

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	18/08/2019 12:21
Date Of Accident	17/08/2019 22:10
Exact Location Of Accident	AONG BKE TOWARDS BUKIT PANJANG.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD61U
Insured/Policyholder	
Name Of Registered Owner	WONG KOK CHING
NRIC No	S1759236Z
Email Address	MONGKOK60@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96398641
Alternative Phone No	OFFICE-96398641

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.4G A
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10896509
Cover Note Number	

Driver

Name of Driver	WONG KOK CHING
NRIC No	S1759236Z
Date Of Birth	08/01/1966
Occupation	INDOOR
Date Of Driving Pass	10/04/1990
Driving Experience	29 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96398641
Fax Number	
Contact Number	OFFICE-96398641
E-Mail Address	MONGKOK60@YAHOO.COM

Address	NIL
Postcode	
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)	1

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

I was driving my car along BKE Towards Bukit Panjang. While I was travelling straight on lane 3 (left), I felt a hit on my vehicle and followed a loud screeching sound behind me. Soon to realise my vehicle was side scrap by GBE4318H travelling on lane 2 (middle) which appear to have a obvious Long e-brake Tyre mark. I woke up in e morning and felt some dis-comfort and strain on my neck which I subsequently went to see a doctor.

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	GBE4318H
Vehicle Make/Model/Colour	TOYOTA / TOYOTA DYNA 150 MANUAL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GAN SENG HOCK
NRIC/Passport Number	S7046380F
Contact Number	87169893
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	WONG KOK CHING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGD61U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

[Handwritten Signature]

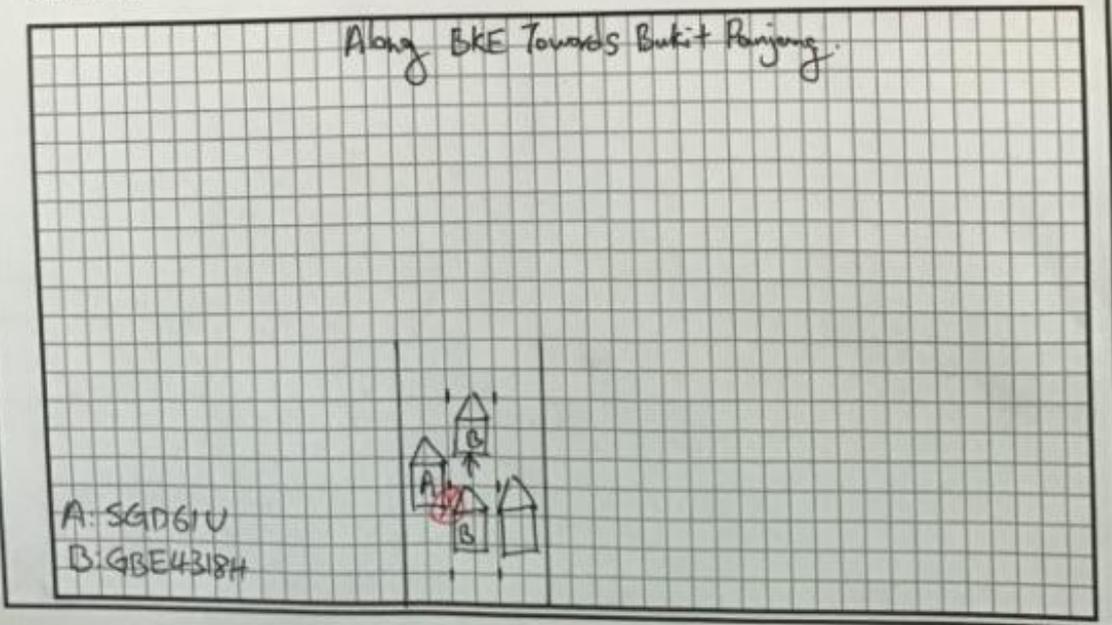
**VERIFIED BY AJAX MARS
REPORTING OFFICER
JOHNNY VOO**

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving my car along BKE Towards Bukit Panjang. While I was travelling straight on lane 3 (left), I felt a hit on my vehicle and followed a loud screeching sound behind me. Soon to realise my vehicle was side scrap by GBE4318H travelling on lane 2 (middle) which appear to have a obvious Long e-brake Tyre mark. I woke up in e morning and felt some dis-comfort and strain on my neck which I subsequently went to see a doctor.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
JOHNNY VOO CHEON YEE



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

18 August 2019 at 11:20 AM

Date/Time:

18 August 2019 at 11:20 AM

NOTICE OF COMPLIANCE



CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr / Ms Wong Kok Ching
NRIC/FIN S1759236Z, residing at Blk 34 Segar Road #13-27 has reported to police a
non-injury traffic accident which occurred at BKE just after exiting PIE, which one
truck side scrap complaint car.

on 17/08/2019 at 2210hr hrs am/pm involving the following vehicles:

- I SGD61U - Complt (Black Toyota)
- II GBE4318H - Delivery Truck
- III -
- IV -

2. If the accident was reported to Police within 24 hours of its accident occurrence,
he/she therefore has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer : Sgt3 Lee Chee Yi Gary
Date : 17/08/2019
Time : 2249 hrs
S/D Ref : 172
Police Post/Unit : Bukit Panjang NPC

Bukit Panjang NPC
1 Segar Road #01-05
Singapore 67733
Tel : 6812 9913

Original - To be issued to informant
Duplicate - To be retained at NPC or Police Post

MEDICAL CERTIFICATE

MY FAMILY CLINIC (SEGAR)

Blk 485 Segar Road #01-508 , 670485

Phone: 6710-7269

RegNo : 201421641Z



MEDICAL CERTIFICATE

MC No: OD-SG0000022043

NAME: WONG KOK CHING

NRIC: S1759236Z

This is to certify that the above patient name is Unfit for Work / School for a period of 3 day from 18-08-2019 to 20-08-2019.

