

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	06/11/2019 15:12
Date Of Accident	05/11/2019 10:45
Exact Location Of Accident	JUNCTION OF LOWER DELTA RD TOWARDS TIONG BAHRU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5949M
Insured/Policyholder	
Name Of Registered Owner	MDM KWOK JIA XIN, MICHELLE
NRIC No	S8823586Z
Email Address	DANIELKWJ_86@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96496706
Alternative Phone No	OFFICE-96496706

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (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	DMPCSN3059001900
Cover Note Number	

Driver

Name of Driver	KWOK WEI JIE DANIEL
NRIC No	S8603323B
Date Of Birth	28/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92348906
Fax Number	
Contact Number	
Email Address	DANIELKWJ_86@HOTMAIL.COM

Address	BLK 286 YISHUN AVE 6 #04-102
Postcode	760286
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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)	4
Passenger 1	NAME: : YIP HWEI LING GENDER: : FEMALE
Passenger 2	NAME: : STEPHINE GENDER: : FEMALE
Passenger 3	NAME: : ELERT 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 NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1042L
Vehicle Make/Model/Colour	COMFORT TAXI BLUE COLOUR

Details Of Properties

Vehicle Category	TAXI
Name of Driver	WONG HAI HOCK
NRIC/Passport Number	
Contact Number	97772936
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT SIDE REAR PASSAGER DOOR
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

DETAILS OF INJURED PERSON 1

Name	YIP HWEI LING
Approximate Age	32
Injuries Sustain	BACK
Injured person in which vehicle?	SJN5949M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN MALE
Approximate Age	30
Injuries Sustain	
Injured person in which vehicle?	SHC1042L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	UNKNOWN MALE
Approximate Age	2
Injuries Sustain	
Injured person in which vehicle?	SHC1042L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

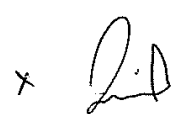
IMPORTANT NOTICE



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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:

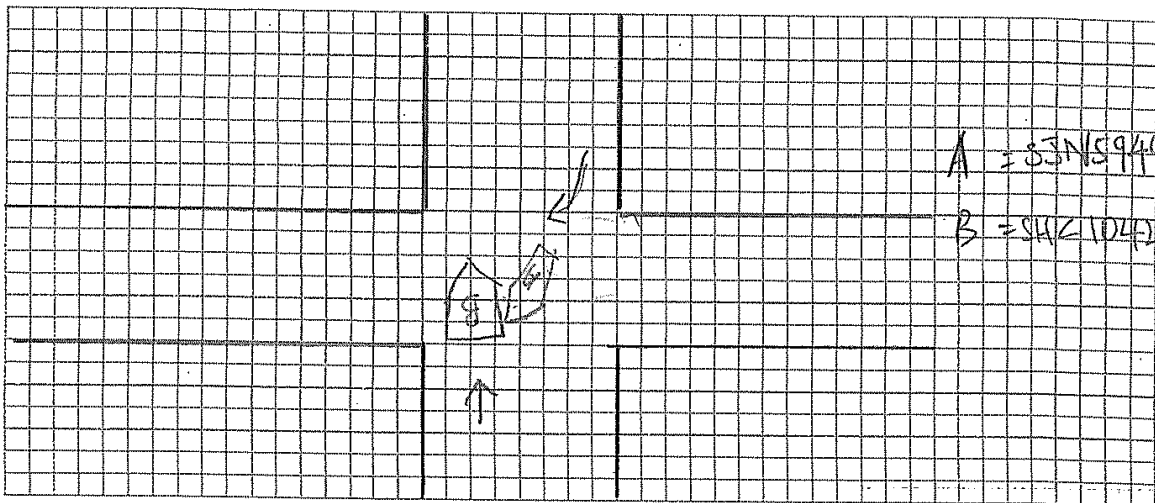
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

x 
Driver's Signature
(If driver is not the policyholder)
Date & Time: 06/11/2019

