

## 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	25/10/2019 16:36
Date Of Accident	25/10/2019 07:15
Exact Location Of Accident	SIMEI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1977Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG KOK HENG
NRIC No	S7342485B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97699877
Alternative Phone No	OFFICE-97699877

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112910849
Cover Note Number	

### Driver

Name of Driver	WONG KOK HENG (HUANG GUOXING)
NRIC No	S7342485B
Date Of Birth	17/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1997
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97699877
Fax Number	
Contact Number	OFFICE-97699877
Email Address	NOEMAIL

Address	BLK 162 SIMEI ROAD #10-306
Postcode	520162
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	SIDE SWIPE
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?	
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	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5872999 - <b>FAX NO:</b> 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191025/2064.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FS1934C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD YURIHAN BIN JOHARI
NRIC/Passport Number	S8709404I
Contact Number	91379714
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

## Accident Sketch Plan

### SKETCH PLAN

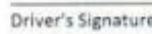
#### IMPORTANT NOTICE

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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.

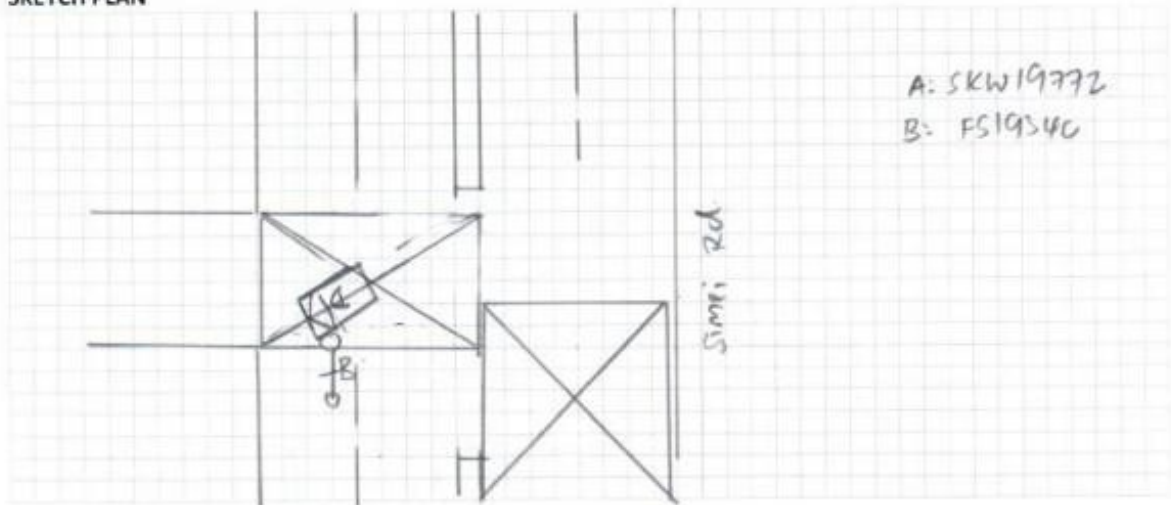
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20191025/2064.

### 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191025/2064

1 of 4

Police Station Of Origin:  
Changi N.P.C.  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20191025/2064

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2019 12:32	Vide Report No.: G/20191025/0053	Station Diary No.: 49
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### Informant's Particulars

Name of Informant: WONG KOK HENG			Address: APT BLK 162 SIMEI ROAD #10-306 SINGAPORE 520162	
ID Type / ID No.: NRIC NO / S7342485B			Contact No.: Home/Office: Mobile: 97699877	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 17/11/1973	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PROPERTY AGENT			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: 25/10/2019 07:15	Type of Location: T-Junction
Location: Along Road 1 SIMEI ROAD				
SIMEI ROAD, YELLOW BOX JUNCTION TURNING INTO BLK 166 SIMIE ROAD OPEN CARPARK				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
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
FS1934C	Motorcycle	KAWASAKI		Black	Slightly Damaged	1
SKW1977Z	Car	HONDA	VEZEL 1.5X CVT	White	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW1977Z	NTUC Income Insurance Co-Operative Limited	5112910849	21/10/2019	20/10/2020



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191025/2064

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20191025/2064

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	NUR RASHIDAH BTE A RASHID	ID No.	S89173874A
Related Vehicle	FS1934C (Motorcycle)	Contact No.	96446664
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/10/2019	Date Discharge	25/10/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Rider			
Name	MUHAMMAD YURIHAN BIN JOHARI	ID No.	S8709404I
Related Vehicle	FS1934C (Motorcycle)	Contact No.	91379714
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
Driver			
Name	WONG KOK HENG	ID No.	S7342485B
Related Vehicle	SKW1977Z (Car)	Contact No.	97699877
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

### Brief Details.

On 25/10/2019 at around 0715hrs, I was driving my white colored Honda Vezel car bearing registration plate nuber SKW1977Z along Simei Road and was making a right turn past the yellow box into Blk 166 Simei road open carpark. Suddenly, there was a black Kawasaki motorcycle bearing registration plate number FS1934C that was riding towards my car direction and did not managed to stop on time and collided onto my car left front portion with his motorcycle front portion. This resulted in the motorcycle to fall onto the left side. The pillion who was the motorcyclist's wife was injured and conveyed to Changi General Hospital via ambulance.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191025/2064

Police Station Of Origin;  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20191025/2064

### CONTINUATION OF REPORT

All the vehicles have stopped as it was red light hence I proceeded to make a right turn after ensuring that the traffic is clear.

