

## 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	27/08/2019 16:03
Date Of Accident	26/08/2019 21:15
Exact Location Of Accident	ORCHARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX4866Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG HENG CHEOW
NRIC No	S1443829G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84379500
Alternative Phone No	OTHERS-84379500

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.4A
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NO
Policy Number	5106875517
Cover Note Number	

### Driver

Name of Driver	WONG HENG CHEOW
NRIC No	S1443829G
Date Of Birth	26/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84379500
Fax Number	
Contact Number	OTHERS-84379500
E-Mail Address	NOEMAIL

Address	448 LORONG 3 GEYLANG
Postcode	388919
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	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : JOAN CHEW JIA HUI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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	GBG2986G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ELLAPPAN GANESAN
NRIC/Passport Number	G2415355Q
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

WONG HENG CHEOW

Approximate Age

Injuries Sustain

NECK AND SHOULDER PAIN

Injured person in which vehicle?

SJX4866Y

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

NO

Address

Postcode

**SKETCH PLAN**

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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:

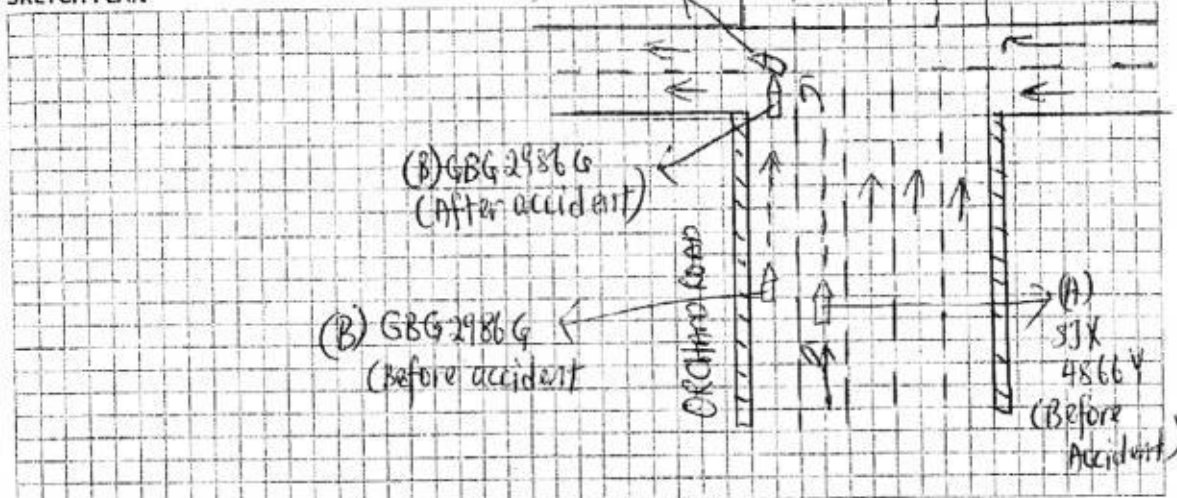
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

(after Accident)

(A) STX 4866Y

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Please refer to police Report ATTACHED \*

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.:



**SINGAPORE  
POLICE FORCE**



T/20190827/2052

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 4

Report No. T/20190827/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2019 11:25		Vide Report No.:		Station Diary No.: 58	
<b>Informant's Particulars</b>					
Name of Informant: WONG HENG CHEOW			Address: 448 LORONG 3 GEYLANG SINGAPORE 386919		
ID Type / ID No.: NRIC NO / S1443829G			Contact No.: Home/Office: Mobile: 84379500		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 26/08/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			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: 26/08/2019 21:15	Type of Location: Straight Road
Location: Along Road 1 ORCHARD ROAD				
Orchard Road near Paragon turning into Bideford Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2986G	Van					0
SJX4866Y	Car	HONDA	CIVIC IMA 1.3L CVT	Purple	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190827/2052

2 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20190827/2052

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ELLAPPAN GAESAN	ID No.	G2415355Q
Related Vehicle	GBG2986G (Van)	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 HENG CHEOW	ID No.	S1443829G
Related Vehicle	SJX4866Y (Car)	Contact No.	84379500
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/08/2019	Date Discharge	27/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger			
Name	Joan Chew Jia Hui	ID No.	NIL
Related Vehicle	SJX4866Y (Car)	Contact No.	91897856
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 26/08/2019 at about 2113hrs, I was travelling along fourth lane of Orchard Road. While I was turning left into Bideford Road, another vehicle that was on my left did not conform to the directional arrow. Thus, the vehicle hit onto left side of my vehicle. Left side of my vehicle was dented.



**SINGAPORE  
POLICE FORCE**



T/20190827/2052

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
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3 of 4

Report No. T/20190827/2052

CONTINUATION OF REPORT





SINGAPORE  
POLICE FORCE



T/20190827/2052

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

4 of 4

Report No. T/20190827/2052

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 ZHU JIANBIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/08/2019 11:25

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:  
SN 051

Authentication Stamp  
NP168



Annex A

## NOTICE OF REPORTING

This is to inform that Wong Heng Cheow / S1443229G (Name/ NRIC) 448 Lor 3 Geylang (Address) 84379500 (Tel) has reported to the police a non injury traffic accident which had occurred somewhere along Orchard road on 26/08/2019 (Date) between 2113 hrs (Time) involving the following vehicles:

V1. SJX4866Y (Informant's vehicle, Honda, Dark blue)  
V2. GBG2986G (Defendant's vehicle, Nissan, Silver)  
P1: Joan Chew Jia Hui

### Brief facts:

On 26/08/2019 at about 9:13pm, I was travelling along Orchard road in my vehicle (V1) with a passenger. I was on fourth lane and wanted to turn into Bideford road. Suddenly, another vehicle (V2) that was on my left that was on the fifth lane did not conform to the directional arrow. Thus, the front of V2 had hit onto the left side of my vehicle.

I wish to state that there was no injury on all parties. My vehicle's front and rear left door was damaged and there were dents.

I wish to add on that I have an in-camera installed. I am lodging this report for record and insurance claim purposes.

Rank/Name of issuing officer: SC/CPL Xavier Lai

Date: 26/08/2019

Time: 2204hours

eSD reference: 140

Police Post/ Police Centre: (Bishan NPC)

Original - To be issued to complainant

Duplicate- To be submitted to Traffic Police

CONFIDENTIAL

BISHAN NPC  
20 BISHAN STREET 23  
SINGAPORE 579757  
TEL: 1800-5529999



S1443229G

26-08-2019