

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 12:56
Date Of Accident	31/08/2019 14:10
Exact Location Of Accident	SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9648M
Insured/Policyholder	
Name Of Registered Owner	WONG WAI LEONG
NRIC No	S7802131D
Email Address	WWLRESEARCH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97981123
Alternative Phone No	OTHERS-97981123

Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	159-2.2 JTS (A)

Exact Purpose for which vehicle was being used at time of accident

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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00011105-01
Cover Note Number	

Driver

Name of Driver	WONG WAI LEONG
NRIC No	S7802131D
Date Of Birth	24/01/1978
Occupation	INDOOR
Date Of Driving Pass	23/11/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97981123
Fax Number	
Contact Number	OTHERS-97981123
Email Address	WWLRESEARCH@HOTMAIL.COM

Address	BLK 165 HOUGANG AVENUE 1 #09-1594 SINGAPORE
Postcode	530165
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?	NO
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEHICLE IN TRAFFIC COMPOUND REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP2957T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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.:



**SINGAPORE
POLICE FORCE**



T/20190831/2173

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190831/2173

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2019 20:14	Vide Report No.: F/20190831/0132	Station Diary No.: 184
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Informant's Particulars

Name of Informant: WONG WAI LEONG			Address: APT BLK 165 HOUGANG AVENUE 1 #09-1594 SINGAPORE 530165	
ID Type / ID No.: NRIC NO / S7802131D			Contact No.: Home/Office: Mobile: 97981123	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 41	Date of Birth: 24/01/1978	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: STORE BROKER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/08/2019 14:10	Type of Location: Straight Road
Location: Along Road 1 SENGKANG EAST WAY SENGKANG EAST WAY TOWARDS SENGKANG WEST WAY, L/P 166F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP2957T	Motorcycle				Seriously Damaged	0
SJV9648M	Car	ALFA ROMEO	ALFA 159 2.2JTS.SEL ESPEED	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20190831/2173

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190831/2173

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV9648M	FWD Singapore Pte. Ltd	PNPV2018-00011105-01	25/08/2019	24/08/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG WAI LEONG	ID No.	S7802131D
Related Vehicle	SJV9648M (Car)	Contact No.	97981123
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 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 1410hrs, I was driving my car (V1), vehicle number SJV9648M, along Sengkang East Way towards Sengkang West Way. I was at lane 1, suddenly a car (V3) from lane 2 swerved into my lane. As I thought the car was driving dangerously, I decided to change into lane 2 immediately.

As I was in the midst of changing into lane 2, suddenly a motorcycle (V2) right from lane 2, very near to (V3) came. The front part of my car collided onto the rear of the motorcycle. I immediately stopped my car and saw the rider was lying on the road called for ambulance.

The rider was conscious and sustained some injuries. The police and ambulance came shortly after. The rider was conveyed to KTPH by the ambulance, I did not sustain any injuries.

The accident caused the front left side of my car was badly damaged. Some parts of the motorcycle were damaged too. I do not have any in-car camera.

I was advised by the police to lodge this traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20190831/2173

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20190831/2173

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:

F /

Staff Sgt NORASHIKIN BINTE KAMSANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/08/2019 20:14

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168



Signature:

SN 085

Singapore Police Force

DRIVER NRIC & LICENSE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7802131D



Name
WONG WAI LEONG

Race
CHINESE

Date of birth
24-01-1978

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S7802131D**

Name
**WONG WAI LEONG
(HUANG WEILIANG)**

Birth Date **24 Jan 1978**

Issue Date **13 May 2003**



10004774678



NPIC No. **S7802131D**



Date of issue
09-05-2008

APT BLK 165 HOUGANG AVENUE | #09-1594
SINGAPORE 530165

NPIC No: **S7802131D** Date: **16/02/2013** No: **7247558**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

- Class 2B Motorcycles not exceeding 200 cc
- Class 2A Motorcycles between 201 cc and 400 cc
- Class 2 Motorcycles exceeding 400 cc
- Class 3 Motor Cars and Motor Tractors the which unladen does not exceed 2

NP 420A

License No: **S7802131D**

