

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	13/02/2020 14:10
Date Of Accident	11/02/2020 17:40
Exact Location Of Accident	ALONG UPPER THOMSON ROAD TOWARDS YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SV8838G
Insured/Policyholder	
Name Of Registered Owner	WONG LOKE TSAI
NRIC No	S1643259H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98300282
Alternative Phone No	OFFICE-98300282

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	
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	5113533784
Cover Note Number	

Driver

Name of Driver	WONG LOKE TSAI
NRIC No	S1643259H
Date Of Birth	15/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/10/1987
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98300282
Fax Number	
Contact Number	OFFICE-98300282
Email Address	NOEMAIL

Address	245 BALESTIER ROAD #05-01
Postcode	329929
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	SIDE SWIPE
Weather Conditions	RAINING
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT

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	SH7736Y
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 INJURED PERSON 1	
Name	WONG LOKE TSAI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SV8838G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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: SV 8838 G

B: JH 7936 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 11/02/2020 1740HRS

Accident Location: ALONG UPPER THOMSON RD TOWARDS TISHURU

(As per police report)

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

* IMPORTANT NOTE:

You have been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) DAYS** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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.:

GAASAC SketchPlanForm_V3

Police Report



**SINGAPORE
POLICE FORCE**



T/20200213/2017

1 of 3

Report No. T/20200213/2017

Police Station Of Origin
Ang Mo Kio South N P C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No. 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 13/02/2020 11:02	Vide Report No.	Station Diary No. 24
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Informant's Particulars

Name of Informant WONG LOKE TSAI			Address 245 BALESTIER ROAD #05-01 SINGAPORE 329929	
ID Type : ID No NRIC NO / S1643259H			Contact No. : Home/Office:	Mobile: 98300282
Nationality SINGAPORE CITIZEN			Email	
Sex : Male	Age : 55	Date of Birth : 15/02/1964	Type of Informant: Driver	
Race Chinese			Language:	Institution / School Name:
Occupation SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2020 17:40	Type of Location: Straight Road
Location Along Road 1 UPPER THOMSON ROAD towards Yishun before Sin Ming Avenue			
Weather Raining	Road Surface: Wet	Road Speed Limit:	
Traffic Flow	Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7736Y	Car					1
SV8838G	Car	TOYOTA	WISH 1.8 A	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SV8838G	NTUC Income Insurance Co-Operative Limited	5113533784	25/10/2019	24/10/2020

Police Report



**SINGAPORE
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T/20200213/2017

Police Station Of Origin
Ang Mo Kio South N P C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No: T/20200213/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No	NIL
Related Vehicle	SH7736Y (Car)	Contact No	97660272
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 LOKE TSAI	ID No	S1643259H
Related Vehicle	SV8838G (Car)	Contact No	98300282
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/02/2020	Date Discharge	12/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 11/02/2020 at about 1740hours, my vehicle(SV8838G) was travelling at Lane 1 along Upper Thomson Road towards Yishun. While travelling there was a taxi(SH7763Y) travelling at the front left side of my vehicle. I then proceeded straight on my lane, suddenly the taxi driver swerved to my lane. I unsure whether he signal before changing lane. Due to the impact, my vehicle went up to the kerb on my right and back to the road. Both of us came down of our vehicles and we decided to make a police report on this.

I wish to state that my vehicle suffered damages on the whole left area, front right bumper and rim area.

I also wish to state that I felt pain on my neck the following day and I went to Mount Alvernia Hospital and was given 5 days MC from 12/02/2020 to 16/02/2020.

Police Report



SINGAPORE
POLICE FORCE



T/20200213/2017

3 of 3

Report No. T/20200213/2017

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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:

F /

Sgt 3 ELAINE ONG EE LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/02/2020 11:02

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Classification Of Case:

Authentication Stamp

NP158



Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