 
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 1802

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/11/2019, at about 1045hrs, I was driving along junction Lower Delta Rd turning to Tiong Bahru Rd. While I was turning into Tiong Bahru Rd, I noticed that a blue in colour taxi (SHC 1042L) was about 300 metres away, and was at the outer most left lane, which was turning to Tiong Bahru Rd. I then proceed to make a right turn to Tiong Bahru Rd. While I was turning I noticed that the said taxi driver speed up and did not make a left turn. I could not stop in time. Hence, the right front of my car knocked on to the driver side ^{rear} passenger door. The driver together with two of his passengers informed that they will need ambulance to attend to them. My girlfriend who was also inside the car also needed medical attention. They were all conveyed to hospital by ambulance. My friend together with her son, who was also in my car, left the scene as they were not injured.

As per Police Report NO G/20191105/7067 dated
05/11/19 @ 17.52

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: 06/11/2019 @ 1440hrs

Reporting Centre Personnel's Signature
Name: Sally
NRIC/FIN No.: 1842

GIARMC SketchPlanForm_V3

INSURED CI Pg. 1

9/5/2019

Mail - Daniel Kwok - Outlook



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1F
N SN
AN0634A
COMPREHENSIVE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSN3059001900	Engine No : FB20YE35270 Chassis No: JF1SJ5KC5JG111845
1. Index Mark and Registration Number of Vehicle	SJN5949M	
2. Name of Policy Holder	MDM KWOK JIA XIN, MICHELLE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 AUGUST 2019	NAMED DRIVERS EX SECT. I.....S\$1,500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....S\$100.00
4. Date of Expiry of Insurance	20 AUGUST 2020	
5. Persons or Classes of Persons entitled to drive *		
<p>(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.</p> <p>PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.</p>		
<p>6. Limitations as to use: *</p> <p>USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.</p> <p>EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.</p> <p>ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.</p>		
<p>HIRE PURCHASE CO. : DBS BANK LTD AS HP OWNER</p> <p>* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>		

We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

COUNTERSIGNED BY:
SERENE SITO
JETS PRINT AUTO ENTERPRISES
Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com

[illegible]

1 of 2

Report No. G/20191105/7067

Date/Time Report Made 05/11/2019 17:52	Vide Report No.		Station Diary No.	
Name Of Informant KWOK WEI JIE, DANIEL	Address APT BLK 286 YISHUN AVENUE 6 #04-102 SINGAPORE 760286			
ID Type / ID No. NRIC NO / S8603323B	Contact No. Home/Office: Mobile: 92348906			
Nationality SINGAPORE CITIZEN	Email Address danielkwj_86@hotmail.com			
Occupation Police officer	Sex Male	Age 33	Date of Birth 28/01/1986	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 05/11/2019 10:45	Location Of Incident 257 TAMPINES STREET 21 #05-214 HDB-TAMPINES SINGAPORE 520257			

On 05/11/2019, I was driving along Lower Delta Road towards Jalan Bukit Merah, at the first lane.

When reaching the junction of Lower Delta Road and Tiong Bahru, I noticed that there was a blue in colour taxi (SHC1042L) was about 300 to 400 metres away from the junction, and was at the most outer left lane. At that point of time, the traffic was clear and there was not other car. I the signalled right and made a right turn to Tiong Bahru. While my car was at the center of the said junction, I noticed that the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2019 17:52
Officer In-Charge Of Case:	Classification Of Case:

Page 7 of 25



**SINGAPORE
POLICE FORCE**



G/20191105/7067

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191105/7067

taxi speed up and I could not stop in time as it was too sudden. Hence, the front right side of my car knocked onto the rear right passenger side of the door.

The taxi driver (Wong Hai Hock, H/P: 97772936) then came out and informed that he was injured and both the passenger also informed that he and his son needs medical attention. The taxi driver then called the ambulance for assistance. The right front bumper of my car was damaged and the right passenger door of the taxi was dented. My friend and her son who was in my car at the rear passenger seat was not injured and left the scene, before the ambulance arrived.

