

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 Submission 16/12/2020 17:48 (SGT)
Date of Accident 01/12/2020 17:50 (SGT)
Exact Location of Accident Edgedale Plains, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP6468S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG ENG ENG IRENE
NRIC No SXXXX755B
Email Address XUELIANGGG01@GMAIL.COM
Mobile Phone No (Phone) +65-93882269
Alternative Phone No +65-93882269

VEHICLE PARTICULARS

Manufacturer Toyota
Model ALTIS
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00158412000
Cover Note Number -

DRIVER

Name of Driver KUM XUE LIANG
NRIC No TXXXX858E
Date Of Birth 18/05/2001
Occupation Indoor

Date Of Driving Pass	02/07/2020
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98008491
Alt. Phone Number	-
Email Address	XUELIANGGG01@GMAIL.COM
Address	BLK 126A EDGEDALE PLAINS #10-342
Address complement	-
Postcode	821126
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KUM XIN YING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201212/2008

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	FBN9270E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC3693U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KUM XIN YING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJP6468S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KUM XUE LIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJP6468S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:



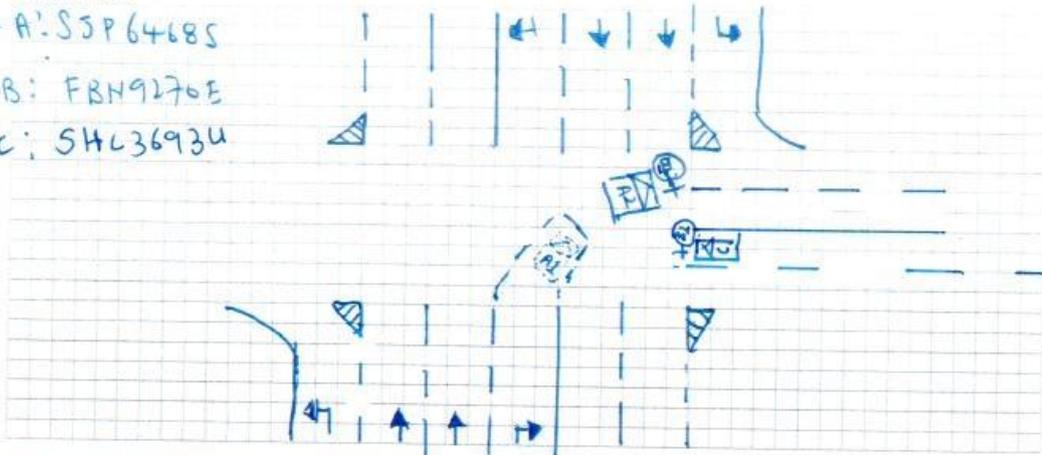
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



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

SKETCH PLAN

Vehicle A: SJP 64685
Vehicle B: FRN 9270E
Vehicle C: SHL 3693U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

MS
Policyholder's Signature
Date & Time:

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

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





















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20201212/2008

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Report No T/20201212/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
12/12/2020 01:12

Vide Report No.:
T/20201202/7000

Station Diary No.:
16

Informant's Particulars

Name of Informant: KUM XUE LIANG		Address: APT BLK 126A EDGEDALE PLAINS #10-342 SINGAPORE 821126	
ID Type / ID No.: NRIC NO / T0115858E		Contact No.:	Mobile: 98008491
Nationality: SINGAPORE CITIZEN		Home/Office:	
Sex: Male		Email:	
Age: 19	Date of Birth: 18/05/2001	Type of Informant: Driver	Institution / School Name:
Race: Chinese		Language:	
Occupation: PRE-ENLISTEE		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2020 17:50	Type of Location: X-Junction
Location: EDGEDALE PLAINS				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9270E	Motorcycle				Totally Damaged	0
SHC3693U	Car				Slightly Damaged	0
SJP6468S	Car				Seriously Damaged	1


**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No. 1800-6049999



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Report No. T/20201212/2008

CONTINUATION OF REPORT

Details of Person Involved		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No		No. of Pedestrians Injured: NIL	
Driver		ID No.	T0115858E
Name	KUM XUE LIANG	Contact No.	98008491
Related Vehicle	SJP6468S (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Date Treatment	NIL
		Date Discharge	NIL
		Degree of Injury	Slight
No. of Days granted Medical Leave	02		
Passenger		ID No.	S9618525A
Name	KUM XIN YING	Contact No.	NIL
Related Vehicle	SJP6468S (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Date Treatment	NIL
		Date Discharge	NIL
		Degree of Injury	Slight
No. of Days granted Medical Leave	04		

