

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	25/07/2019 17:47
Date Of Accident	23/07/2019 16:00
Exact Location Of Accident	ALONG FINLAYSON GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8538M
Insured/Policyholder	
Name Of Registered Owner	WONG TUCK SOON (HUANG DESHUN)
NRIC No	S8538452Z
Email Address	WTUCKSOON@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92298314
Alternative Phone No	OFFICE-92298314

Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 EX (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	1800111803

Driver

Name of Driver	WONG TUCK SOON (HUANG DESHUN)
NRIC No	S8538452Z
Date Of Birth	25/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2006
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92298314
Fax Number	
Contact Number	OFFICE-92298314
Email Address	WTUCKSOON@HOTMAIL.COM

Address	BLK 492D TAMPINES STREET 45 #12-280
Postcode	523492
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?	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190725/2061

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGN3855Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG KUM KONG
NRIC/Passport Number	S0852905A
Contact Number	
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1
DETAILS OF INJURED PERSON 1	
Name	WONG TUCK SOON (HUANG DESHUN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMD8538M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 25/07/19 1515

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

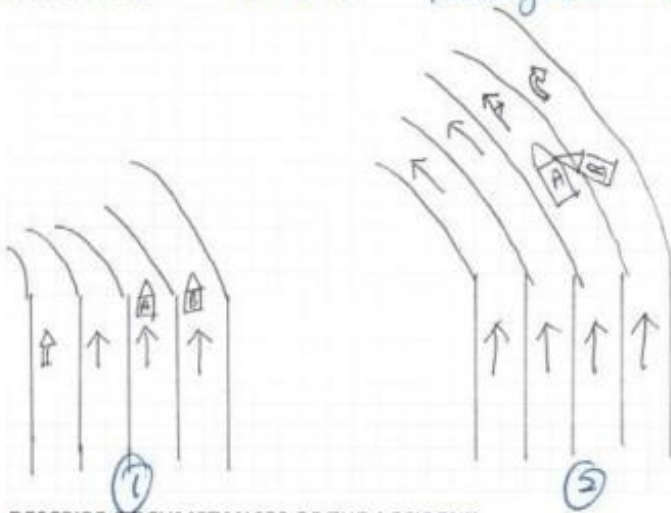
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Along Finlayson Green.



A) SMD 8538m

B) SGN 3855Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*DES REFERR TO POLICE REPORT
7/20/2012 5/2061*

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

*2/07/2012
K/K*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*25/01/2012
[Signature]*

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190723/2081

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 4
Report No. T/20190725/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2019 12:32	Vide Report No.:	Station Diary No.: 240
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Informant's Particulars			
Name of Informant: WONG TUCK SOON		Address: APT BLK 492D TAMPINES STREET 45 #12-280 SINGAPORE 523492	
ID Type / ID No.: NRIC NO / S8538452Z		Contact No.: Home/Office: Mobile: 92298314	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 25/12/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PIT SUPERVISOR		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2019 16:00	Type of Location: Y-Junction
Location: Along Road 1 FINLAYSON GREEN towards Marina Boulevard near the Quadrant in front of Raffles Place MRT.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SGN3855Z	Car				Slightly Damaged	0
SMD8538M	Car	KIA	CERATO 1.6(A) EX	Red	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD8538M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800111803	25/09/2018	24/09/2019

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190725/2061

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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20190725/2061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG KUM KONG	ID No.	S0852905A
Related Vehicle	SGN3855Z (Car)	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	WONG TUCK SOON	ID No.	S8538452Z
Related Vehicle	SMD8538M (Car)	Contact No.	92298314
Hospital/Clinic	FARRER PARK HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/07/2019	Date Discharge	25/07/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On 23/07/2019 at about 1540hrs I was doing my grab driver job and that point of time there were 2 other passenger in my car. I picked up my passenger from Depot Close and was heading to One Raffles Quay. While I was driving along Cecil Street and Finlayson Green heading towards Marina Boulevard. I was on the second lane from the right turning left when the car (SGN 3855Z) were on the first lane on the right cut into my lane while turning left. As such the car hit onto my right side of the vehicle. At that point of time, none of us were injured as such there were no police or ambulance were called in.

However after the accident my passenger decided to stop the ride and told me that it was near for them to walk over. Afterwhich I stopped driving as I was feeling giddy and went home. While I was at home, my neck and my back felt pain as such I went to the hospital to make a check. I was then admitted in the hospital as the doctors afraid that it could be due to slip disc. I was admitted on the same day and was discharged on 25/07/2019 and was given 6 days medical leave upon admission to the hospital.

My car suffers scratches on the right side from the right mirror to the bumper area. There were a dent on my right driver door.