My girlfriend (Yip Hwei Ling, S8712117H, H/P: 91004237), who sat the the front passenger seat was conveyed to SGGH together with the taxi driver by the ambulance.

Traffic police was at scene, and I was advised to lodge a police report regarding the matter.

Report number is A/20191105/0056.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2019 17:52
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

PASSAGER MEDICAL CERTIFICATE Pg. 1



Singapore
General Hospital
SingHealth

Department of Emergency Medicine
Outram Road
Singapore 169608
Tel : (65) 6321 4103
Fax : (65) 6226 0924
Reg No : 1987039072

ORIGINAL

MEDICAL CERTIFICATE

EMD2019428160

Name YIP HWEI LING (YE HUILIN)		NRIC No. S8712117H
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>06-Nov-2019</u> to <u>08-Nov-2019</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis _____	Surgical Operation (if applicable) _____	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : _____		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 05-Nov-2019	Signature, Name (In BLOCK LETTERS) and Designation/MCR No. LIM CHIN SIAH , 12547D

PASSAGER'S POLICE REPORT PAGE 1 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191105/2183

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20191105/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 22:55		Vide Report No.: A/20191105/0056		Station Diary No.: 120	
Informant's Particulars					
Name of Informant: YIP HWEI LING			Address: APT BLK 122 BEDOK RESERVOIR ROAD #10-1037 SINGAPORE 470122		
ID Type / ID No.: NRIC NO / S8712117H			Contact No.: Home/Office: Mobile: 91004637		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 32	Date of Birth: 03/05/1987	Type of Informant: Passenger		
Race: Chinese			Language:		Institution / School Name:
Occupation: AIR STEWARDESS			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/11/2019 10:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 LOWER DELTA ROAD TIONG BAHRU ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
SHC1042L	Car	TOYOTA		Blue		2
SJN5949M	Car	SUBARU		Grey		3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191105/2183

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3

Report No. T/20191105/2183

CONTINUATION OF REPORT

Passenger			
Name	YIP HWEI LING	ID No.	S8712117H
Related Vehicle	SJN5949M (Car)	Contact No.	91004637
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the date, time and location mentioned above, I was the front passenger on V1 (SJN5949M), I was using my mobile device and the vehicle was slow moving about to turn. At that point, I heard the back passenger shouted to my V1's driver (Daniel), as such I realise that our vehicle had e-brake to stop.

Upon a stopping, V2 (SHC1042L) which was travelling fast towards my direction and then collided onto the driver side of the vehicle. The impact was quite hard.

Then after, as I felt back pain and was then conveyed to hospital for medical check.

I wish to state, I was not aware of what exactly happened prior to accident until the back passenger shouted.



**SINGAPORE
POLICE FORCE**



T/20191105/2183

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

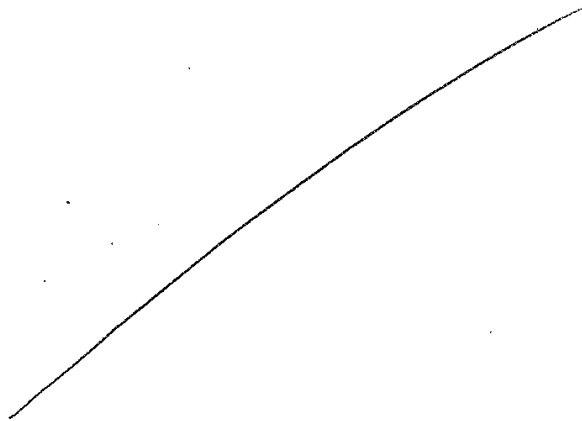
3 of 3

Report No. T/20191105/2183

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 GOH JUN KIAT JASON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/11/2019 22:55

Officer In Charge Of Case:

