

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	17/08/2020 14:07
Date Of Accident	16/08/2020 01:30
Exact Location Of Accident	JUNC OF TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8518S
Insured/Policyholder	
Name Of Registered Owner	HENG MENG WEE STANLEY
NRIC No	SXXXX851J
Email Address	MUGENVTEC82@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94308518
Alternative Phone No	OFFICE-94308518

Vehicle Particulars

Manufacturer	AUDI
Model	A5
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	5115321666
Cover Note Number	

Driver

Name of Driver	HENG MENG WEE STANLEY
NRIC No	SXXXX851J
Date Of Birth	05/02/1982
Occupation	INDOOR
Date Of Driving Pass	09/02/2001
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94308518
Fax Number	
Contact Number	OFFICE-94308518
EEmail Address	MUGENVTEC82@YAHOO.COM.SG

Address	BLK 842 TAMPINES ST 82 #04-151
Postcode	520842
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	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	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT G/20200817/7028

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	GBC7253B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YEO QUI LIANG
NRIC/Passport Number	SXXXX496A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HENG MENG WEE STANLEY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMS8518S
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.

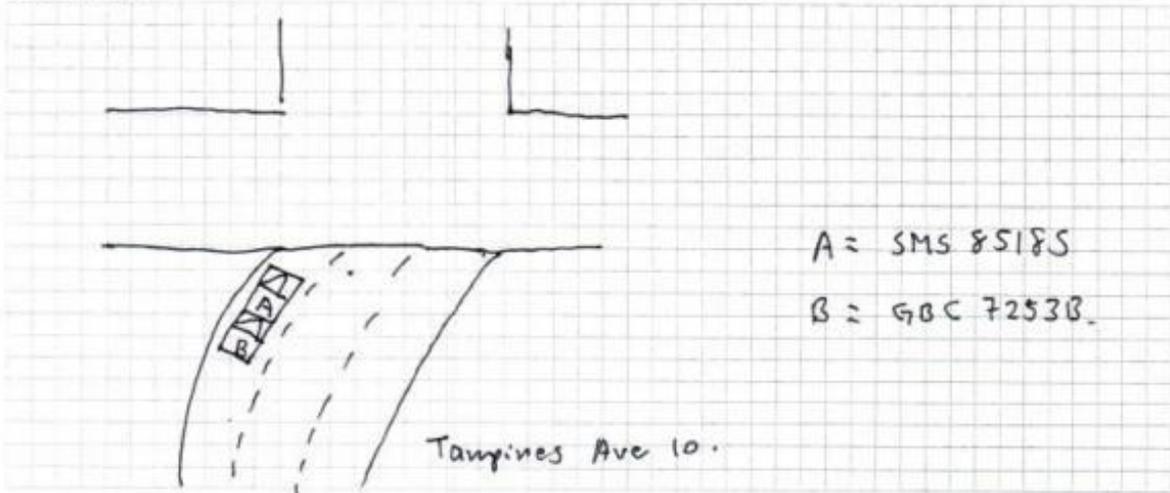
Policyholder's Signature
Date & Time:

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

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report G/20200817/7028.

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**



G/20200817/7028

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POLICE REPORT (NP299)

Report No. G/20200817/7028

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 17/08/2020 12:51	Vide Report No.	Station Diary No.
Name Of Informant HENG MENG WEE, STANLEY	Address 842 TAMPINES STREET 82 #04-151 SINGAPORE 520842	
ID Type / ID No. NRIC NO / S8204851J	Contact No. Home/Office:	Mobile: 94308518
Nationality SINGAPORE CITIZEN	Email Address stanleyhmw@gmail.com	
Occupation Sales and marketing manager	Sex Male	Age 38
Institution/School Name	Date of Birth 05/02/1982	Race Chinese
Date/Time Of Incident 02/08/2020 01:30 - 02/08/2020 02:15	Location Of Incident 842 TAMPINES STREET 82 #04-151 SINGAPORE 520842	

Brief details.

