

# 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 ..... 18/12/2020 12:53 (SGT)  
Date of Accident ..... 17/12/2020 17:40 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... NEAR SPEED CAMERA  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBW8283C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WAN ZI CHENG  
NRIC No ..... SXXXX040A  
Email Address ..... wan.zicheng1@gmail.com  
Mobile Phone No ..... (Phone) +65-5113954130  
Alternative Phone No ..... +65-5113954130

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Allion  
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 ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5117349402  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WAN ZI CHENG  
NRIC No ..... SXXXX040A  
Date Of Birth ..... 07/08/1987  
Occupation ..... Indoor

Date Of Driving Pass .....	20/05/2009
Driving experience .....	11 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-5113954130
Alt. Phone Number .....	+65-5113954130
Email Address .....	wan.zicheng1@gmail.com
Address .....	BLK 90B TELOK BLANGAH STREET 31
Address complement .....	#13-233
Postcode .....	102090
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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 .....	WIFE (PREGNANT)
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201218/2038

#### 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 .....	SJV8170E
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Santa fe
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHIA GUO HAO
NRIC No .....	SXXXX510F
Contact Number .....	(Phone) +65-96216812
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 .....	WAN ZI CHENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SBW8283C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	WIFE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	STOMACH PAIN (PREGNANT)
Injured person in which vehicle? .....	SBW8283C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

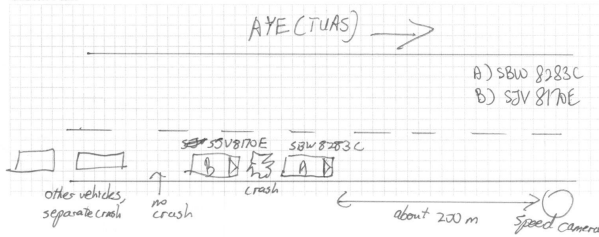
SKETCH PLAN

IMPORTANT NOTICE

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: *[Signature]* 1140H 18/12/20  
 Driver's Signature (if driver is not the policyholder) / Date & Time: \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel: *[Signature]* 18/12/2020

Sketch Plan



**Describe Circumstances of the Accident**

Was travelling along AYE (TUN) near the speed camera. Came to a complete stop about 200 km before the speed camera due to congestion. Rainfall but visibility was clear. It was a gradual stop (didn't jam brake). Car in front was a taxi. There was sufficient spacing.


2 seconds after coming to a complete stop, SJV 8170 E creaked into our boot. Managed to brake so as not to hit the taxi in front.

I have a front-camera footage detailing both sound and image of the accident.

POLICE REPORT 7/20201218/2028

**Declaration**

We declare the foregoing particulars are true in every respect.

 Won Z. Cheng  
SBW 8783 L  
S 8724047

 18/12/2020  
J. J. J. J.











































































