

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 | 29/11/2019 13:55 |
| Date Of Accident | 28/11/2019 17:25 |
| Exact Location Of Accident | SLIP RD FROM WOODLANDS RD TURNING TO BT PANJANG RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------------|
| Vehicle Registration Number | SLR5665L |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG WEE TER, VICTOR (HUANG WEIDE, VICTOR) |
| NRIC No | S7938517D |
| Email Address | HANCARREPAIRS@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97953486 |
| Alternative Phone No | OTHERS-97953486 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|-------------|
| Manufacturer | VOLKSWAGEN |
| Model | PASSAT 1.8A |
| 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 | 5094974825-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------------------------|
| Name of Driver | WONG WEE TER, VICTOR (HUANG WEIDE, VICTOR) |
| NRIC No | S7938517D |
| Date Of Birth | 10/12/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/06/2000 |
| Driving Experience | 19 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97953486 |
| Fax Number | |
| Contact Number | OTHERS-97953486 |
| Email Address | HANCARREPAIRS@GMAIL.COM |

| | |
|-----------------------------------------------------|-------------------------------|
| Address | BLK 627 SENJA ROAD #02-180 |
| Postcode | 670327 |
| 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 - HEAD TO REAR |
| 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: : PASSENGER GENDER: : MALE |

Details of Police Action

| | |
|-------------------------------------------|---------------------------------------------------------------------------------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CLEMENTI NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8729999 - FAX NO: 67748639 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191129/2071

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 | SMQ4050K |
| Vehicle Make/Model/Colour | HONDA FREED |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MUHAMMAD AMIN BIN MAHMOOD |
| NRIC/Passport Number | S8228127D |
| Contact Number | 81235491 |

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

1

DETAILS OF INJURED PERSON 1

Name
WONG WEE TER, VICTOR (HUANG WEIDE, VICTOR)
Approximate Age
Injuries Sustain
SLIGHT INJURY
Injured person in which vehicle?
SLR5665L
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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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:

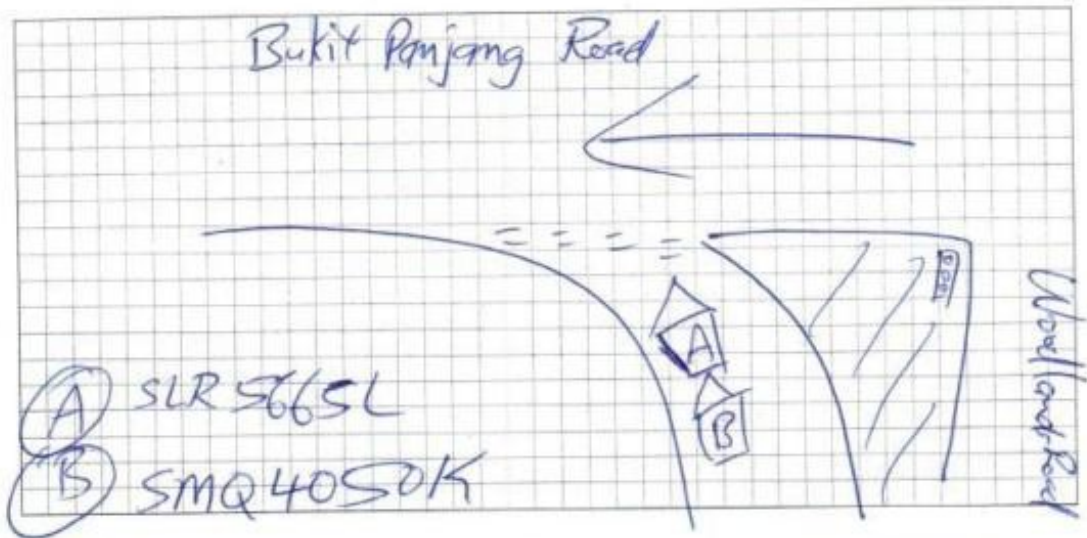


Driver's Signature
(if driver is not the policyholder)
Date & Time:

29/4/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



I was travelling along slip road from Woodlands Road turning to Bukit Panjang Road.

