

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 | 10/12/2019 15:21 |
| Date Of Accident | 08/12/2019 05:35 |
| Exact Location Of Accident | ECP TWDS CHANGI B4 T4 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJQ9542K |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG SOOK CHENG |
| NRIC No | S1438826E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91448043 |
| Alternative Phone No | OTHERS-91448043 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | ALTIS |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | PNCV2019-00001100 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | WONG SOOK CHENG |
| NRIC No | S1438826E |
| Date Of Birth | 11/06/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/10/1982 |
| Driving Experience | 37 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91448043 |
| Fax Number | |
| Contact Number | OTHERS-91448043 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 101C PUNGGOL FIELD #14-470 |
| Postcode | 823101 |
| 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 | CHAIN COLLISION |
| 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 | 3 |
| 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) | 4 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191208/7005

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 | SLG6430Z |
| Vehicle Make/Model/Colour | |

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 OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLJ1888D |
| Vehicle Make/Model/Colour | |
| 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 SOOK CHENG |
| Approximate Age | |
| Injuries Sustain | NECK & LOWER BACK |
| Injured person in which vehicle? | SJQ9542K |
| 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:

 10/12/19

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

Accident Sketch Plan

SKETCH PLAN


A - SJQ9542K
 B - SLG 6430Z
 C - SLJ 1888D
 ECP (toward change before T4 Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Follow Police Report T/20191208/7005

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:

 10/12/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Individual Statement



SINGAPORE
POLICE FORCE



T/20191208/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191208/7005

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------|------------------|---|
| Driver | | | |
| Name | WONG SOOK CHENG | | ID No. S1438826E |
| Related Vehicle | SJQ9542K (Car) | | Contact No. 91448043 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 08/12/2019 | Date Discharge | 08/12/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

on the above mention date time and location i was sending three passenger to changi airport terminal 1. as i was travelling along ecp just before terminal 4 exit in my vehicle (A), the car in front of me slow down and came to a complete stop hence i follow suit. seconds later i felt a huge impact. when i alighted i realized its was a chain collision of 3 cars. vehicle (C) did not managed to stop in time and hence collided onto vehicle (B) and pushing vehicle (B) to collide onto the rear portion of my vehicle (A) causing damages to my vehicle (A).

i felt unwell on my neck and lower back the next day so i went to inte medical 24hrs clinic to seek consultation and was given 3days medical leaves.