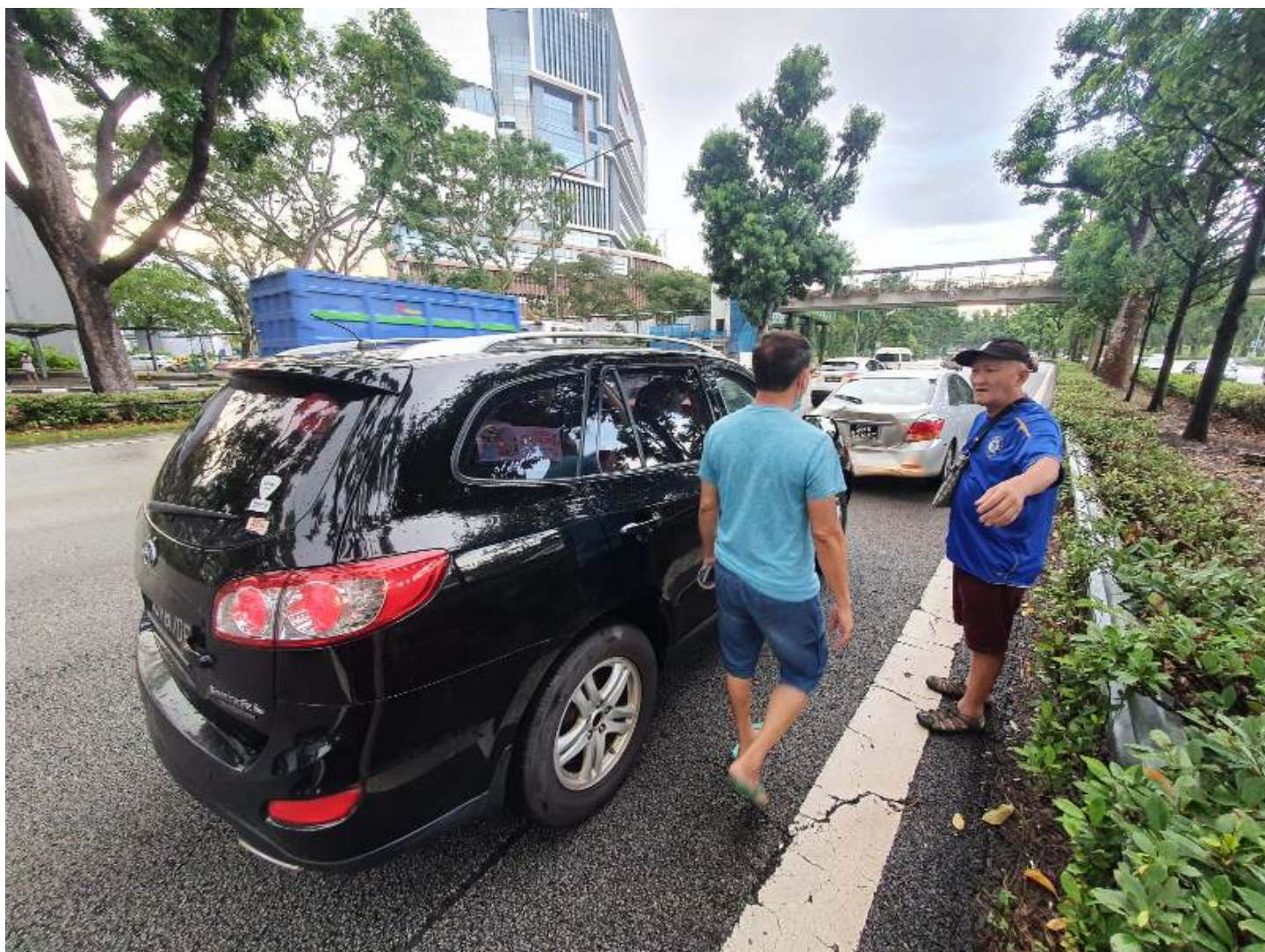
















**SINGAPORE  
POLICE FORCE**



T/20201218/2038

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20201218/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2020 12:23	Vide Report No.:	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: WAN ZI CHENG			Address: APT BLK 90B TELOK BLANGAH STREET 31 #13-233 SINGAPORE 102090		
ID Type / ID No.: NRIC NO / S8724040A			Contact No.: Home/Office: Mobile: 91763197		
Nationality: SINGAPORE CITIZEN			Email: wan.zicheng1@gmail.com		
Sex: Male	Age: 33	Date of Birth: 07/08/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Secondary School Teacher			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2020 17:40	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
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
SBW8283C	Car	TOYOTA	ALLION 1.5 A	Silver	Seriously Damaged	1
SJV8170E	Car	HYUNDAI	Santafe	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBW8283C	NTUC Income Insurance Co-Operative Limited	5117349402	30/06/2020	29/06/2021



**SINGAPORE  
POLICE FORCE**



T/20201218/2038

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20201218/2038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	WAN ZI CHENG	ID No.	S8724040A
Related Vehicle	SBW8283C (Car)	Contact No.	91763197
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/12/2020	Date Discharge	17/12/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	Chia Guo Hao	ID No.	S8013510F
Related Vehicle	NIL	Contact No.	96216812
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 17/12/2020 at about 1740hrs, I was driving vehicle registration SBW8283C along AYE towards Tuas on the extreme right lane after NUS, 200m before the speed camera. At that time, the traffic was heavy and congested. I have come to a stop for about 3 seconds and suddenly there was a vehicle SJV8170E hit my vehicle from the rear. My vehicle boot was seriously dented and I sustained whiplash and pain on the back and shoulder. My wife was pregnant and complained pain on the stomach region area. The vehicle owner of vehicle SJV8170E came out and exchanged his particulars with us. He was unable to explain that he could not brake on time and he was trembling at that time.

After that, we drove to Mount Elizabeth located at Novena for medical treatment for my baby and X ray for myself. I have received 4 days of MC while the doctor advised my wife to monitor her physical condition and to seek treatment immediately if there is any bleeding or any abnormal movement of the baby. I am lodging this traffic report as advised by IGAG.

WAC

Queenstown  
Neighbourhood Police Centre  
No 3 Queensway #01-03  
Singapore 149073

**SINGAPORE  
POLICE FORCE**

T/20201218/2038

Police Station Of Origin:  
Queensstown N.P.C.  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3  
Report No. T/20201218/2038

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 TAN LAI HENG, KELVIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/12/2020 12:23

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

SN 49

Authentication Stamp  
NP168

SIGNATURE