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190725/2061

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Report No. T/20190725/2061

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CONTINUATION OF REPORT

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190725/2061

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Report No. T/20190725/2061

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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:

E /
Sgt 2 NURASHIKIN BINTE MOHAMAD DIL
FAUZE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

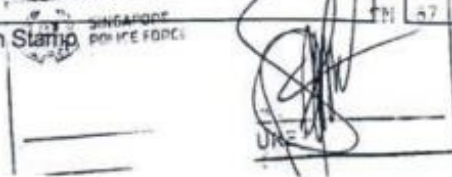
25/07/2019 12:32

Officer In Charge Of Case:

TP / AEIT /
Insp NEO CHENG BEET, CECILIA
Contact No.: 65476069

Classification Of Case:

Authentication Stamp
NP168



Scanned with CamScanner

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



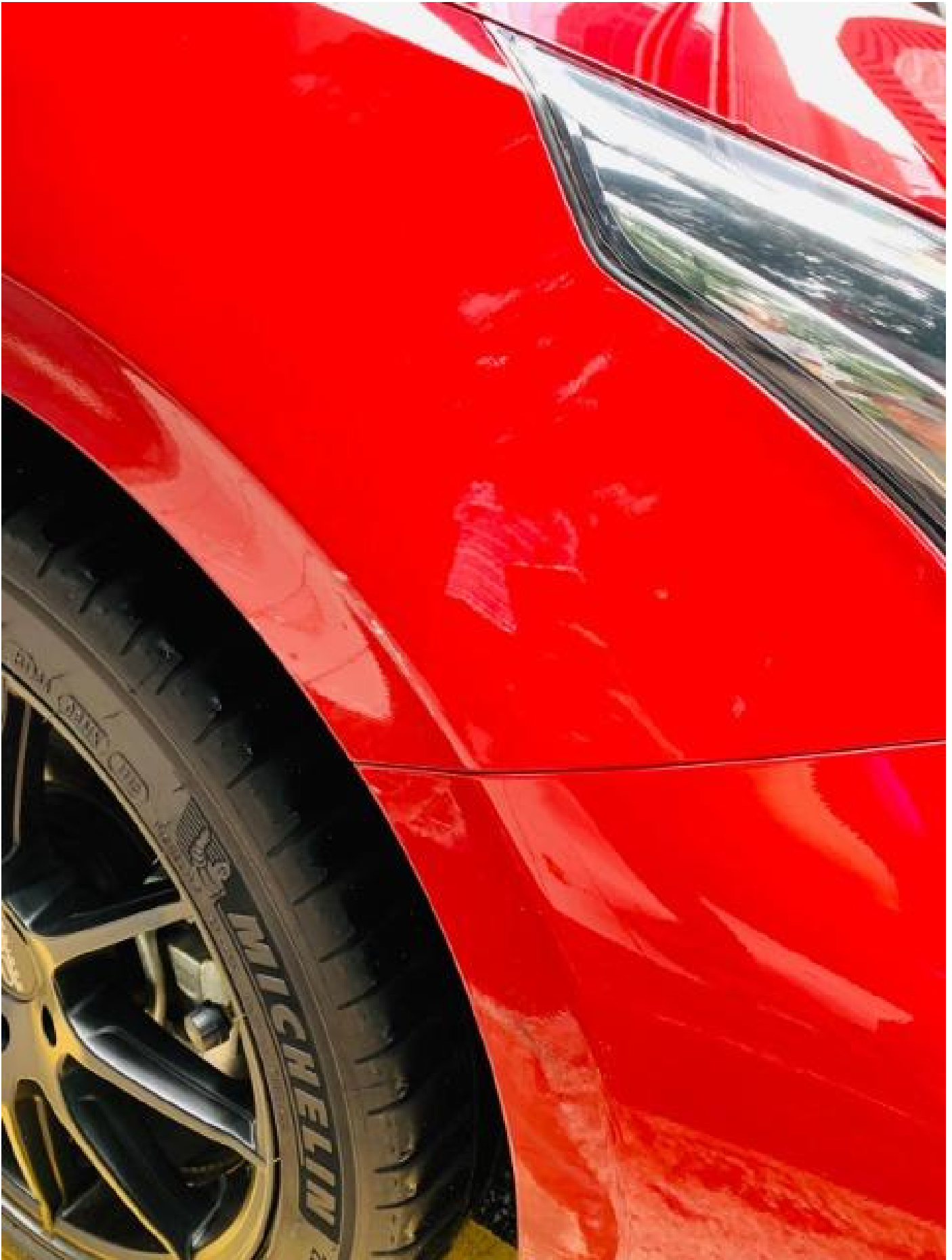
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