Diagnosis: Neck Sprain

Note: This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

DR WONG JENG HUNG
MBCnP (Auckland, New Zealand)
Grad Dip Family Medicine (S'pore)
Family Physician
MCR No. M13018D

Wong Jeng Hung

Issued by

Signature

18/08/2019

Date

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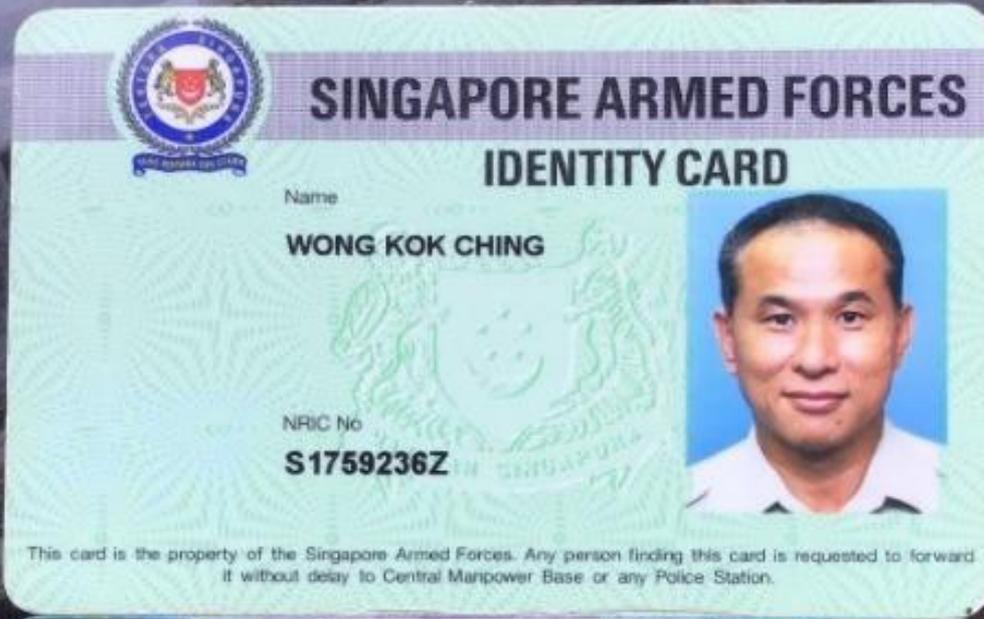
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Accident Photo



Driving License



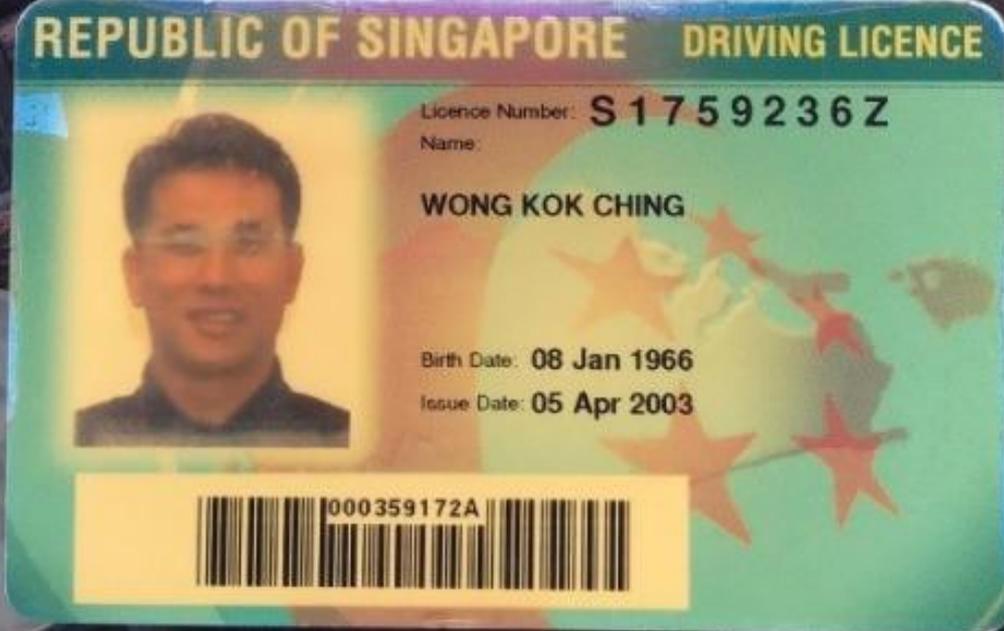
**SINGAPORE ARMED FORCES
IDENTITY CARD**

Name
WONG KOK CHING



NRIC No
S1759236Z

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1 7 5 9 2 3 6 Z**

Name:
WONG KOK CHING

Birth Date: **08 Jan 1966**

Issue Date: **05 Apr 2003**



000359172A

Driving License

GEMAL.TOSGPIJ054519B0114 00000050301870

NRIC No / Colour
S1759236Z/ PINK

Race CHINESE	Blood Group AB (+)	Sex M
Date Of Birth 08/01/1966	Country Of Birth SINGAPORE	
Service Status REGULAR	Military Rank Status WARRANT OFFICER	

Address
**Blk 34 SEGAR ROAD
#13-27 SINGAPORE 677723**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASC DATE 10 Apr 1990
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NP 428A

Licence No: S1759236Z