I slowed down & came to a complete stop behind the give-way line.

However, vehicle ③ came from behind & hit on my car ①'s rear portion.

the impact was so great that it pushed my car ① over the give way line.

DECLARATION

(We declare the foregoing particulars are true in every respect to.

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20191129/2071

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Report No. T/20191129/2071

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--------------------------------------------|------------|-------------------------------------------------------------|------------------------------|----------------------------|
| Date/Time Report Made: 29/11/2019 12:24 | | Vide Report No.: | | Station Diary No.: 65 |
| Informant's Particulars | | | | |
| Name of Informant: WONG WEE TER, VICTOR | | Address: APT BLK 627 SENJA ROAD #02-180 SINGAPORE 670627 | | |
| ID Type / ID No.: NRIC NO / S7938517D | | Contact No.: Home/Office: | | Mobile: 97953486 |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 39 | Date of Birth: 10/12/1979 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | | Institution / School Name: |
| Occupation: SELF-EMPLOYED | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 28/11/2019 17:25 | Type of Location: Slip Road |
| Location: Along Road 1 Traveling Toward Road 2 WOODLANDS ROAD BUKIT PANJANG ROAD Slip road from Woodlands Road turning to Bukit Panjang Road | | | | |
| 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: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|----------------|--------------------------------|--------|---------------------|-----------------|
| SLR5665L | Car | VOLKSWAGO N | PASSAT 1.8 TSI AT 3624H7 | Silver | Slightly Damaged | 1 |
| SMQ4050K | Car | HONDA | FREED | Black | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--------------------------------------------|---------------|------------|-------------|
| SLR5665L | NTUC Income Insurance Co-Operative Limited | 5094974825-01 | 02/02/2019 | 07/12/2019 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191129/2071

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20191129/2071

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|----------------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | WONG WEE TER, VICTOR | ID No. | S7938517D |
| Related Vehicle | SLR5665L (Car) | Contact No. | 97953486 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 28/11/2019 | Date Discharge | 28/11/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| | | | |
| Name | MUHAMAD AMIN BIN MAHMOOD | ID No. | S8228127D |
| Related Vehicle | SMQ4050K (Car) | Contact No. | 81235491 |
| 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 |

Brief Details.

On 28/11/2019 at about 1725hrs, I was driving my car (silver Volkswagen Passat bearing registration number SLR5665L) travelling along Woodlands Road, turning left Bukit Panjang Road. While I was at the give-way line, waiting for the traffic to clear before entering Bukit Panjang Road, suddenly I felt an impact coming from the rear of my car.

I got out of my car and exchanged particulars with the other driver (male Malay). I also took photo of the damage to our cars.

On the same day at about 2050hrs, I went to NUH to seek treatment as I felt giddy and there was pain on the back of my neck due to impact when my head was hit twice to the head rest. I was given 3 days MC from 28/11/2019 to 30/11/2019.

I wish to state that there is no Police or ambulance at scene. The other driver and my passenger are not injured.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191129/2071

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Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20191129/2071

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191129/2071

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20191129/2071

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:
D /
Sr Staff Sgt MUHAMMAD NAZRI BIN PARALI

Signature Of Informant:

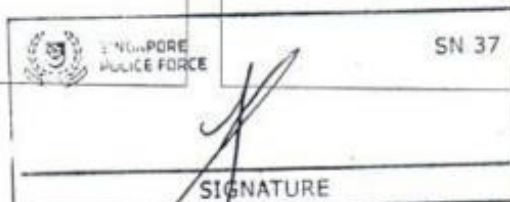
Signature Of Interpreter:
Not applicable

Date/Time:
29/11/2019 12:24

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

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

