### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/01/2020 10:47
Date Of Accident	25/01/2020 16:30
Exact Location Of Accident	NEAR BEDOK RESERVOIR RD MRT (TAXI STAND 141)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG6501B
Insured/Policyholder	
Name Of Registered Owner	WONG SIEW KIAN
NRIC No	SXXXX530J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90924728
Alternative Phone No	OTHERS-90924728
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	5111172532
Cover Note Number	
Driver	
Name of Driver	WONG SIEW KIAN

Name of Driver

WONG SIEW KIAN
NRIC No

SXXXX530J

Date Of Birth

11/12/1959

Occupation

INDOOR

Date Of Driving Pass

04/09/1980

Driving Experience 39 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90924728

Fax Number

Contact Number OTHERS-90924728

EMail Address NOEMAIL

BLK 723 WOODLANDS AVENUE 6 Address

#08-520

Postcode 730723

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

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

NO

4

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : JUDY CHOO

GENDER: : FEMALE

Passenger 2 NAME: : MELVIN WONG

> GENDER: : MALE

Passenger 3 NAME: : JEREMY WONG

> : MALE GENDER:

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20200126

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SCW3933G Vehicle Registration Number

Vehicle Make/Model/Colour HYUNDAI ELANTRA **Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver HO SOON KIM

NRIC/Passport Number

Contact Number 96720381

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name WONG SIEW KIAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJG6501B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- The 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.
- 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:
  - 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:

NRIC/FIN No.:

Reporting Centre P

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10-15 AM

## **Accident Sketch Plan**

KETCH PLAN		
	BFROOK WORTH PA	OAD
A×	NAKB	
)5396001B	/	-
) SCW 3933 G	TAYI STAND (	141)
DESCRIBE CIRCUMSTANCES O		
REFER TO	Polich Rupoen 7/20	0206106/2081
	/	
-		
DECLARATION  I/We declare the foregoing parti	culars are true in every respect.	/20/21/202
E STATE OF THE STA		Remark of Cantra Paradagua Akinophira
Policyholder's Signature Date & Time: 30/1/20 10.15 AM	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's/Signature Name: NRIC/FIN No.:
20/1/20		





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

1 of 4 Report No. T/20200126/2031

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2020 12:19			Vide Report No.:	Station Diary No.: 62		
Informa	nt's Partici	ulars				
Name of Informant: WONG SIEW KIAN			Address: APT BLK 723 WOODLANDS AVENUE 6 #08-520 SINGAPORE 730723			
ID Type / ID No.: NRIC NO / S1371530J			Contact No.: Home/Office:	Mobile: 90924728		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 60 11/12/1959			Type of Informant: Driver			
Race: Chinese			Language: Chinese	Institution / School Name:		
Occupation: PAINTER			Driving Licence Information: Class: 3,4	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2020 16:30	Type of Location Straight Road	
	TH AVENUE 3	Taxi stand 141.			
		Road Surface: Dry		Road Speed Limit:	
A STATE OF THE PROPERTY OF THE		Traffic Control: Not Controlled	17	Traffic Volume: Moderate	
	ion;			Anyone conveyed by	

Details of Vo	ehicle Invol	ved	The state of the state of			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SCW3933G	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Slightly Damaged	2
SJG6501B	Car	HONDA	STREAM 1.8X A	Black	Slightly Damaged	3

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

Details of Vehicle Insurance

2 of 4 Report No. T/20200126/2031

### CONTINUATION OF REPORT

	-				2 10 10 10 10			
Vehicle No.	Ins	urance Company	Insuran	ce No		Effective	Expiry Date	
SJG6501B		UC Income Insurance nited	e 511117	5111172532		15/07/2019	14/07/2020	
Details of P	erso	n Involved						CONTRACTOR OF THE PARTY OF THE
Any Pedestri	ian Ir	rvolved: No						
		s Injured: NIL		Use of Pe	destriar	Cross	sing NA	
Driver	Sin		A STATE OF THE PARTY OF THE PAR	THE PARTY OF THE			Jing IV	100000000000000000000000000000000000000
Name		HO SOON KIM			ID No.		NIL	
Related Veh	icle	SCW3933G (Car)		Contact No.		96720381		
Hospital/Clin	nic	NIL		Class Drivin Licen Expire	g	Class: NIL Date of Exp	iry: NIL	
Date Treatm	ent	NIL	Date Disc	Discharge NIL				
No. of Days	grant	ted Medical Leave	NIL	Degree of	egree of Injury NIL			
Driver			The state of the s				de la contraction de	
Name		WONG SIEW KIAN			ID No.		S1371530J	
Related Veh	icle	SJG6501B (Car)			Contact No.		90924728	
Hospital/Clin	ic	CHANGI GENERAL		Class Drivin Licen	g	Class: 3,4 Date of Exp	iry: NIL	

#### Brief Details.

On the above mentioned date and time. I was travelling along the road beside Bedok Reservoir MRT and near Taxi Stand 141.

Expiry Date

Date Discharge 25/01/2020

Degree of Injury Slight

At that point of time, there was a vehicle in front of me suddenly stopped hence I braked. However, the vehicle-SCW3933G which was behind of me did not stop and knocked on to my vehicle's rear side.

Due to the collision, I sustained neck injury and subsequently went to Changi General Hospital to make a check and was given 3 days of MC.

No ambulance or traffic police attended.

Date Treatment 25/01/2020

No. of Days granted Medical Leave

I am lodging this report for record purpose and also claim from insurance company.

03





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

3 of 4

Report No. T/20200126/2031





Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999
CONTINUATION OF REPORT

4 of 4 Report No. T/20200126/2031

### 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: L / SC2 ZHUANG DENGHUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/01/2020 12:19
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp	



























