

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	02/09/2019 17:58
Date Of Accident	31/08/2019 12:35
Exact Location Of Accident	JALAN BUKIT MERAH TWDS CTE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2613U
Insured/Policyholder	
Name Of Registered Owner	WONG CHIA WEI
NRIC No	S8980849I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81899756
Alternative Phone No	OFFICE-81899756

Vehicle Particulars

Manufacturer	KIA
Model	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104199201
Cover Note Number	

Driver

Name of Driver	WONG CHIA WEI
NRIC No	S8980849I
Date Of Birth	05/07/1989
Occupation	INDOOR
Date Of Driving Pass	25/09/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81899756
Fax Number	
Contact Number	OFFICE-81899756
Email Address	NOEMAIL

Address	BLK 233C SUMANG LANE #02-307
Postcode	823233
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 - CROSS JUNCTION
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: : LIM YUAN DING GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190831/2115.

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	SGJ6583J
Vehicle Make/Model/Colour	
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)
Passenger 1

3
NAME: :
GENDER: :

Passenger 2

NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name WONG CHIA WEI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT2613U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIM YUAN DING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT2613U
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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7. By the lodging 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.:

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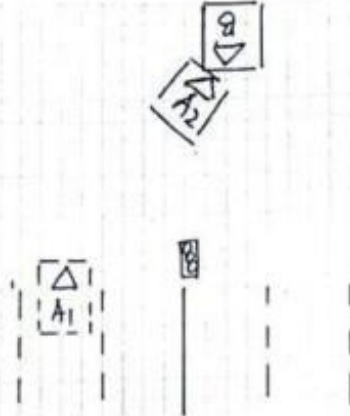
Accident Sketch Plan

SKETCH PLAN

→ CTE(SLE)

Vehicle A: 8JT2613U

Vehicle B: SGJ6583J





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to 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/FIN No.:

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190831/2115

1 of 4

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No: T/20190831/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2019 16:11	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: WONG CHIA WEI	Address: APT BLK 233C SUMANG LANE #02-307 SINGAPORE 823233		
ID Type / ID No.: NRIC NO / S8980849i	Contact No.: Home/Office: Mobile: 81899756		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 30	Date of Birth: 05/07/1989	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: FREELANCE	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/08/2019 12:35	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH CENTRAL EXPRESSWAY Jalan Bukit Merah turning to CTE.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ6583J	Car	HONDA	JAZZ 1.4A	Silver	Seriously Damaged	3
SJT2613U	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Red	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190831/2115

1 of 4
1/2115

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160126
Tel No: 1800-2739999

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Report No. T/20190831/2115

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT2613U	NTUC Income Insurance Co-Operative Limited	5104199201	27/09/2018	29/09/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG CHIA WEI	ID No.	S8980849I
Related Vehicle	SJT2613U (Car)	Contact No.	81899756
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
Passenger			
Name	LIM YUAN DING	ID No.	S7920088C
Related Vehicle	SJT2613U (Car)	Contact No.	86683527
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/08/2019 at about 1235Hrs, I met an accident while turning towards CTE from Jalan Bukit Merah.

Prior to the accident, my vehicle bearing plate no. SJT2613U was stationary at T junction prior to the bend towards CTE. When the light turned green, I made a check and, proceeded to make a right turn into the outer pocket of the road. Before negotiating a turn into CTE, I made a check and when I saw no vehicles in close proximity, executed the turn.

However, when I was driving up to CTE, I noticed a vehicle bearing plate no. SGJ6583J driving very fast. I immediately stopped my vehicle and executed a reserve, hoping that I would avoid the vehicle. The other vehicle also tried to slow down but as the distance between both vehicles was too close, hit my car on the left bumper. Due to the impact, my vehicle suffered serious damages to the front and left bumper, causing my vehicle to be immobile. For the other vehicle, my passenger observed that there were damages to the front and right bumper. The other vehicle however, was still mobile.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190831/2115

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 4

Report No. T/20190831/2115

CONTINUATION OF REPORT

Me and my passenger suffered no injuries, however the wife of the other driver suffered from injuries to the face caused by the impact of the vehicle's airbag. She was conveyed to the hospital shortly after. No other passengers suffered any injuries to my knowledge. Traffic Police was also at scene (Incident No. A/20190831/0114).

I would like to inform that me and my passenger were unable to get the particulars of the other driver, and would be seeing a practitioner later. I was advised by Traffic Police to lodge this report.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190831/2115

4 of 4

Report No. T/20190831/2115

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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:

A /

Sgt 2 ONG YAO TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/08/2019 16:11

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168



Signature

Singapore Police Force

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

