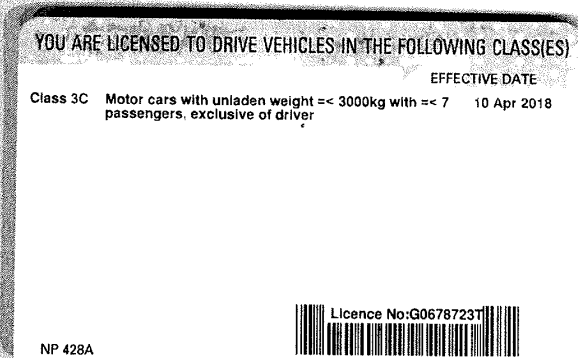
MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**





Driver





THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5103948997	
The Policyholder	: WANG YUWEI 8 HOUGANG STREET 11 #11-22 THE MINTON SINGAPORE 534082	
Period of Insurance	: 22 Sep 2018 To 21 Sep 2019	
Sum Insured	: Market Value of Insured Vehicle at Time of Loss	
Premium (inclusive GST)	: S\$2,225.54	
Interest Insured		
Cover Type	: drivo CLASSIC	
Primary Driver	: WANG YUWEI	
Named Driver (1)	: N/A	
Named Driver (2)	: N/A	
Make/Model	: VOLKSWAGEN/GOLF	Capacity : 1400cc
Registration Number	: SMD6220S	Registration Year : 2014
Chassis Number	: WVWZZZAUZFW107759	Off-peak Car : No
Repair at Owner's Preferred Workshop	: No	Insure with COE : Yes
Excess (Section 1)	: S\$600	NCD Entitlement : 0%
Excess (Section 2)	: N/A	NCD Protection : No
Windscreen Excess	: S\$100	
Additional Excess	: N/A	
Unnamed Driver Excess	: Please refer to Terms and Conditions	
Hire Purchase Company	: OCBC BANK LTD	
Optional Cover		
Transport Allowance	: No	
Excess Waiver	: No	

Memo A : N/A

Endorsement Operative : N/A

Agency : IMOTOR INSURE (00000573595)
Date of Issue : 21 Sep 2018 17:16 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



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: S66550020G / 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 : MSMB19063364 Vehicle Registration No: SMD 6200S
Name (as shown in NRIC) : TIAN BO REN NRIC/FIN/Passport No : B106789287
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 98268120
Email Address : _____
Date of Accident : 13/05/2019 Time of Accident : 18:30
Place of Accident : STANRA RD
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 ACCIDENT LOCATION

Policyholder / Driver's Signature
Date:

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