

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	11/12/2019 14:24
Date Of Accident	10/12/2019 16:30
Exact Location Of Accident	AYE TWDS JURONG CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2839S
Insured/Policyholder	
Name Of Registered Owner	MR WONG TUCK WAI
NRIC No	S7304011F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98628532
Alternative Phone No	OFFICE-98628532

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MV012437-R02
Cover Note Number	

Driver

Name of Driver	MR WONG TUCK WAI
NRIC No	S7304011F
Date Of Birth	26/01/1973
Occupation	INDOOR
Date Of Driving Pass	26/10/1994
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98628532
Fax Number	
Contact Number	OFFICE-98628532
Email Address	NOEMAIL

Address	BLK 667 CHOA CHU KANG CRES #14-305
Postcode	680667
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	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?	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: : WONG KA YIN ISABEL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191210/2165

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM8543H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 TUCK WAI
Approximate Age
Injuries Sustain BACK AND NECK
Injured person in which vehicle? SKZ2839S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name WONG KA YIN ISABEL
Approximate Age
Injuries Sustain BACK N NECK
Injured person in which vehicle? SKZ2839S
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:


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

Accident Sketch Plan

SKETCH PLAN

A hand-drawn diagram on grid paper showing a road with two cars. The road is represented by two vertical lines, with a dashed line in the center. Car A is a rectangle with a triangle on top, labeled 'A' inside, positioned on the right side of the road. Car B is a rectangle with a triangle on top, labeled 'B' inside, positioned on the left side of the road. To the right of the road, the license plates are written: 'A: SKZ 2839S' and 'B: YM 2543H'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the attached Police Report. T/2019/10/2166.

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/20191210/2165

1 of 4

Report No. T/20191210/2165

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 10/12/2019 20:12		Vide Report No.:		Station Diary No. 148
Informant's Particulars				
Name of Informant WONG TUCK WAI		Address: APT BLK 667 CHOA CHU KANG CRESCENT #14-305 SINGAPORE 680667		
ID Type / ID No. NRIC NO / S7304011F		Contact No.: Home/Office: Mobile: 96622581		
Nationality SINGAPORE CITIZEN		Email:		
Sex Male	Age 46	Date of Birth: 26/01/1973	Type of Informant: Driver	
Race Chinese		Language:	Institution / School Name:	
Occupation: Police officer		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Towards Jurong				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SKZ2839S	Car	KIA	FORTE K3 1.6A SX	Grey	Seriously Damaged	1
YM8543H	Lorry				Slightly Damaged	5

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKZ2839S	TOKIO MARINE INSURANCE SINGAPORE LTD	MV012437	18/01/2017	17/01/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191210/2165

2 of 4

Report No. T/20191210/2165

Police Station Of Origin:
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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG TUCK WAI	ID No.	S7304011F
Related Vehicle	SKZ2639S (Car)	Contact No.	96622561
Hospital/Clinic	GREENLIFE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	10/12/2019	Date Discharge	10/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	YM8543H (Lorry)	Contact No.	NIL
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 10/12/2019 about 1630hrs, I was driving along AYE Lane 1 towards Jurong. Subsequently, a lorry changed lane from 2 to 1. Upon seeing the lorry changed lane, I applied my brake. However, as the road was still wet, I could not break in time and my vehicle's front hit onto the lorry's rear.

After the collision, both the lorry driver and I came down from our vehicles and checked on each other. Afterwards we quickly took photos of our vehicles and we decided to go for insurance claim.

My vehicle's front was badly dented in.

Coincidentally, a towing truck happened to passed by and my vehicle was towed away.

As both my daughter namely Wong Ka Yin Isabel (NRIC: T1433496Z) and I felt pain on the back of our neck, we decided to consult a doctor at Greenlife Clinic & Surgery Pte Ltd. Both of us were then given 3 days of Medical Leave each.

My vehicle has CCTV installed but I have already passed my CCTV Recording Footage to my workshop (Fastech Auto Pte Ltd at 1 Kaki Bukit Avenue 6, #01-46/48/50, Tel: 67417244)

POLICE REPORT



SINGAPORE
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T/20191210/2165

3 of 4

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CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191210/2165

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4 of 4

Report No. T/20191210/2165

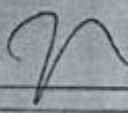
CONTINUATION OF REPORT

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:

J / 
Sgt 2 GOH JUN KWAN

Signature Of Interpreter:

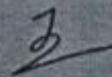
Not applicable SIGNATURE

Officer In Charge Of Case:

TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:



Date/Time:

10/12/2019 20:12

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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