

## 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	19/02/2020 16:06
Date Of Accident	18/02/2020 18:00
Exact Location Of Accident	ALONG TOH GUAN RD TWDS IMM SHOPPING MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ1749A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG PENG HON
NRIC No	SXXXX005A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96669763
Alternative Phone No	OTHERS-96669763

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01001104
Cover Note Number	12/01/2020 TO 11/01/2021

### Driver

Name of Driver	FABIAN WONG WAI KIT
NRIC No	SXXXX449E
Date Of Birth	12/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97775113
Fax Number	
Contact Number	
Email Address	FABIANWONGWAIKIT@GMAIL.COM

Address	APT BLK 713 ANG MO KIO AVE 6 #03-4042 (S) 560713
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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
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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer with attach 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	SJY8528S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM CHIN HOONG
NRIC/Passport Number	GXXXX967L
Contact Number	93239843
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

FABIAN WONG WAI KIT

Approximate Age

Injuries Sustain

HOUGANG CLINIC - 5DAYS MC

Injured person in which vehicle?

SKZ1749A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan Pg. 1

### SKETCH PLAN

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6. 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.
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 Pg. 1

## SKETCH PLAN

toh guan road east

A: SKZ1749A

B: SJY85285

ED | AS

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer with attach police report.

## 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: 19/2/20

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

PARIS SketchPlanForm\_V3

1615hrs.



# Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number: S9201449E

Name: FABIAN WONG WAI KIT

Birth Date: 12 Jan 1992

Issue Date: 19 May 2014

002305837C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9201449E

Name: FABIAN WONG WAI KIT

黄偉傑

Race: CHINESE

Date of birth: 12-01-1992

Sex: M

Country of birth: SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	29 Dec 2011
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	31 Jan 2011

NP 42BA

License No: S9201449E



3994290

NRIC No: S9201449E

Date of issue: 26-01-2007

APT BLK 713 ANG MO KIO AVENUE 6 #03-4042  
SINGAPORE 560713

NRIC No: S9201449E Date: 17/12/2018




police report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200219/2075

1 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20200219/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/02/2020 15:50		Vide Report No.:		Station Diary No.: 22
<b>Informant's Particulars</b>				
Name of Informant: FABIAN WONG WAI KIT		Address: APT BLK 713 ANG MO KIO AVENUE 6 #03-4042 SINGAPORE 560713		
ID Type / ID No.: NRIC NO / S9201449E		Contact No.: Home/Office: Mobile: 97775113		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 28	Date of Birth: 12/01/1992	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SALESMAN		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: 18/02/2020 18:00	Type of Location: Straight Road
Location: Along Road 1 TOH GUAN ROAD EAST				
Along Toh Guan Road East towards IMM Shopping Mall				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SJY8528S	Car				Slightly Damaged	0
SKZ1749A	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200219/2075

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

2 of 3

Report No. T/20200219/2075

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SIM CHIN HOONG		ID No. G6603967L
Related Vehicle	SJY8528S (Car)		Contact No. 93239843
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
<b>Driver</b>			
Name	FABIAN WONG WAI KIT		ID No. S9201449E
Related Vehicle	SKZ1749A (Car)		Contact No. 97775113
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 18/02/2020 at about 1800hrs, I was driving blue Honda Vezel (SKZ1749A) along Toh Guan Road East towards IMM Mall.

While at the traffic junction, it was red light at that time. My vehicle was stationary when I felt an impact from the rear. I came out to make a check and discovered that a yellow Toyota Vios (SJY8528S) had collided into the rear of my vehicle. I felt backache at that time. Both our vehicles sustained slight damages and there were no passengers in both our vehicles.

I went to seek treatment the next day (19/02/2020) in clinic in Hougang and was granted five days of medical leave from 19/02/2020 to 23/02/2020.