

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	10/09/2019 13:36
Date Of Accident	09/09/2019 20:50
Exact Location Of Accident	CORPORATION ROAD-->JURONG PORT ROAD (NEAR LP 156)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7414D
Insured/Policyholder	
Name Of Registered Owner	TEN WEE CHONG
NRIC No	S8231641H
Email Address	TWEECHONG82@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97542353
Alternative Phone No	OTHERS-97542353

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 A/T ABS AB 2WD 4DR (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?	YES
If No, Please state action to be taken	
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	DMPCSN3066951802
Cover Note Number	

Driver

Name of Driver	TEN WEE CHONG
NRIC No	S8231641H
Date Of Birth	18/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97542353
Fax Number	
Contact Number	OTHERS-97542353
EEmail Address	TWEECHONG82@HOTMAIL.COM

Address	BLK 805 YISHUN RING ROAD #13-4275
Postcode	760805
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : STELLA PHANG WAN TING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JURONG EAST NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20190910/2048

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 INJURED PERSON 1

Name	PHANG WAN TING STELLA
Approximate Age	29
Injuries Sustain	LOWER BACK, NECK AND LEFT LEG
Injured person in which vehicle?	SJW7414D
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.
- (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.

 100919/1345

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: **Jenny Lim**
NRIC/FIN No.: **S6927273H**



**SINGAPORE
POLICE FORCE**



T/20190910/2048

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Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20190910/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2019 11:44	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: TEN WEE CHONG			Address: APT BLK 805 YISHUN RING ROAD #13-4275 SINGAPORE 760805		
ID Type / ID No.: NRIC NO / S8231641H			Contact No.: Home/Office: Mobile: 97542353		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 18/10/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/09/2019 20:50	Type of Location: Straight Road
Location: Along Road 1 CORPORATION ROAD TOWARDS JURONG PORT ROAD NEAR LAMP POST 156				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW7414D	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Brown	Totally Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW7414D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30669518 02	14/10/2018	13/10/2019



**SINGAPORE
POLICE FORCE**



T/20190910/2048

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Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20190910/2048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEN WEE CHONG	ID No.	S8231641H
Related Vehicle	SJW7414D (Car)	Contact No.	97542353
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	PHANG WAN TING STELLA	ID No.	NIL
Related Vehicle	SJW7414D (Car)	Contact No.	96406382
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 09.09.2019 at about 2050hrs, I was driving my vehicle bearing registration SJW7414D, together with my girlfriend, Stella, as my passenger. I was along Corporation Rd towards Jurong Port Road on the right lane, it was a two laned road. I had wanted to switch lane from the right to the left lane, however I had lost control of my vehicle and had mounted on the kerb on the left side of the road. The impact had caused the driver's air bag to be deployed. A passerby had assisted me in calling the ambulance and the Police. At the point of time, both my girlfriend and myself were conscious, we managed to get off from my vehicle.

Subsequently, the ambulance, Traffic Police and the Police had arrived at the scene. Both my girlfriend and myself were not conveyed to the hospital as we did not sustained any serious injuries. I had sustained some minor abrasions on my right arm, nose and left knee area. As for my girlfriend, she felt a bit of pain coming from her right waist area.

My vehicle's front bumper was dislodged, the left front passenger door was faulty and the left wheel rim was damaged. My vehicle was also unable to move and was tolled to Sin Ming Autocity subsequently.

Subsequently, at about 5am, my girlfriend started feeling severe pain on her waist area. Thus, we decided to go to Ng Teng Fong Hospital A&E and my girlfriend was warded to the Day Treatment ward. She is currently not discharged yet.



**SINGAPORE
POLICE FORCE**



T/20190910/2048

Police Station Of Origin:
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Report No. T/20190910/2048

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190910/2048

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Report No. T/20190910/2048

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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:

D /

Sgt 3 CATHERINE CHOY CHI CHING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/09/2019 11:44

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

SN 34

SIGNATURE