Traffic police also came to the accident area and view my in car camera recording which was recording at that point of time.

Due to the collision, my left front bumper came off slightly and suffered slight dent.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191025/2064

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Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

4 of 4

Report No. T/20191025/2064

### 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 /

Sgt 2 ALVIN TAY MING WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/10/2019 12:32

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR HIDAYU BINTE ABDUL  
SAMAD

Contact No.: 65476423

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo

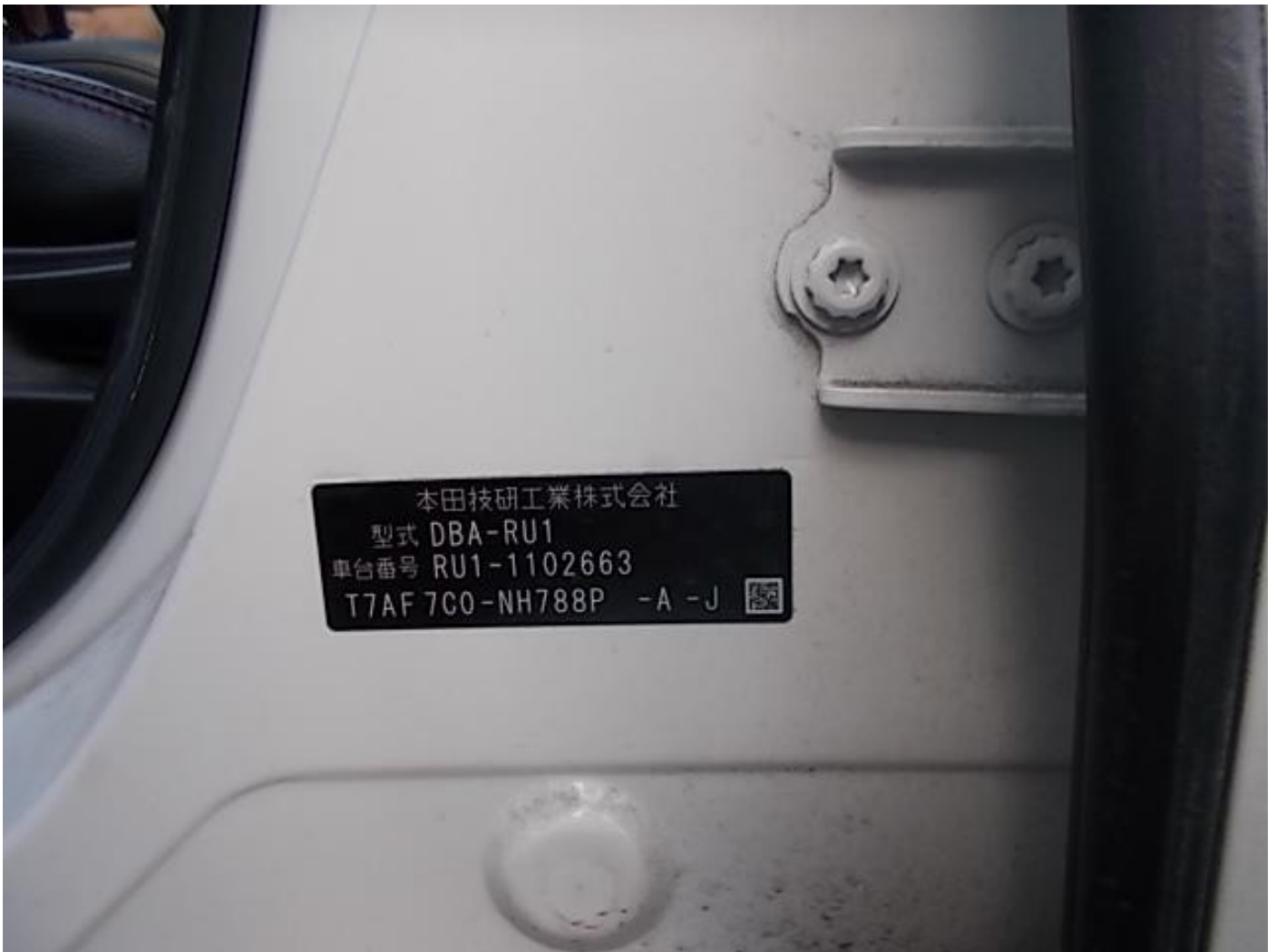




Accident Photo



Accident Photo



Accident Photo