A car accident happen at Tampines Ave 10 junction toward Tampines Caltex road. Van GBC 7253 B , Driver Yeo Qui Liang , IC/Driving License S2591496A, Bang onto the back of my white Audi Car SMS8518S and as a result cause damage to the rear of my car on 16 Aug 2020 0140hrs. Particular was taken and a black and white note is taken down whereby the Van driver admit to be at fault and sign for.

Due to the impact of the accident, I feel pain and discomfort had gotten worse when I woke up. I had

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2020 12:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20200817/7028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200817/7028

consult and visited a doctor immediately and received 3 days of medical leave.

Subjects Involved			
Suspect			
Person Name	Yeo Qui Liang		
ID Type	NRIC NO	ID No	S2591496A
Gender	Male		
Victim			
Person Name	HENG MENG WEE, STANLEY		
ID Type	NRIC NO	ID No	S8204851J
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address	842 TAMPINES STREET 82 #04-151 SINGAPORE 520842
Mobile No	94308518	Is Informant A Victim?	Yes
Person Name	HENG MENG WEE, STANLEY (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2020 12:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Other

I, the driver of said vehicle Van GBC 7253 B bang into vehicles SMS 8518 S Audi A5. I was at fault and will take full responsible of all claims and damage repair for the owner of the Audi Car SMS 8518 S that I ~~hit~~ (Yeo Qui Liang, IC S2591496A) of Van GBC 7253 B that bang and collusion to the back of the white Audi Car SMS 8518 S. I hereby admit that I the Driver of the Van (GBC 7253 B, Yeo Qui Liang, S2591496A) accept the responsibilities and admit to be at fault for causing the collusion accident to the white Audi Car (SMS 8518 S) on 16 Aug 2020 0140 hrs at Tampines Ave 10.

The statement is read out and translated in Chinese and understood to both parties before we signed.


15/08/2020

Signature of Van Driver (GBC 7253 B)

Yeo Qui Liang IC S2591496A
90733360


16/08/2020
0200hrs

Signature of Audi
SMS 8518 m owner

Heng Meng Wee
S8204851 J

LTA LETTER



ge: 1 / 2

Land Transport Authority

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

16 Jan 2020 Our ref: 1601200203N061011649

HENG MENG WEE, STANLEY (WANG MINGWEL,
STANLEY)
APT BLK 842 TAMPINES STREET 82
#04-151
SINGAPORE 520842

Dear Sir/Madam

You Have Successfully Replaced Vehicle Registration No. SJY8442E With SMS8518S

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SJY8442E, now has the number SMS8518S.

What You Need To Do:

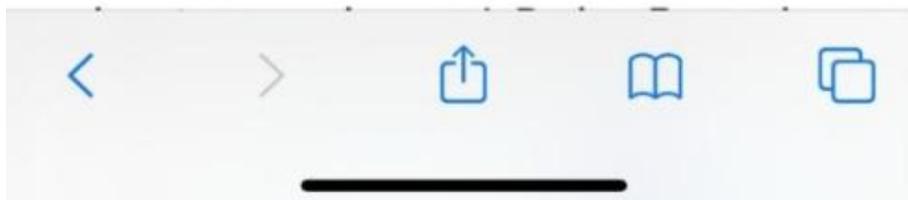
- You must show the new number SMS8518S on your vehicle by 19 Jan 2020.

The vehicle details after the transaction are:

Transaction No. : 20200116174225435447
Vehicle Registration No. : SMS8518S (Previously SJY8442E)
Vehicle Make : AUDI
Vehicle Model : A5 SPORTBACK QUATTRO 2.0 A
Chassis No. : WAUZZZ8T9BA009659
Engine No./ Motor No. : CDN139629 / -

Please change the number plates on this vehicle to show SMS8518S by 19 Jan 2020. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Page 1



Accident Photo



Accident Photo



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