TP / GIT /

Contact No:  SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

SCENE PHOTO - INSURED VEH

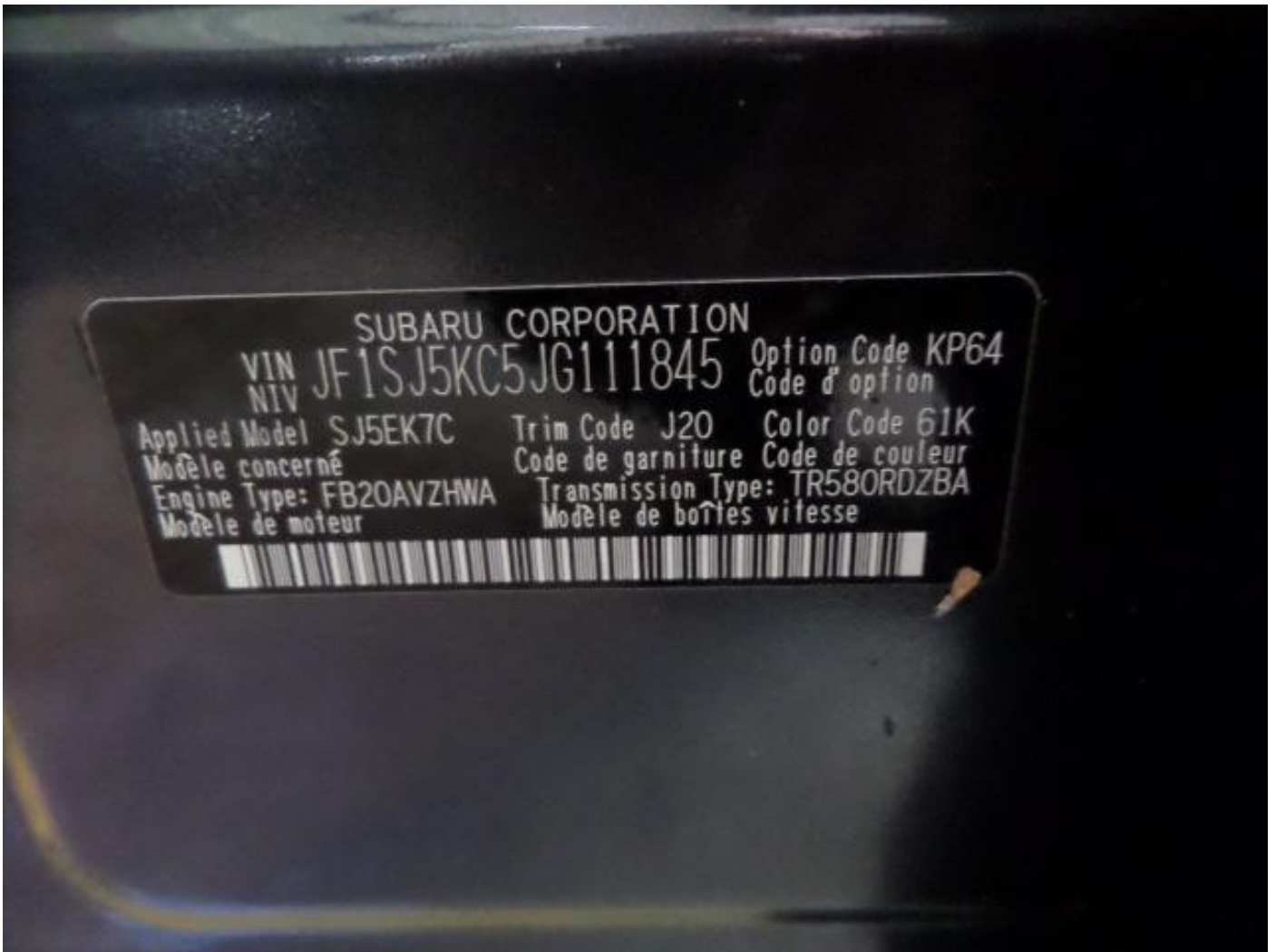


SCENE PHOTO - TP VEH



INSURED VEH





INSURED VEH



INSURED VEH



INSURED VEH



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INSURED VEH



INSURED VEH

