

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 15/01/2021 11:18 (SGT)
Date of Accident 13/01/2021 10:40 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE EXIT ANG MO KIO AVE 1 EXIT 11
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK4652E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG DAWEI,KELVIN
NRIC No S8119571D
Email Address KELVIN_W_DW@HOTMAIL.COM
Mobile Phone No (Phone) +65-97258289
Alternative Phone No +65-97258289

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900083554
Cover Note Number -

DRIVER

Name of Driver WONG DAWEI,KELVIN
NRIC No S8119571D
Date Of Birth 07/07/1981
Occupation Indoor

Date Of Driving Pass	18/02/2005
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97258289
Alt. Phone Number	+65-97258289
Email Address	KELVIN_W_DW@HOTMAIL.COM
Address	10G BRADDELL HILL #22-25
Address complement	-
Postcode	579726
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	KELVIN WONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	SKL8861K
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LUCAS ONG CHEE WEI
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	SDS316S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH YAU LIONG
Contact Number	(Phone) +65-96805395
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' 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.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Attachment

Describe Circumstances of the Accident

Please refer to Police report

Declaration

We declare the foregoing particulars are true in every respect.

W 13/01/21
14:00

Policyholder's Signature / Date &
Time

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



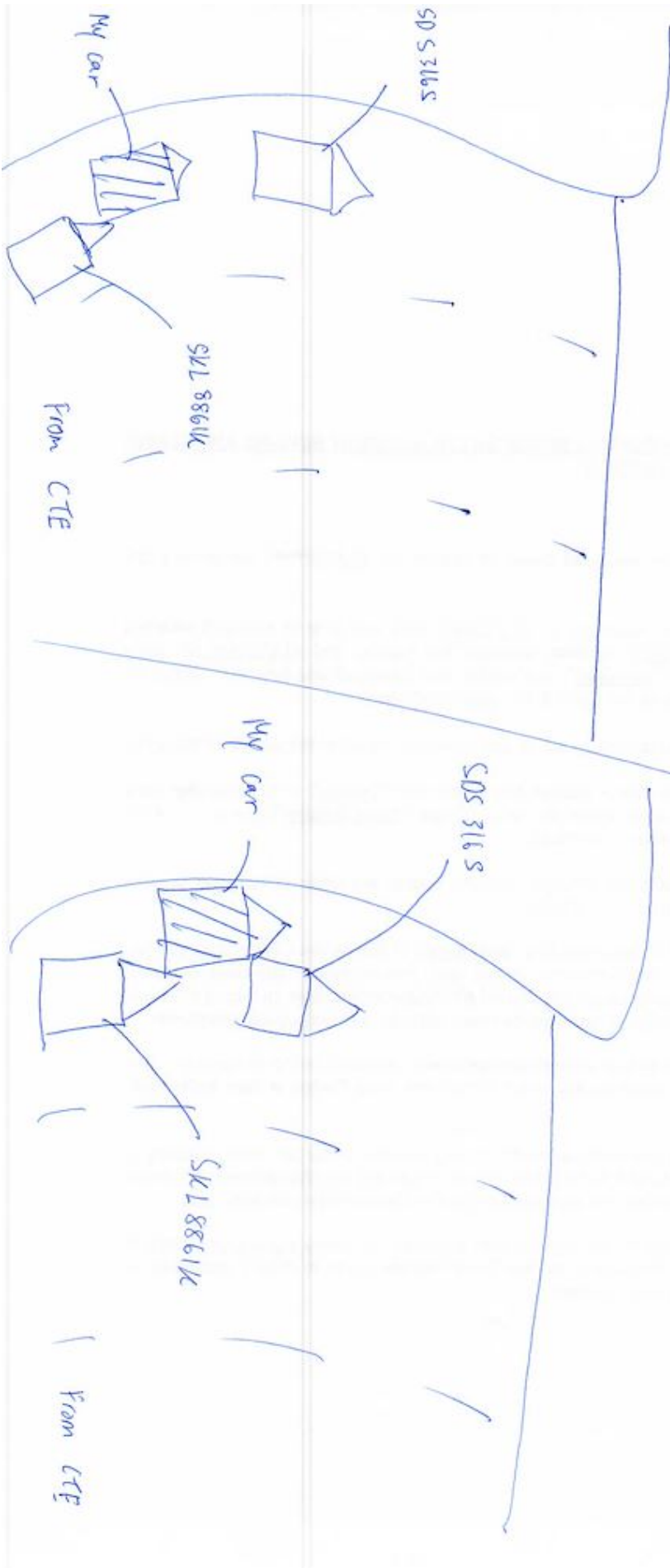
Witnessed by Reporting Centre
Personnel

First impact

Second impact

A.M.K Ave 1

A.M.K Ave 1





























































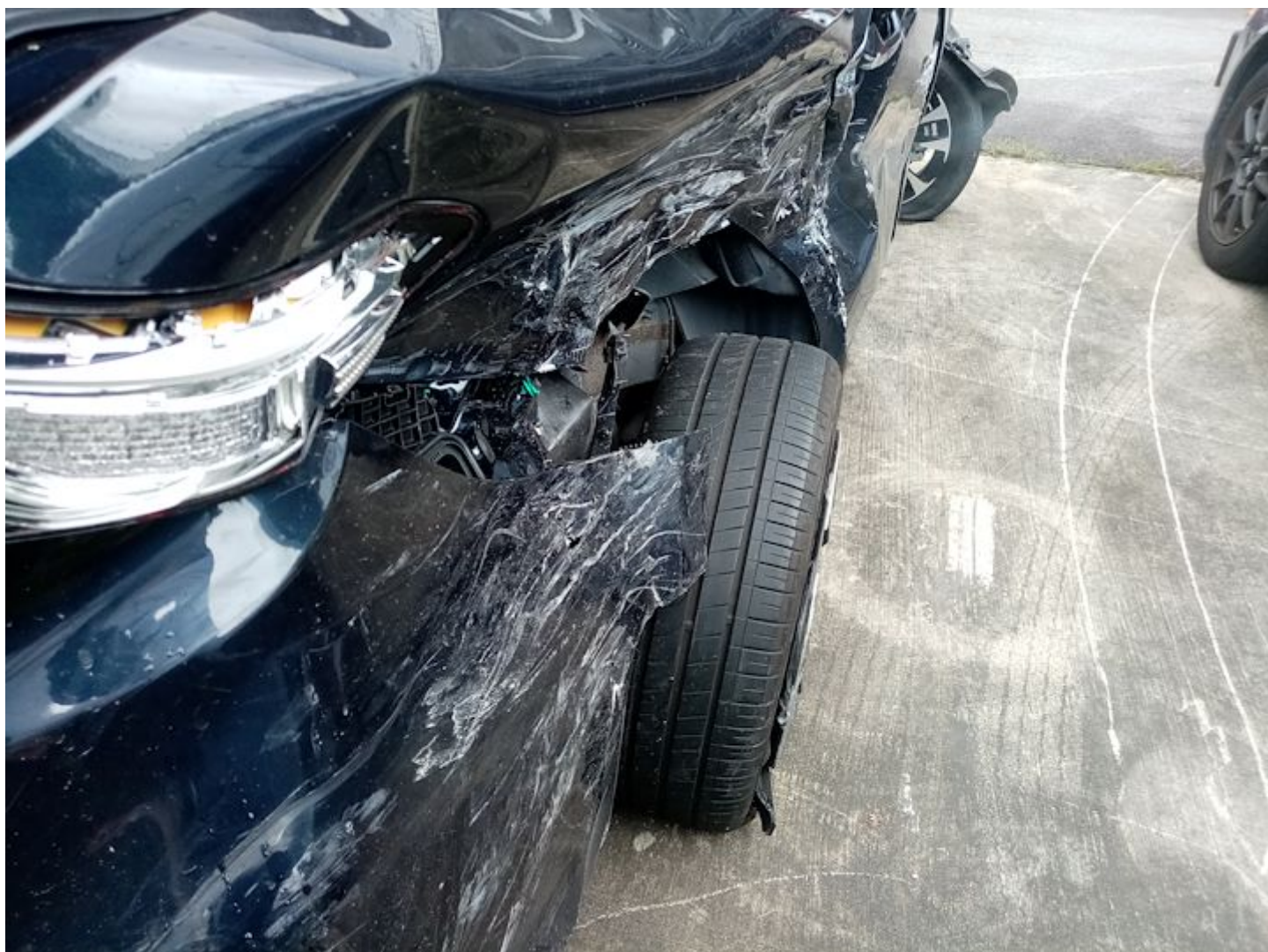
























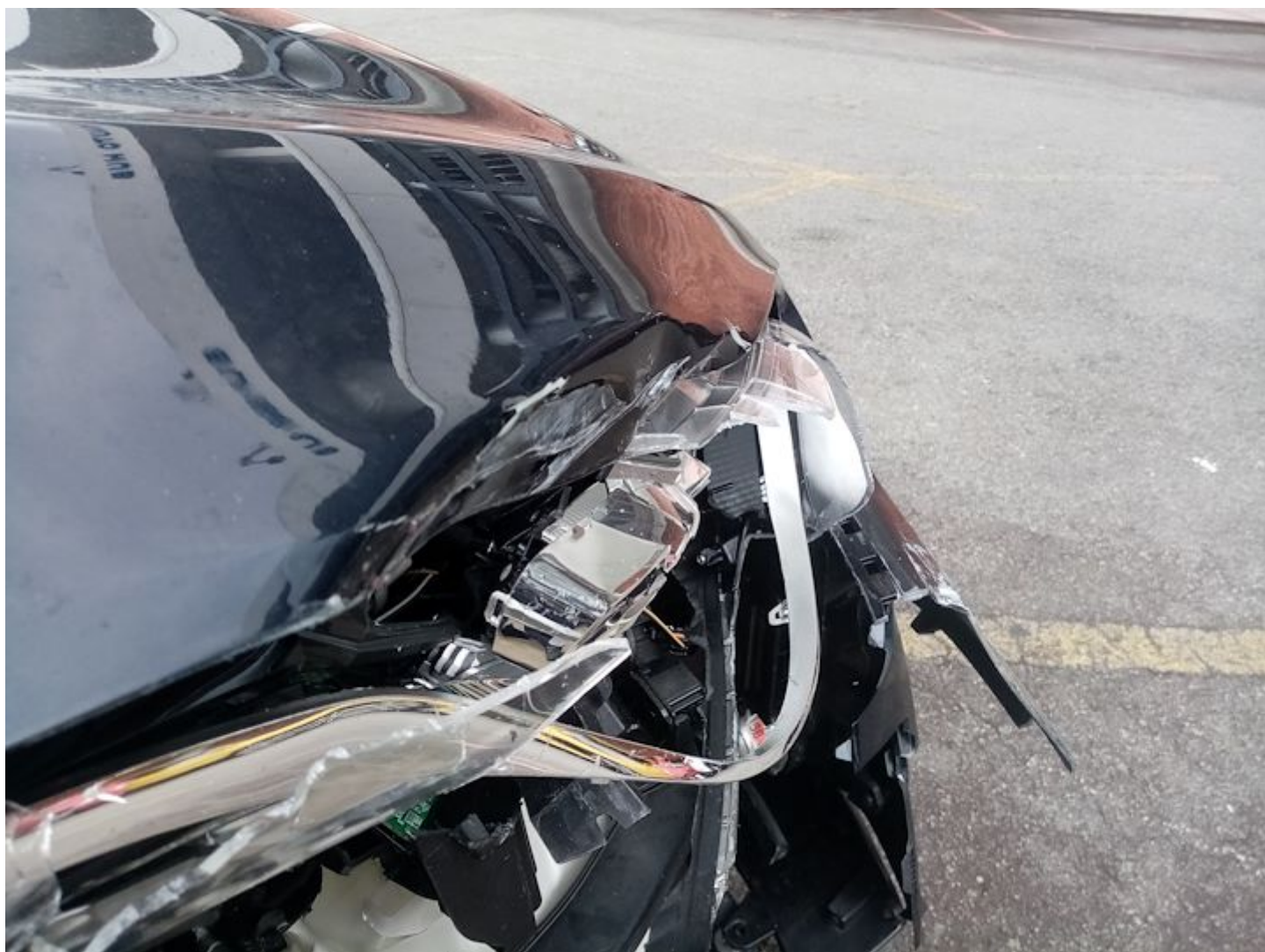






































SINGAPORE
POLICE FORCE



T/20210114/2099

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20210114/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 18:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG DAWEI, KELVIN			Address: 10G BRADDELL HILL #22-25 BRADDELL VIEW SINGAPORE 579726		
ID Type / ID No.: NRIC NO / S8119571D			Contact No.: Home/Office: Mobile: 9725829		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 07/07/1981	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2021 10:40	Type of Location: Bend
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	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
SKL8861K	Car	MERCEDES BENZ	CLA200 (R18)		Slightly Damaged	0
SMK4652E	Car	KIA	CERATO 1.6(A) EX	Blue	Slightly Damaged	0
	Car					0
	Car					0
	Car					0



**SINGAPORE
POLICE FORCE**



T/20210114/2099

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210114/2099

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
	Car					0
	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK4652E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900083554	11/04/2019	10/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG DAWEI, KELVIN		ID No. S8119571D