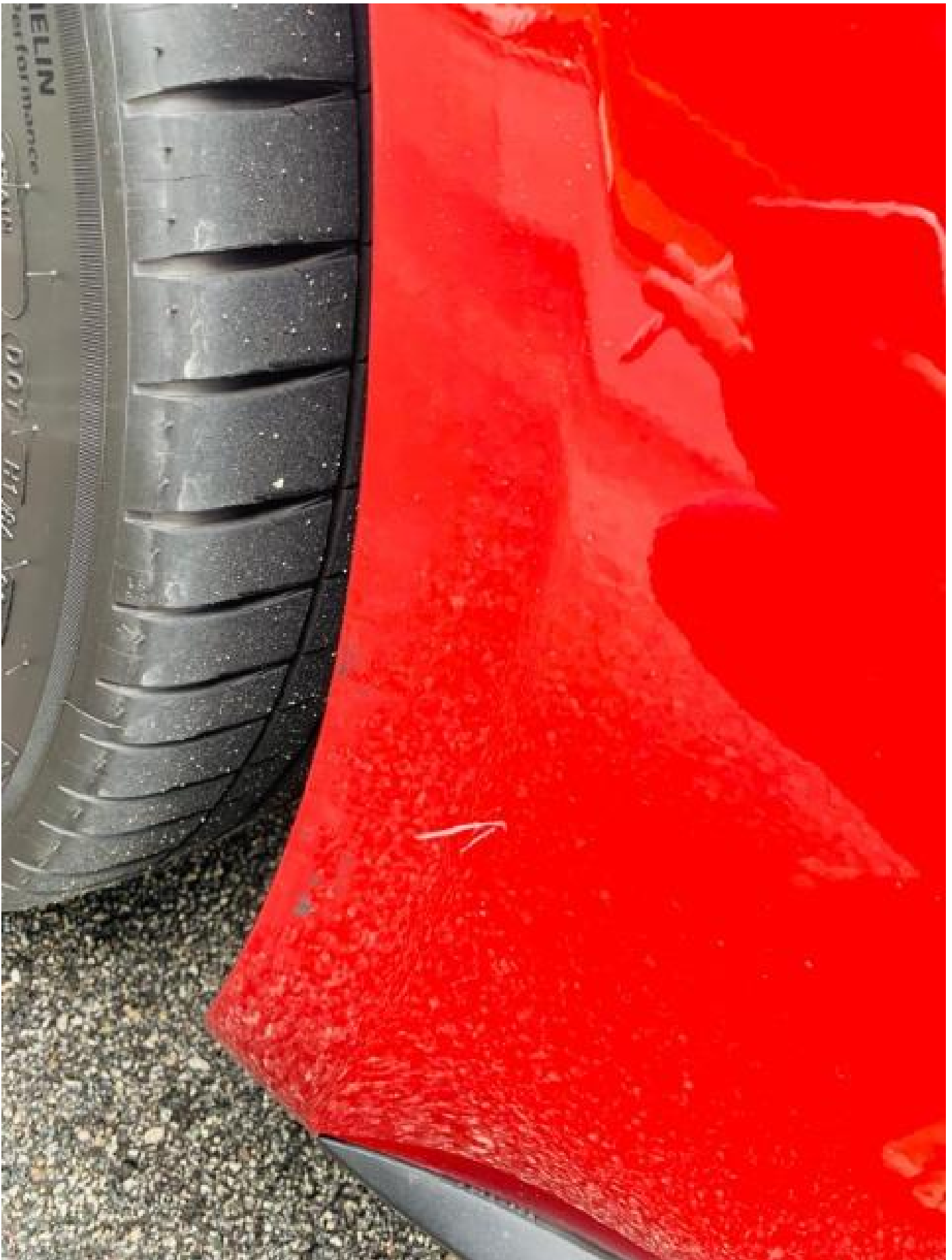
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. 585384522

For LKK/NAC Use Only

WONG TUCK SOON
(HUANG DESHUN)
黄德顺

Name
CHINESE
Date of birth
28-12-1985
Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: 585384522

WONG TUCK SOON
(HUANG DESHUN)
For LKK/NAC Use Only

Issued: 26 Dec 1985
Valid Until: 12 Jan 2006

2001000000

5637311

For LKK/NAC Use Only

585384522

Date of issue
03-06-2019

Address
APT BLK 492D TAMKING STREET 49
12-090
SINGAPORE 633492

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/IES

Class 3 Motor Cars > 2000g with > 17 passengers, as defined of the driver, and a maximum vehicle > 2000kg

12 Jan 2006

For LKK/NAC Use Only

MP 4284

License No. 585384522

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #16-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No: M400017731

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: MAA419097594 Vehicle Registration No: SMD 8538M
Name (as shown in NRIC): WONG JUCK BOON (HONG JUCK BOON) NRIC/FIN/Passport No: _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 92298314
Email Address: _____
Date of Accident: 23/07/2011 Time of Accident: 16:00
Place of Accident: Along Parkway Green
Insurance Company: AIG

(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:

SHOULD BE COVER WITH 1800111803

Policyholder / Driver's Signature
Date:

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