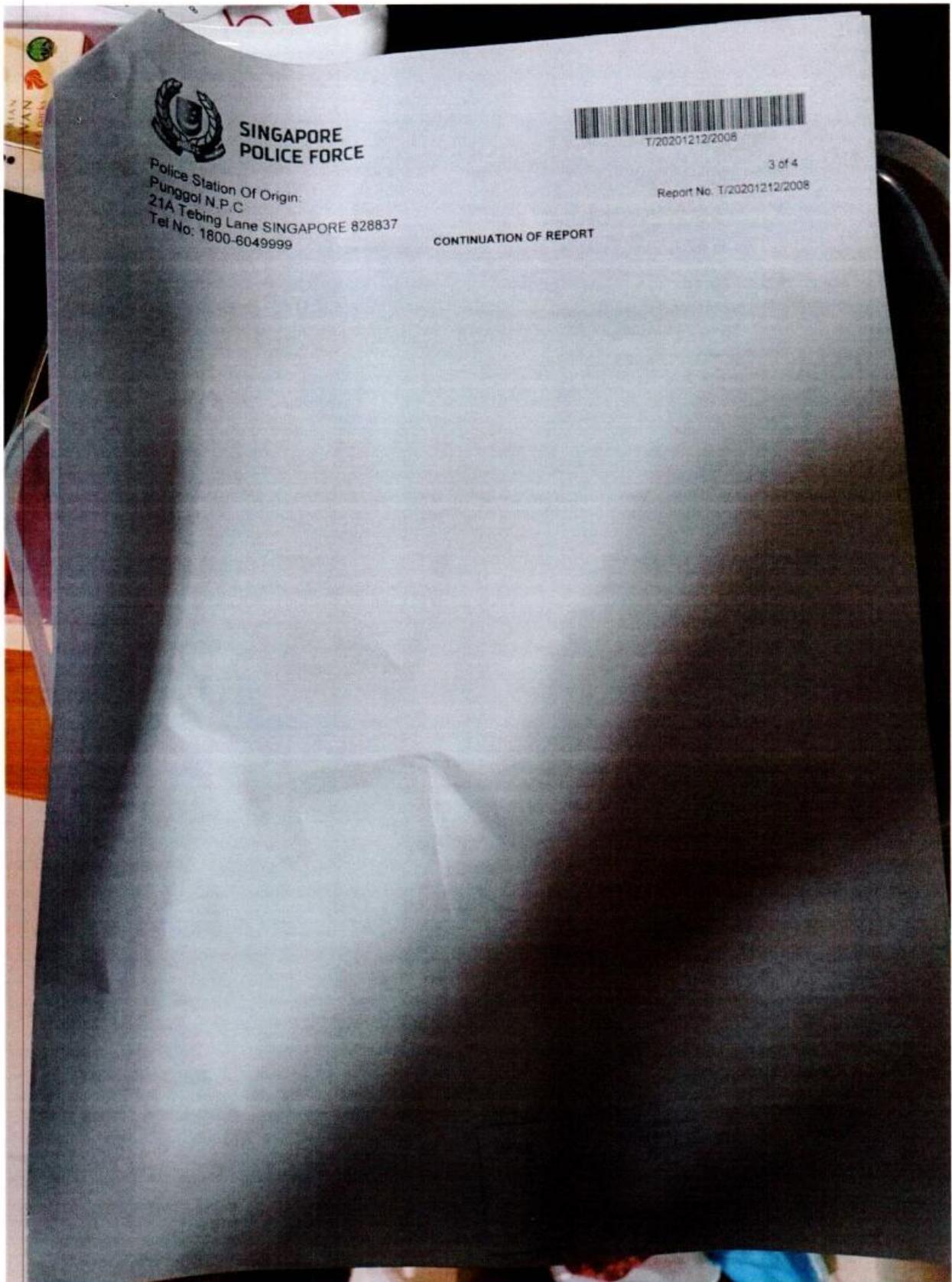
Brief Details.

On 1/12/2020 at about 1750hrs, I was driving my vehicle bearing registration plate: SJP6468S along Punggol Drive on the extreme right lane, I was making a right turn into Edgedale Plains, while turning into Edgedale plains one motorcycle bearing registration plate: FBN9270E was riding at a very fast speed and it collided onto my vehicle. I then stop my vehicle immediately and exit my vehicle to make a check on the rider. I discovered the front of my vehicle was heavily damaged and the rider was lying on the floor was semi conscious. I also observed that the motorcycle skidded and hit onto a stationary taxi bearing registration plate: SHC3693U.

Shortly after police and ambulance attended to us. The police officer also seized my in-car camera SD card. I am lodging this report to fill up the rider particulars as I forgot to indicate in my previous report.

On the same day at about 2200hrs, I went to SKGH together with my sister by the name of Kum Xin Yi, NRIC: S9618525A as my sister and I felt pain on our shoulder and neck. I was given 2 days of MC and my sister was given 4 days of MC

I wish to add that on the time of incident the green arrow light was in my favour when I was making the right turn.





**SINGAPORE
POLICE FORCE**



T/20201212/2008

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Report No. T/20201212/2008

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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:
F /
Sgt 1 TING WEI CHENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Signature Of Informant:

Date/Time:
12/12/2020 01:12

Classification Of Case:

Authentication Stamp:
NP188

SIGNATURE