

## 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	11/10/2019 17:12
Date Of Accident	10/10/2019 17:10
Exact Location Of Accident	JUNC BEDOK SOUTH AVE 2 & BEDOK SOUTH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG2147S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG WEI YANG
NRIC No	S8923026H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92232437
Alternative Phone No	OFFICE-92232437

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5101142595-01
Cover Note Number	

### Driver

Name of Driver	WONG WEI YANG
NRIC No	S8923026H
Date Of Birth	06/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92232437
Fax Number	
Contact Number	OFFICE-92232437
EEmail Address	NOEMAIL

Address	BLK 510 BUKIT BATOK STREET 52 #05-19
Postcode	650510
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: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 CHAI CHEE DRIVE , <b>POSTCODE:</b> 469045 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2448999 - <b>FAX NO:</b> 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191010/2184.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH8854J
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HASSAN MEHEDI
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	WONG WEI YANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJG2147S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

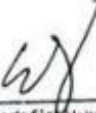
#### IMPORTANT NOTICE


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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 situated 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 (a) 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/PIN No.:

# Accident Sketch Plan

Veh A : SJG 2147S

Veh B : GBH 8854J

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON The stated time and date

I was travelling my vehicle A bearing carplate SJG 2147S along bedok South Ave 2 towards bedok South Road. I was travelling on a " Turn Left & Turn Right lane. While waiting the traffic going green. I moving slowly then Suddenly a vehicle B bearing carplate GBH 8854J Turn Left and collided on my Right. I Realise that the Vehicle B. B on The " Turn Right only Lane.

## 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/PIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191010/2184

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 4

Report No. T/20191010/2184

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2019 22:33		Vide Report No.:		Station Diary No.: 47
<b>Informant's Particulars</b>				
Name of Informant: WONG WEI YANG		Address: APT BLK 510 BUKIT BATOK STREET 52 #05-19 SINGAPORE 650510		
ID Type / ID No.: NRIC NO / S8923026H		Contact No.: Home/Office: Mobile: 92232437		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 06/07/1989	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2019 17:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BEDOK SOUTH AVENUE 2 BEDOK SOUTH ROAD T-Junction of Bedok South Avenue 2 and Bedok South Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8854J	Van	TOYOTA			Slightly Damaged	1
SJG2147S	Car	TOYOTA	WISH 1.8 AUTO	Blue	Slightly Damaged	1

## Details of Vehicle Insurance

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



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Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999



T/20191010/2184

2 of 4

Report No. T/20191010/2184

## 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	HASSAN MEHEDI	ID No.	G2577136U
Related Vehicle	GBH8854J (Van)	Contact No.	83207089
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 WEI YANG	ID No.	S8923026H
Related Vehicle	SJG2147S (Car)	Contact No.	92232437
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	10/10/2019	Date Discharge	10/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the 10/10/2019 at about 1710hrs, I was driving my vehicle with a passenger heading to Bugis Plus shopping mall. I came to a stop along Bedok South Avenue 2 before the T-Junction of Bedok South Avenue 2 and Bedok South Road. Bedok South Avenue 2 is a 2 lane road where both lanes are allowed to make a right turn and only vehicles on lane 2 can make a left turn. My vehicle was the 3rd vehicle stationary at lane 2. When the traffic light turns green, the 2 vehicles ahead of me turned left towards Bedok South Avenue 3.

I was about to make a right turn towards Bedok South Avenue 1 when I noticed a van, GBH8854J on lane 1 with a left signal switched on. I proceeded to make a right turn when the said van suddenly swerve left resulting in both our vehicles collided sideways. I exited from the front left passenger door and spoke to the driver of the van whom was with a friend. As there were no visible injuries on all parties, we proceeded to exchange our particulars and left the location.

Subsequently, as I felt soreness on my neck, I went to Intemedical 24 Hr Clinic located at 525 Ang Mo Kio Ave 10 to see a doctor. The doctor gave me 3 days of MC. That's all.

Police Report



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T/20191010/2184

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3 of 4

Report No. T/20191010/2184

CONTINUATION OF REPORT



Police Report



SINGAPORE  
POLICE FORCE



T/20191010/2184

Police Station Of Origin:  
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20 Chai Chee Drive SINGAPORE 469045  
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4 of 4

Report No. T/20191010/2184

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:

G /

Staff Sgt LEE WEE CHANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/10/2019 22:33

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



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