

## 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	20/08/2019 11:57
Date Of Accident	17/08/2019 20:35
Exact Location Of Accident	CLEMENTI RD TWDS MAJU CAMP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1594B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	53121670E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	145
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110923222
Cover Note Number	

### Driver

Name of Driver	WONG SOON FATT
NRIC No	S1803109D
Date Of Birth	30/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1997
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98784647
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 62 LORONG 4 TOA PAYOH #03-105
Postcode	310062
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190818/2042

#### 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	SKZ6146G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG NAM THAT
NRIC/Passport Number	S1163289J
Contact Number	96277838
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHF724T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KWOK CHONG YUN

NRIC/Passport Number S0005272H

Contact Number 91386727

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name WONG SOON FATT

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJX1594B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN


#### 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.
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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. 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.: \_\_\_\_\_

GIA/MIC Sketch Plan Form 1/18

\*\* PLEASE EMAIL A COPY TO : WHEELSEXPRESSRENTAL@GMAIL.COM

# Accident Sketch Plan

## SKETCH PLAN

Sketch Plan diagram showing a road layout with vehicles and directions.

Handwritten notes on the sketch plan:

- Current road to wards Waple camp
- 120m (amp f+g) 14m
- A = SDX 15946
- B = SKZ 61466
- C = SHK 7247

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report

## 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/IN No.:

Signature/Stamp/Date/Time

\*\* PLEASE EMAIL A COPY TO : WHEELSEXPRESSRENTAL@GMAIL.COM

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190818/2042

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 4

Report No. T/20190818/2042

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KWOK CHONG YUN	ID No.	S0005272H
Related Vehicle	SHF724T (Car)	Contact No.	91386727
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
<b>Driver</b>			
Name	WONG SOON FATT	ID No.	S1803109D
Related Vehicle	SJX1594B (Car)	Contact No.	98784647
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/08/2019	Date Discharge	18/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	NG NAM THAT	ID No.	S1163289J
Related Vehicle	SKZ6146G (Car)	Contact No.	96277838
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 17 August 2019 at about 2036hrs, I was driving my Hyundai vehicle bearing reg no SJX1594B along Clementi Road towards Maju Camp. As I was approaching to a controlled traffic light, I slowed down my vehicle as the traffic light was red.

I managed to stop my vehicle behind a Transcab Renault taxi bearing reg no SHF724T. Straight after I stopped my vehicle, I felt a huge impact from the rear. Due to the huge impact, my vehicle collided onto the front taxi vehicle which resulted into a chain collision between 3 vehicles. I then came out of my vehicle and discovered that a Toyota vehicle bearing reg no SKZ6146G had collided onto my vehicle.



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190818/2042

3 of 4

Police Station Of Origin:

Toa Payoh N.P.C

Report No. T/20190818/2042

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

We managed to exchanged our particulars and the accident was near to lamp post 145. As my vehicle was no longer in functional condition, I called a tow truck vehicle over. The damages on my vehicle was serious dents at the rear bumper and slight dent at the front bumper.

Due to the accident, I felt pain of my neck area and I went to consult a doctor at Tan Tock Seng Hospital. I was also given 05 days of MC from 17 August 2019 to 21 August 2019. I wish to state that I do not have any in-build camera installed inside my vehicle.

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190818/2042

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 4  
Report No. T/20190818/2042

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2019 12:00		Vide Report No.:		Station Diary No.: 58	
<b>Informant's Particulars</b>					
Name of Informant: WONG SOON FATT			Address: APT BLK 62 LORONG 4 TOA PAYOH #03-105 SINGAPORE 310062		
ID Type / ID No. NRIC NO / S1803109D			Contact No.: Home/Office: Mobile: 98784647		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 30/04/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE-HIRER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2019 20:35	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD				
Along Clementi Road towards Maju Camp. Lamp Post Number: 145				
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 VEHICLE - CHAIN COLLISION				Anyone conveyed by ambulance: No

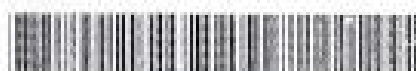
## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF724T	Car					2
SJX1594B	Car				Seriously Damaged	0
SKZ5146G	Car					0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190818/2042

Police Station Of Origin:

2 of 4

Toa Payoh N.P.C

Report No. T/20190818/2042

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

CONTINUATION OF REPORT

Tel No: 1800-2519999

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Related Vehicle	SKZ6148G (Car)	Contact No.	96277836
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.

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I managed to stop my vehicle behind a Transcab Renault taxi bearing reg no SHF724T. Straight after I stopped my vehicle, I felt a huge impact from the rear. Due to the huge impact, my vehicle collided onto the front taxi vehicle which resulted into a chain collision between 3 vehicles. I then came out of my vehicle and discovered that a Toyota vehicle bearing reg no SKZ6148G had collided onto my vehicle.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180518/2042

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20180518/2042

CONTINUATION OF REPORT

We managed to exchanged our particulars and the accident was near to lamp post 145. As my vehicle was no longer in functional condition, I called a tow truck vehicle over. The damages on my vehicle was serious dents at the rear bumper and slight dent at the front bumper.

Due to the accident, I felt pain of my neck area and I went to consult a doctor at Tan Tock Seng Hospital. I was also given 05 days of MC from 17 August 2019 to 21 August 2019. I wish to state that I do not have any in-build camera installed inside my vehicle.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190818/2042

4 of 4

Police Station Of Origin:

Toa Payoh N.P.C.

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No: T/20190818/2042

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 1 DARREN TAN YUANJIE

Signature Of Informant:

Date/Time:

18/08/2019 12:00

Signature Of Interpreter:

Not applicable

Classification Of Case:

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414



SINGAPORE  
POLICE FORCE

SN 168

Authentication Stamp

NP163

SIGNATURE