

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	22/10/2020 16:58
Date Of Accident	21/10/2020 15:00
Exact Location Of Accident	NORTH POINT DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN9183S
Insured/Policyholder	
Name Of Registered Owner	NGUYEN THI CAM HONG
NRIC No	SXXXX691H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90236783
Alternative Phone No	OFFICE-90236783

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0015372
Cover Note Number	

Driver

Name of Driver	WANG HANG KEAT
NRIC No	SXXXX341G
Date Of Birth	10/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1996
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90236783
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 927 YISHUN CENTRAL 1 #02-171
Postcode	760927
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , 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: L/20201022/7010.

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	SHA8352G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 WANG HANG KEAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKN9183S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.

Handwritten signature

Policyholder's Signature
Date & Time:

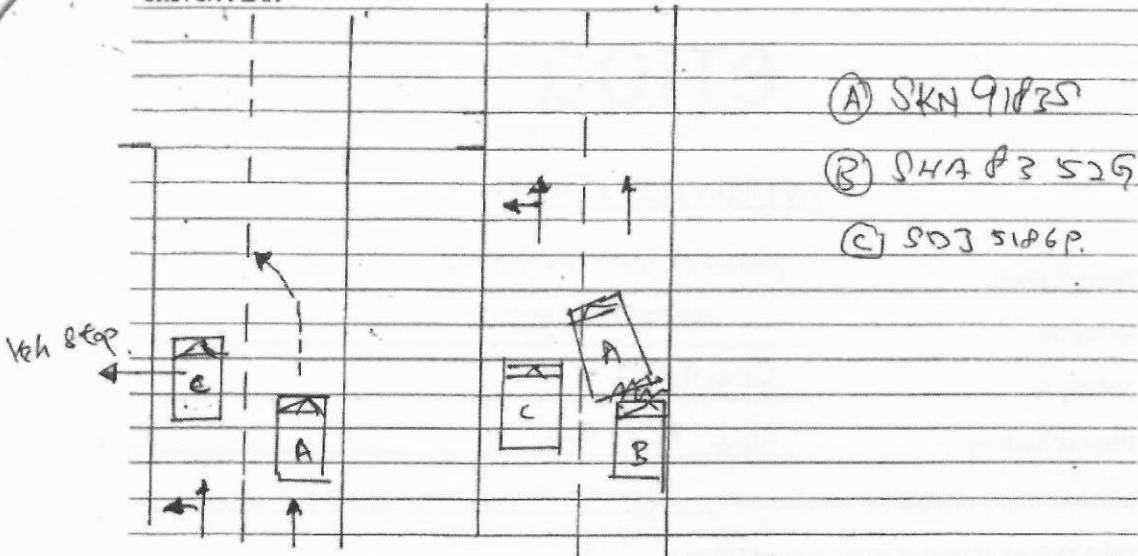
Handwritten signature

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

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

TONY AUO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report No: L/20201022/7010

DECLARATION

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

Handwritten signature

Policyholder's Signature
Date & Time:

Handwritten signature

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

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



INTERVIEW FORM

Name (Driver) : WAN HANG KEAT

Policy No : 110015372

Vehicle No : SKN 91835

Place of Accident : North Point Drive

Insured Driver's relationship with Insured : Spouse

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:
Driver, Bok Family Clinic Pte Ltd.

Third Party Vehicle No (if any) : 844 83526

No of passenger(s) in Third Party Vehicle : 0

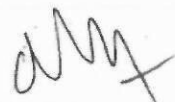
Injury to Third Party driver and/or passenger(s), please indicate which hospital:
No

Type of collision and the extensiveness of the damages to all vehicles involved:
Head to head

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)


 Driver (Name & Signature)
 I, affirmed the above information is given to
 my best knowledge

Attended by (Name & Signature)
 Workshop Name:



**SINGAPORE
POLICE FORCE**



L/20201022/7010

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POLICE REPORT (NP299)

Report No. L/20201022/7010

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 22/10/2020 12:59	Vide Report No.	Station Diary No.
Name Of Informant WANG HANG KEAT	Address 927 YISHUN CENTRAL 1 #02-171 SINGAPORE 760927	
ID Type / ID No. NRIC NO / S7131341G	Contact No. Home/Office:	Mobile: 90236783
Nationality SINGAPORE CITIZEN	Email Address polytechmarine@gmail.com	
Occupation Hawker/Stall holder (excluding prepared food or drinks)	Sex Male	Age 49
	Date of Birth 10/09/1971	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 21/10/2020 15:00 - 21/10/2020 15:30	Location Of Incident NORTHPOINT DRIVE	

Brief details.

At the above mention location while i was driving along northpoint drive, car C was stopped before the entrance of carpark, which i have to overtake him from the right lane towards the left lane to enter the carpark, as i was proceeding to turn left, Car C suddenly began to drive off, so i made a brake and all of a sudden i heard a bang, Car B hit the rear side of my car. After the accident i feel a sharp pain at the back and my neck. i was given 3 days of MC.

Car A SKN 9183S

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: 22/10/2020 12:59
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20201022/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20201022/7010

Car B SHA 8352G

Car C SDJ 5186P

Subjects Involved			
Victim			
Person Name	WANG HANG KEAT		
ID Type	NRIC NO	ID No	S7131341G
Gender	Male	Age	49
Race	Chinese	Language	English
Occupation	Hawker/Stall holder (excluding prepared food or drinks)	Address	927 YISHUN CENTRAL 1 #02-171 SINGAPORE 760927
Mobile No	90236783	Is Informant A Victim?	Yes
Person Name	WANG HANG KEAT (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: 22/10/2020 12:59
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	