

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	27/07/2020 11:51
Date Of Accident	24/07/2020 19:05
Exact Location Of Accident	AMK AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8504T
Insured/Policyholder	
Name Of Registered Owner	WANG EE LIANG
NRIC No	SXXXX844H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93693079
Alternative Phone No	OFFICE-93693079

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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	5094908885-02
Cover Note Number	

Driver

Name of Driver	WANG EE LIANG
NRIC No	SXXXX844H
Date Of Birth	15/01/1957
Occupation	INDOOR
Date Of Driving Pass	31/03/1983
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93693079
Fax Number	
Contact Number	OFFICE-93693079
EEmail Address	NOEMAIL

Address	BLK 356B ADMIRALTY DRIVE #15-98
Postcode	752356
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	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)	3
Passenger 1	NAME: : LOW KIA LENG GENDER: : FEMALE
Passenger 2	NAME: : WANG WEN RONG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200725/2060.

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	YM4889L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	REVIN S/O RAJAGOPAL

NRIC/Passport Number	SXXXX538F
Contact Number	88600312
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	WANG EE LIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS8504T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LOW KIA LENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS8504T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	WANG WEN RONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS8504T
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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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.

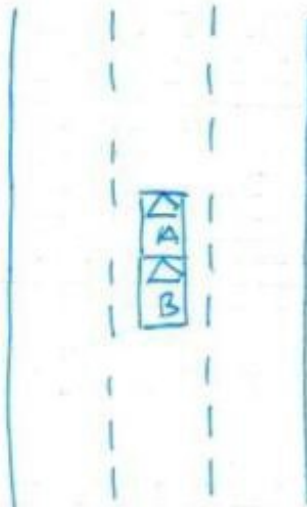

Policyholder's Signature
Date & Time:

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: 6LS850VT
B: YM4889L


AMK AVE 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/220725/260.

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/20200725/2060

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20200725/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2020 13:31	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: WANG EE LIANG			Address: APT BLK 356B ADMIRALTY DRIVE #15-98 SINGAPORE 752356		
ID Type / ID No.: NRIC NO / S1264844H			Contact No.: Home/Office: Mobile: 93693079		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 15/01/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FINANCE COUNSEL			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2020 19:05	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 6				
Ang Mo Kio Avnue 6 towards X-junction of Yio Chu Kang Road, near bus stop, B55171				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS8504T	Car	HONDA	SHUTTLE 1.5G CVT	Silver	Seriously Damaged	2
YM4889L	Lorry				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS8504T	NTUC Income Insurance Co-Operative Limited	5094908885-02	09/10/2019	08/10/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200725/2060

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20200725/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LOW KIA LENG	ID No.	S1256467H
Related Vehicle	SLS8504T (Car)	Contact No.	96224856
Hospital/Clinic	HEALTHWERKZ MEDICAL CENTRE @ SEMB MRT	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2020	Date Discharge	25/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	WANG EE LIANG	ID No.	S1264844H
Related Vehicle	SLS8504T (Car)	Contact No.	93693079
Hospital/Clinic	HEALTHWERKZ MEDICAL CENTRE @ SEMB MRT	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2020	Date Discharge	25/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	WANG WEN RONG	ID No.	S9003064G
Related Vehicle	SLS8504T (Car)	Contact No.	81112607
Hospital/Clinic	HEALTHWERKZ MEDICAL CENTRE @ SEMB MRT	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/07/2020	Date Discharge	25/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20200725/2060

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20200725/2060

CONTINUATION OF REPORT

Driver			
Name	REVIN S/O RAJAGOPAL	ID No.	S9635538F
Related Vehicle	YM4889L (Lorry)	Contact No.	88600312
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 24/7/2020 at about 1905hrs, I was driving in my vehicle SLS8504T, with my wife in the front passenger seat and my daughter behind her. We were driving along Ang Mo Kio Avenue 6, towards the direction of Sembawang as we were returning home. Along Ang Mo Kio Avenue 6, there was moderate traffic and we came to a stop briefly. We were not sure whether the light in front had turned red or the traffic was heavy. I was then driving in the second lane at the time. There were several cars in front of me at the time. My car was in drive mode but my feet was on the foot brake.

When the cars in front started to move forward, I was about to move off when I felt a strong impact from the back. That was when I realized a lorry behind had hit onto the back of my vehicle. I checked on my family members and they looked alright, so I got down from the vehicle and spoke to the other driver. The other driver claimed that he was distracted by his son, which caused him to not pay attention to the road. The lorry driver did not sustain any visible injuries.

His vehicle had a slight dent at the front number plate area. I recall seeing 2 passengers in the lorry but they did not come down. My vehicle's rear window was completely smashed, and there were several dents all over the back of my vehicle. I exchanged the particulars with the other driver and got my vehicle towed away. The other party initially wanted to settle privately but I wanted to go by claiming insurance.

The following day, my passengers and myself experienced neck and upper back pain due to the whiplash arising from the accident. We went to Healthwerkz Medical Centre at Sembawang MRT and was given 3 days MC each.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200725/2060

Police Station Of Origin:
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4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

4 of 4

Report No. T/20200725/2060

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:

L /
Sgt 2 NG YU KIT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:
25/07/2020 13:31

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



