

## 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	09/09/2020 16:53
Date Of Accident	07/09/2020 16:50
Exact Location Of Accident	IRWELL BANK ROAD TOWARDS KIM SENG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG4641H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG YAT SUNG
NRIC No	SXXXX125J
Email Address	ALVYNWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97722722
Alternative Phone No	OTHERS-97722722

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID-1.5 (A)
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	5113312356
Cover Note Number	

### Driver

Name of Driver	WONG YAT SUNG
NRIC No	SXXXX125J
Date Of Birth	30/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1996
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97722722
Fax Number	
Contact Number	OTHERS-97722722
Email Address	ALVYNWONG@GMAIL.COM

Address	20 KAY POH ROAD #07-01
Postcode	248969
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200908/2123

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB8173Y
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HUANG
NRIC/Passport Number	
Contact Number	96308102
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	WONG YAT SUNG
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Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMG4641H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

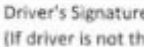
#### IMPORTANT NOTICE

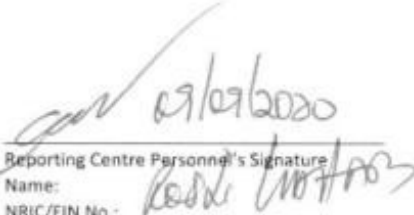
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

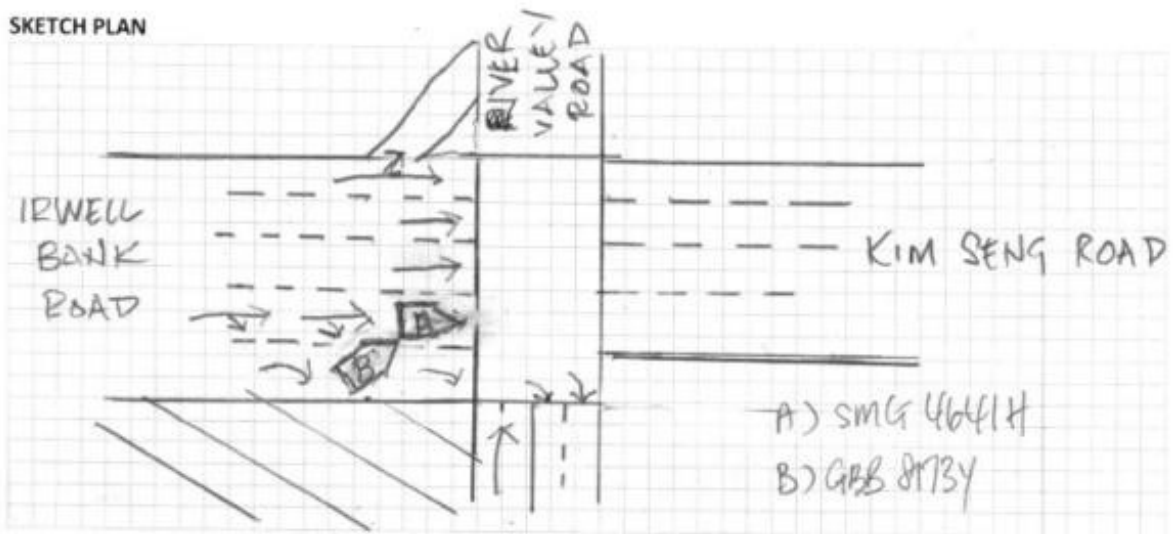
  
Policyholder's Signature  
Date & Time:

  
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



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

ON 7/9/2020 I WAS DRIVING ALONG IRWELL BANK ROAD AT THE JUNCTION OF IRWELL BANK ROAD AND RIVER VALLEY ROAD I HEARD A LOUD BANG AND FEEL MY CAR HIT. I STOPPED IMMEDIATELY AND WENT DOWN TO SEE THAT A VAN HAD HIT ME AT MY REAR SIDE AND BACK AND RIM.

POLICE REPORT 7/20200908/7123

## 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: Keshi M  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200908/2123

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20200908/2123

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2020 23:30	Vide Report No.:	Station Diary No.: 75
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### Informant's Particulars

Name of Informant: WONG YAT SUNG	Address: 20 KAY POH ROAD #07-01 SINGAPORE 248969		
ID Type / ID No.: NRIC NO / S7138125J	Contact No.:	Mobile: 97722722	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 48	Date of Birth: 30/10/1971	Type of Informant: Vehicle Owner
Race: Chinese	Language: English	Institution / School Name:	
Occupation: FULL TIME GRAB DRIVER.	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: 07/09/2020 16:50	Type of Location: X-Junction
Location:  IRWELL BANK ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	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
GBB3173Y	Van	RENAULT		Blue		1
SMG4641H	Car	HONDA	Freed	Blue	Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG4641H	NTUC Income Insurance Co-Operative Limited			

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200908/2123

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20200908/2123

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Huang	ID No.	NIL
Related Vehicle	GBB8173Y (Van)	Contact No.	96308102
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>Vehicle Owner</b>			
Name	WONG YAT SUNG	ID No.	S7138125J
Related Vehicle	SMG4641H (Car)	Contact No.	97722722
Hospital/Clinic	ICARE MEDICAL AND WELLNESS CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/09/2020	Date Discharge	08/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

I am the vehicle owner of vehicle registration number SMG4641H. On 07/09/2020 at about 4.50pm, I was driving along lane 4 at Irwell Bank Road, going towards the junction of River Valley Road. Suddenly, I heard a loud bang and discovered that a Renault Blue colour van, registration number GBB8173Y had hit onto my vehicle's right rear bumper and right rear rim. We then exchanged handphone numbers and the driver informed that he will call me. However, till date, he did not call me.

I wish to inform that I had gone to iCare Medical and Wellness Clinic on 08/09/2020 and was given 3 days MC as I felt pain on my back and my neck.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20200908/2123

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Report No. T/20200908/2123

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:  
D /  
Sr Staff Sgt SURAIDAH BINTE SALIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/09/2020 23:30

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476394

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

