

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	15/10/2019 17:02
Date Of Accident	14/10/2019 13:50
Exact Location Of Accident	PAYA LEBAR RD BEFORE GEYLANG EAST CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ9324X
Insured/Policyholder	
Name Of Registered Owner	IDRIVE AUTOMOBILE
Co Reg No	53364146B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84286663
Alternative Phone No	OFFICE-84286663

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MS004306
Cover Note Number	

Driver

Name of Driver	WONG HOE LIANG
NRIC No	S1425895G
Date Of Birth	30/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1981
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98262869
Fax Number	
Contact Number	OFFICE-98262869
EEmail Address	NOEMAIL

Address	BLK 572 PASIR RIS STREET 53 #10-40
Postcode	510572
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSG6479 (PRIVATE CAR)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191014/2149.

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	JSG6479
Vehicle Make/Model/Colour	HYUNDAI STAREX
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)

DETAILS OF INJURED PERSON 1	
Name	WONG HOE LIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ9324X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

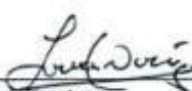
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.:

Accident Sketch Plan

SKETCH PLAN

PAYA LEBAR ROAD

VEH A : SGJ 9324X

VEH B : JS6 6479



SHELL STATION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/10/2019 at about 1350 hrs I was travelling along
PAYA LEBAR ROAD towards the direction of GUILLEMARD ROAD
just in front of the SHELL PETROL STATION the traffic was
heavy & slow down, Out of sudden I felt a very strong
impact from the rear of my vehicle. After which I stop & alighted
my vehicle to found out a vehicle (JS66479) fail to slow down
in time & rear ended my vehicle. My vehicle suffer serious damage
from the accident.

DECLARATION

I/We declare that 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.:

CLARENCE MOTOR PARTS (P) LTD

Police Report



**SINGAPORE
POLICE FORCE**



1/20191014/2149

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-6871999

Report No: T20191014/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2019 17:31	Vide Report No:	Station Diary No: 115
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Informant's Particulars

Name of Informant: WONG HOE LIANG		Address: APT BLK 572 PASIR RIS STREET 53 #10-40 SINGAPORE 510572	
ID Type / ID No: NRIC NO / S1425895G		Contact No: Home/Office: Mobile: 98252869	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 30/05/1960	Type of Informant: Driver
Race: Chinese		Language: Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Injury	Injury: Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 14/10/2019 13:50	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSG6479	Car					0
SGJ9324X	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: Nil	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20191014/2149

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529662
Tel No: 1800-6871909

Report No. T/20191014/2149

CONTINUATION OF REPORT

Driver			
Name	WONG HOE LIANG	ID No.	S1425895G
Related Vehicle	SGJ9324X (Car)	Contact No.	98262869
Hospital/Clinic	TAN & KOH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/10/2019	Date Discharge	14/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On 14/10/2019 at about 1350hrs, I was driving a rental car (bearing registration number: SGJ9324X) along Paya Lebar road (4-lane road) and I was driving on lane number 3. As I was travelling, I heard a bang and felt an impact from the rear portion of my vehicle.

I immediately stopped my vehicle and alight and noticed a Malaysian car (bearing registration number: JSQ6479) has collided into the rear portion of my vehicle. I called my insurance company and a representative came over to take the other driver's particulars. However, on hand, I do not have his particulars. My car sustained minor dents and scratches at the rear portion of my vehicle. I took pictures of the damages and subsequently moved off.

I then head to Tan & Koh Clinic & Surgery as I felt pain on my back and shoulder and was given 3 days of MC. No police or ambulance was called in. I wish to state that my vehicle has a in car camera facing front of the vehicle and was operational during the accident.

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

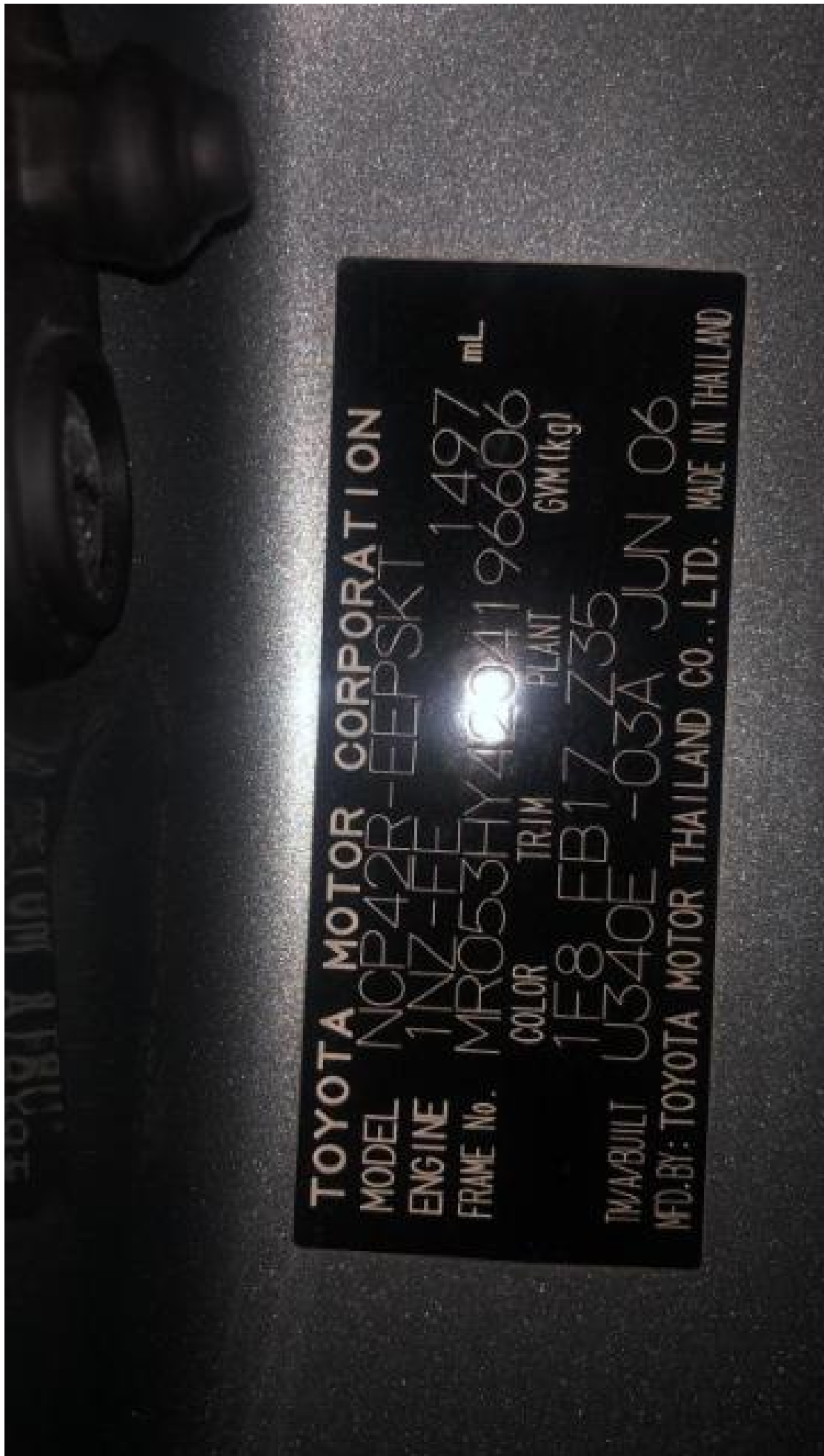


Accident Photo



Accident Photo





Accident Photo



Accident Photo