vehicle (A) SJQ9542K

vehicle (B) SLG6430Z

vehicle (C) SLJ1888D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



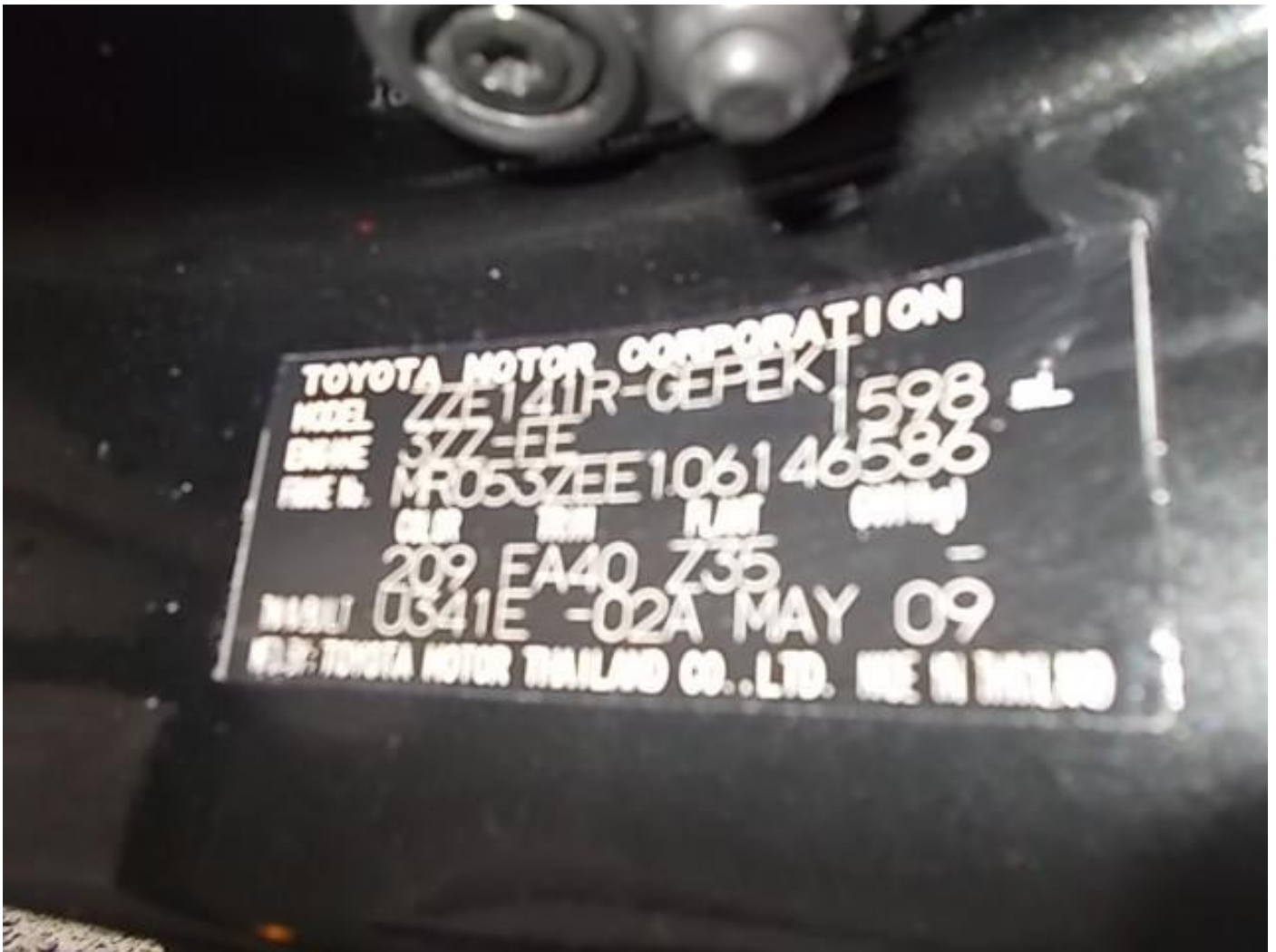
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



POLICE FORCE

T201912087005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3, SINGAPORE 408865
Tel No. 65470000

1 of 2
Report No. T201912087005

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-----------------|-------------------|
| Date/Time Report Made: 08/12/2019 15:05 | Vide Report No. | Station Diary No. |
|--|-----------------|-------------------|

| | | | |
|---|------------|---|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: WONG SOOK CHENG | | Address: APT BLK 101C PUNGGOL FIELD #14-470 SINGAPORE 623101 | |
| ID Type / ID No. NRIC NO / S1438826E | | Contact No. Home/Office: Mobile: 91448043 | |
| Nationality: SINGAPORE CITIZEN | | Email: sookcheng.1960@gmail.com | |
| Sex: Female | Age: 59 | Date of Birth: 11/06/1960 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name |
| Occupation: GRAB DRIVER | | 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: 08/12/2019 05:05 | Type of Location: Straight Road |
| Location: BCP (toward changi before T4 exit) | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| 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 |
| SJQ9542K | Car | | | | | 3 |
| SLG843CZ | Car | | | | | 1 |
| SLJ1888D | Car | | | | | 1 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



SINGAPORE
POLICE FORCE



T/20191205/005

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3

Report No: T/20191205/005

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|-----------------|--|--|---------------------------------|
| Driver | | | | |
| Name | WONG SOOK CHENG | | ID No | S1438826E |
| Related Vehicle | SJD8542K (Car) | | Contact No | 91448343 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 08/12/2019 | | Date Discharge | 08/12/2019 |
| No. of Days granted Medical Leave | 03 | | Degree of Injury | Slight |

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vehicle (A) SJD8542K

vehicle (B) SUG6430Z

vehicle (C) SLJ1888D

Police Report



SINGAPORE
POLICE FORCE



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Page No. CONTINUATION

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp
UNISS

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/12/2019 15:06

Classification Of Case: