

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	31/01/2020 09:42
Date Of Accident	29/01/2020 23:20
Exact Location Of Accident	AIRPORT BLVD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3716Z
Insured/Policyholder	
Name Of Registered Owner	WONG TUCK FATT
NRIC No	SXXXX971Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97474223
Alternative Phone No	OFFICE-97474223

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60 2.0T AUTO ABS D/AB 2WD 5DR
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3007681901
Cover Note Number	

Driver

Name of Driver	WONG TUCK FATT (HUANG DEFA)
NRIC No	SXXXX971Z
Date Of Birth	23/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2000
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97474223
Fax Number	
Contact Number	OFFICE-97474223
EEmail Address	NOEMAIL

Address	BLK 497G TAMPINES STREET 45 #06-112
Postcode	525497
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	7
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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200203/2043.

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	SHB5470M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE SIAN PIN
NRIC/Passport Number	SXXXX694F
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMH4705C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MUHAMMAD AZFAR BIN YUSMAN
NRIC/Passport Number SXXXX358F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLR5414U
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 4

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 5

Vehicle Registration Number SLL1785G
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 6

Vehicle Registration Number SLR4039B
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 TUCK FATT (HUANG DEFA)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJY3716Z
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

Sketch Plan on grid paper showing a road layout and vehicle positions.

Vertical road on the left labeled "Airport Blvd".

Horizontal road intersecting Airport Blvd.

Vehicle positions marked with triangles and letters:

- A: SJY37162
- B: SHB5470M
- C: SMH470SC
- D: SLR54144
- E: unknown
- F: SLL785G
- G: SLR4039B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

[Large empty area for describing the circumstances of the accident]

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/20200203/2043

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Report No. T/20200203/2043

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2020 12:52		Vide Report No.:		Station Diary No.: 59	
Informant's Particulars					
Name of Informant: WONG TUCK FATT		Address: APT BLK 497G TAMPINES STREET 45 #06-112 SINGAPORE 525497			
ID Type / ID No.: NRIC NO / S7641971Z		Contact No.: Home/Office:		Mobile: 97474223	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 43	Date of Birth: 23/12/1976	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: AIRCRAFT ENGINEER		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: 29/01/2020 23:20	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD AIRPORT BOULEVARD SLIP ROAD TO PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One 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
SH9637L	Car	HYUNDAI		Blue	Seriously Damaged	0
SHB5470M	Car	TOYOTA	PRIUS	Maroon	Seriously Damaged	0
SJY3716Z	Car	VOLVO	XC60 2.0T AUTO ABS D/AB 2WD 5DR	Silver	Slightly Damaged	0
SLL1785G	Car			Black		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200203/2043

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

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Report No. T/20200203/2043

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR4039B	Car	VOLKSWAGO N	JETTA			0
SLR5414U	Car	HONDA	SHUTTLE	Red	Slightly Damaged	0
SMH4705C	Car	TOYOTA	WISH	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY3716Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30076819 01	25/02/2019	24/02/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians*Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE SIAN PIN		ID No.	S2131694F
Related Vehicle	SHB5470M (Car)		Contact No.	98389356
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
Driver				
Name	WONG TUCK FATT		ID No.	S7641971Z
Related Vehicle	SJY3716Z (Car)		Contact No.	97474223
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/01/2020		Date Discharge	30/01/2020
No. of Days granted Medical Leave		01	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20200203/2043

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

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Report No. T/20200203/2043

CONTINUATION OF REPORT

Driver			
Name	WONG TUCK FATT		ID No. S7641971Z
Related Vehicle	SJY3716Z (Car)		Contact No. 97474223
Hospital/Clinic	SIA ALH CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	01/02/2020	Date Discharge	01/02/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	MUHAMMAD AZFAR BIN YUSMAN		ID No. S9631358F
Related Vehicle	SLR5414U (Car)		Contact No. 87504636
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 29/01/2020 at about 2323hrs, I was driving my car Reg No: SJY3716Z Volvo Silver in colour along Airport Boulevard towards PIE. I had enter the slip road that was leading to the PIE, I then saw the two vehicles in front of me make a sudden stop as such I too had to jam my break to avoid collision with the car in front of me. I manage to stop in time however in a split second a felt a hard impact from the rear of my car. The impact causes my car to move forward thus hitting the car in front of me and it also got pushed forward hitting the car in its front. I had no passenger in my car at that time. I felt a bit pain at that time but I managed to get out of my car and I then realised that a t total of 7 vehicles were involved in the accident.

My car was the third car. My car had slight damaged on the front and rear bumper. The first car Reg No: SLR5414U had slight damage on the rear bumper and the second car is SMH4705C had slight damage on the front and rear bumper. The vehicle that hit me is a taxi Reg No: SHB5470M front bonnet and engine compartment seems seriously damage. I did not see the extend of the damages to the other vehicles. I only took down the particulars of the drivers that was in front and behind my car.

On 30/01/2020, I am still feeling pain on the rear of the neck and shoulders as such I had went to see medical attention and was given 1 day medical leave. However, the next day, I was srtil feeling pain and had went to get medical treatment again and was given another 2 days of medical leave.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200203/2043

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

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Report No. T/20200203/2043

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 /
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD
SALEH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/02/2020 12:52

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

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



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

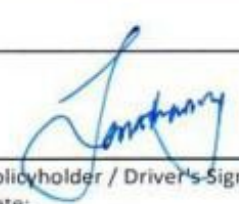
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120013840 Vehicle Registration No: SJY3716Z
Name (as shown in NRIC) : WONG TUCK FATT NRIC/FIN/Passport No : SXXXX971Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97474223
Email Address : _____
Date of Accident : 29/01/2020 Time of Accident : 23:20
Place of Accident : AIRPORT BLVD TWDS PIE
Insurance Company : China Taiping Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) Add in police report - T/20200203/2043


Policyholder / Driver's Signature
Date:


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