

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	15/08/2019 16:50
Date Of Accident	14/08/2019 15:50
Exact Location Of Accident	T-JUNCTION OF BT PANJANG RD AND PENDING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6009L
Insured/Policyholder	
Name Of Registered Owner	LIM LI LIAN
NRIC No	S7313088C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88687696
Alternative Phone No	OTHERS-88687967

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	DMPCSN3055551900
Cover Note Number	

Driver

Name of Driver	WONG YONG WEI
NRIC No	S8204572D
Date Of Birth	05/02/1982
Occupation	INDOOR
Date Of Driving Pass	17/01/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88687696
Fax Number	
Contact Number	OTHERS-88687967
EEmail Address	NOEMAIL

Address	BLK 172 GANGSA ROAD #09-18
Postcode	670172
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190814/2187

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	SLL8589K
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK SER BEE
NRIC/Passport Number	S2095760C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP5025U
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
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	WONG YONG WEI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLK6009L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police report T/20190814/2287

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.:

15/08/2019
Rosh Umman

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190814/2187

1 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190814/2187

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2019 21:18	Vide Report No.: J/20190814/0013	Station Diary No.: 119
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Informant's Particulars

Name of Informant: WONG YONG WEI			Address: APT BLK 172 GANGSA ROAD #09-18 SINGAPORE 670172	
ID Type / ID No.: NRIC NO / S8204572D			Contact No.: Home/Office: Mobile: 88687697	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 05/02/1982	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: salesman			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2019 15:50	Type of Location: T-Junction
Location: Along Road 1 BUKIT PANJANG ROAD				
Along Bukit Panjang rd, towards Chua chu kang. At the T-Junction of Bukit panjang ring rd, Pending rd.				
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 - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK6009L	Car	TOYOTA	AXIO	Brown	Seriously Damaged	0
SLL8589K	Car	MAZDA	3	Blue	Totally Damaged	0
SLP5025U	Car	MAZDA	3	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
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T/20190814/2187

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Police Station Of Origin:
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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190814/2187

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK6009L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WONG YONG WEI		ID No.	S8204572D
Related Vehicle	SLK6009L (Car)		Contact No.	88687697
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/08/2019		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Quek Ser Bee		ID No.	S2095760C
Related Vehicle	SLL8589K (Car)		Contact No.	NIL
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

Brief Details.

ON 14/08/2019 at about 1550hrs, I was driving along bukit panjang rd on my way back home (B/ 172 Gangsa rd #09-18) from work. I then stop my vehicle at the T-junction of bukit panjang road, Pending rd and bukit panjang ring rd as the Traffic lights was on red. I then stop behind the vehicle of (SLP5025U), which I had kept a safe distance between my vehicle (SLK 6009L). Shortly after, a vehicle (SLL8589K) own by Quek ser bee, S2095760C, Crash into the my back bumper which cause my car to hit the the vehicle in front of me. My car back bumper and hood was dented, my left tail-lights cover shattered, my back plate number drop and was damaged and my front plate number is slightly dented. Then Traffic Police and Ambulance was called to scene and help me and the other drivers to settle the situation. I was then informed to lodge a report by the police officers at scene. Then I was brought to Ng Teng Fong General Hospital by ambulance and they nurse informed me that I sustained a back sore and a neck sore. I received three days MC. I was the only one who was injured and the other drivers were not injured. Traffic Police had pass me one case card (J/20190814/0113). My in car camera recorded the entire incident and I had pass it on to the traffic police at scene. There was no witnessed at scene.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190814/2187

3 of 4

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CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190814/2187

4 of 4

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Tel No: 1800-8929999

Report No. T/20190814/2187

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:

J /
SC2 MOHAMED NASRULHAQ BIN MOHAMED
KAMSANI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/08/2019 21:18

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



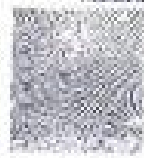
Identification Card



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Car up to 2000kg with not more than 17 passengers, excluding of the driver, and other motor vehicles up to 2000kg

For LKK/NAC Use Only



For LKK/NAC Use Only

APT BLK 122 CANOSA ROAD #03-10
SINGAPORE 070172

Phone No: 322945733 Date: 01/03/2017