

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) +65-91763197
Alternative Phone No +65-91763197

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) +65-91763197
Alt. Phone Number	+65-91763197
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

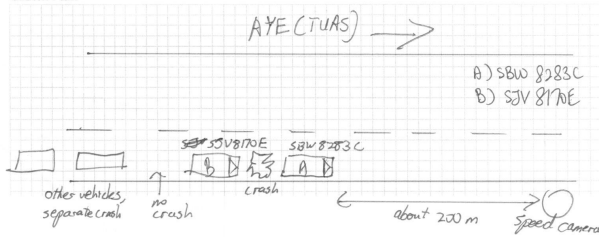
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: 1140H 18/12/20
 Driver's Signature (if driver is not the policyholder) / Date & Time: _____
 Witnessed by Reporting Centre Personnel: 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.

 Wong Zheny
SBW8283L
S8724047

 18/12/2020





































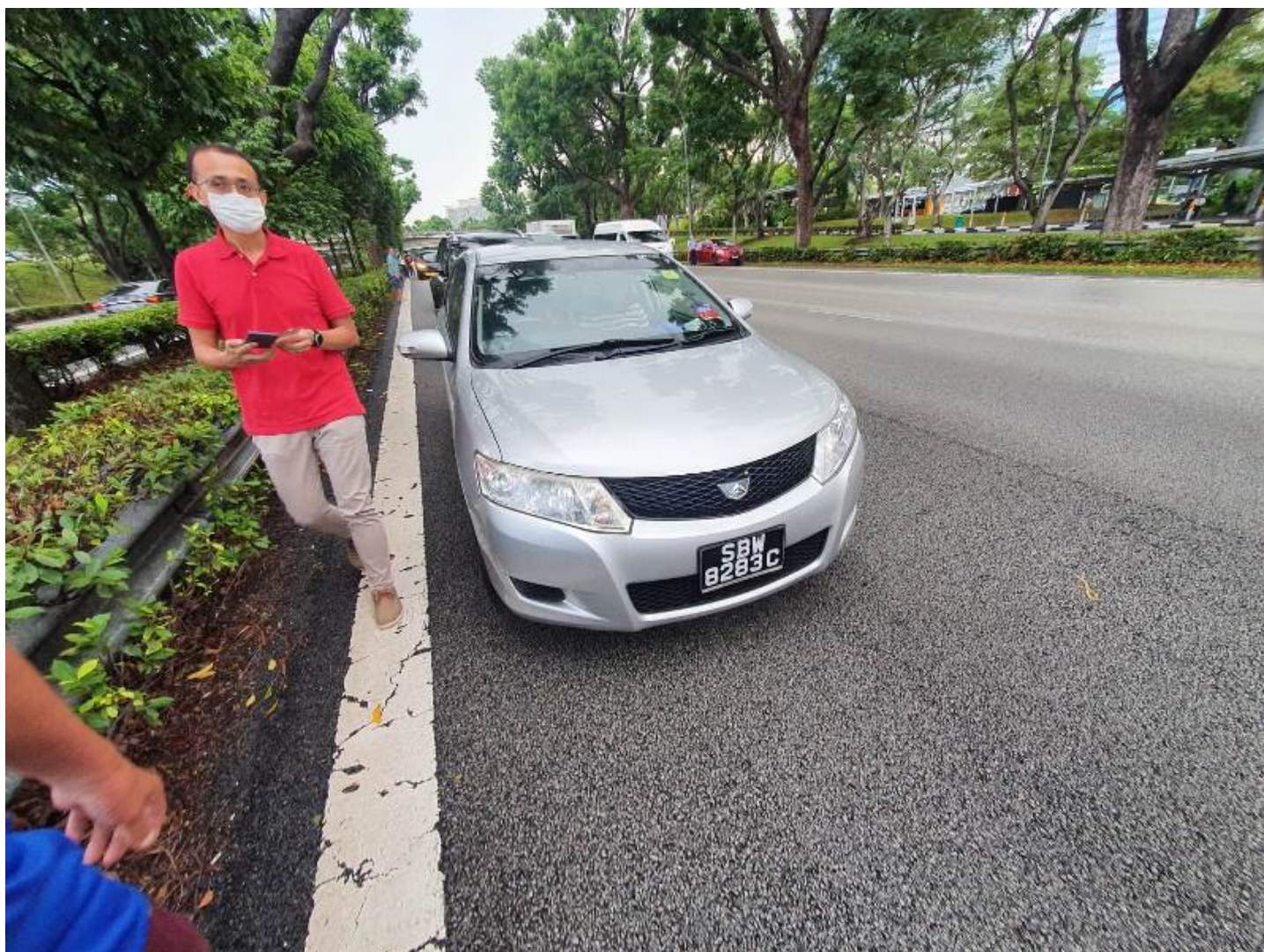


















**SINGAPORE
POLICE FORCE**



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.:	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	
Driver			
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
Driver			
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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #15-00 Singapore 048560
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UTN: 546500206 / G17 Reg. No: 1040037735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0820CI0002 Vehicle Registration No: SBW8283C
Name (as shown in NRIC) : WONG ZI CHUAN NRIC/FIN/Passport No : SXXXS 6400
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91763197
Email Address : _____
Date of Accident : 17/12/2020 Time of Accident : 17:40
Place of Accident : AYH TOWARDS JUDS LANE SP4MD CAMPAER
Insurance Company : NULL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED HANDPHONE NUMBER 91763197

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: _____