Related Vehicle	SMK4652E (Car)		Contact No. 9725829
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	03	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE, TIME AND LOCATION,

I WAS DRIVING ALONG CTE EXIT TOWARDS SERANGOON GARDEN BEARING PLATE NUMBER (SMK4652E), AS I WAS ON A COMPLETE STOPPED DUE TO RED TRAFFIC LIGHT THERE'S A VEHICLE IN FRONT OF ME. OUT OF A SUDDEN THERE'S A VEHICLE DROVE RECKLESSLY BEARING PLATE NUMBER (SKL8861K) AND HIT REAR RIGHT SIDE OF MY VEHICLE CAUSING TOTALLY DAMAGE. DUE TO THE BANG CAUSE MY WHOLE VEHICLE TO JERK AND HIT IN FRONT REAR LEFT OF THE VEHICLE BEARING PLATE NUMBER (SDS316S). SOMEBODY CALLED THE POLICE AND AMBULANCE TO ATTEND. AFTER THEIR ARRIVAL I REFUSED BEING CONVEYED BY THE AMBULANCE, BUT AFTER THE INCIDENT MY CAR WAS TOWED BY MY DEALER AND I WENT WITH THEM. THEY ADVISED ME TO GO HAVE A CONSULT BY A DOCTOR TO DOUBLE CHECKED ENSURE THERE NO SEVERE INJURY. I TOOK PICTURES AND VIDEOS AS EVIDENCE, I MAKE MY WAY TO TPQ TO LODGE POLICE REPORT ACCORDINGLY. THAT'S ALL.

IO IN-CHARGE: IVAN



SINGAPORE
POLICE FORCE



T/20210114/2099

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No: T/20210114/2099

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20210114/2099

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210114/2099

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:
TP /
SC MUHAMMAD SYAFIQ BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/01/2021 18:16

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature: