

# 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 ..... 12/03/2021 15:15 (SGT)  
Date of Accident ..... 11/03/2021 14:20 (SGT)  
Exact Location of Accident ..... Mountbatten Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKL9845B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WEE LIANG TOON  
NRIC No ..... SXXXX639A  
Email Address ..... TOONWEE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-82884555  
Alternative Phone No ..... +65-82884555

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A6  
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 ..... DMPCSNW00194742007  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WEE LIANG TOON  
NRIC No ..... SXXXX639A  
Date Of Birth ..... 11/05/1966  
Occupation ..... Outdoor

Date Of Driving Pass .....	11/07/1984
Driving experience .....	36 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82884555
Alt. Phone Number .....	+65-82884555
Email Address .....	TOONWEE@GMAIL.COM
Address .....	57 CASHEW TERRACE
Address complement .....	-
Postcode .....	679589
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 .....	Chain Collision
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210311/2164

#### 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 .....	SGV3217Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	SJV8883G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	WEE LIANG TOON
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SKL9845B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

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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")

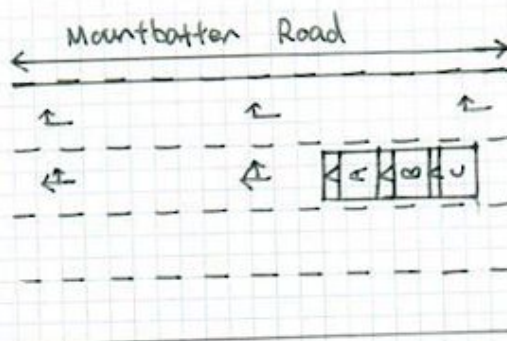
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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



Veh A - SKL 9845B  
Veh B - SGV 3217Z  
Veh C - SJV 8883G




**Describe Circumstances of the Accident**

Police report refer to T/20210311/2164

**Declaration**

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel



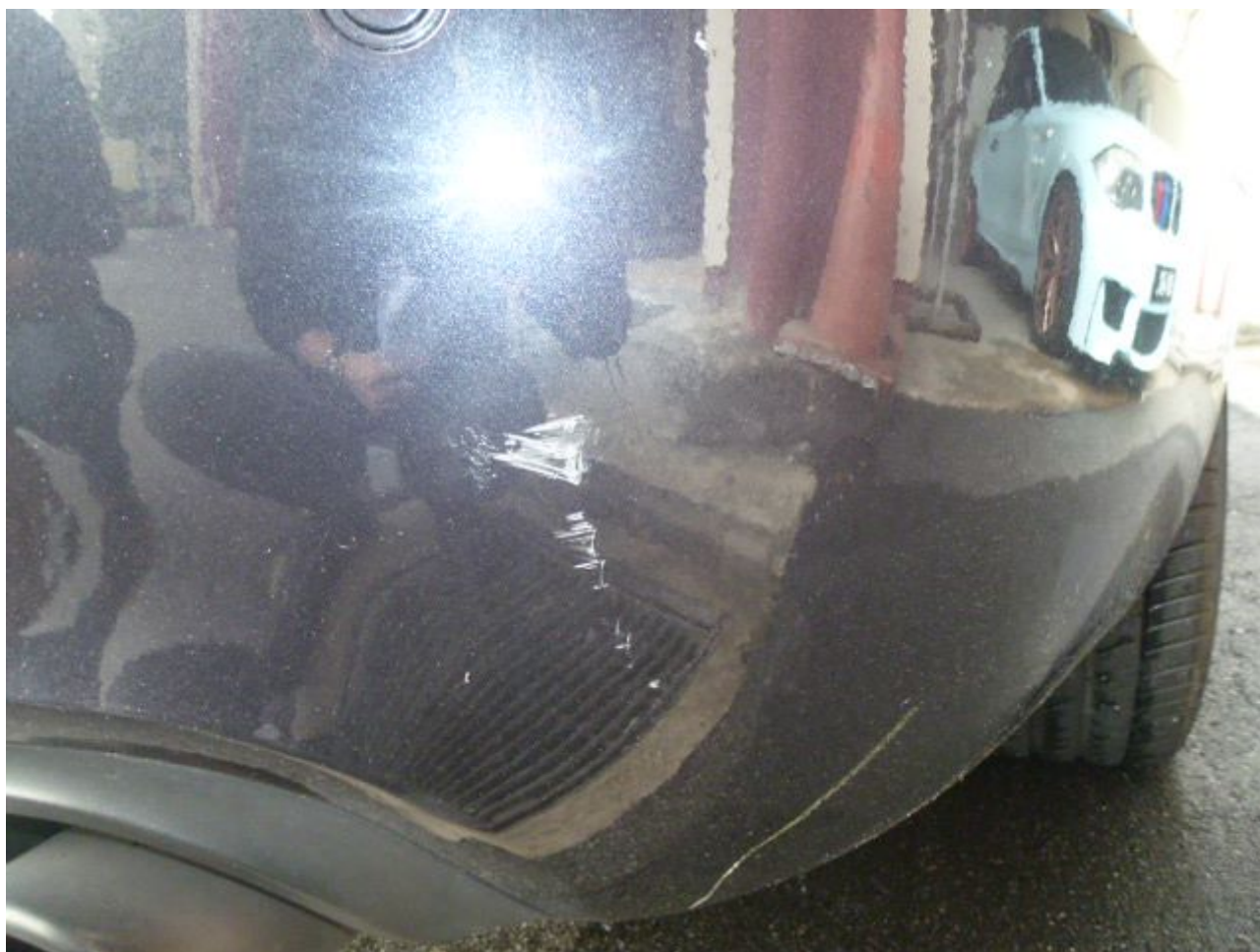


























**SINGAPORE  
POLICE FORCE**



T/20210311/2164

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20210311/2164

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2021 23:45		Vide Report No.: G/20210311/0075		Station Diary No.: 169	
<b>Informant's Particulars</b>					
Name of Informant: WEE LIANG TOON			Address: 57 CASHEW TERRACE SINGAPORE 679589		
ID Type / ID No.: NRIC NO / S1741639A			Contact No.: Home/Office: Mobile: 82884555		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 11/05/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CEO			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/03/2021 14:25	Type of Location: X-Junction
Location:  MOUNTBATTEN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV3217Z	Car	TOYOTA	ESTIMA	Red	Slightly Damaged	3
SJV8883G	Car	MERCEDES BENZ		Blue	Slightly Damaged	0
SKL9845B	Car	AUDI	A6 2.0T FSI MU CVT ABS D/AIRBAG GAS/D	Grey	Slightly Damaged	0



SINGAPORE  
POLICE FORCE

T/20210311/2164

Of Origin:

N.P.C

#01-05 SINGAPORE 677738

929999

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Report No. T/20210311/2164

## CONTINUATION OF REPORT

## Vehicle Insurance

Insurance Company	Insurance No	Effective	Expiry Date
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001947 42007	27/12/2020	26/12/2021

## Person Involved

Person Involved: No

Persons Injured: NIL

Use of Pedestrian Crossing: NA

WEE LIANG TOON	ID No.	S1741639A
SKL9845B (Car)	Contact No.	82884555
NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
nt 11/03/2021	Date Discharge	11/03/2021
Granted Medical Leave 05	Degree of Injury	Slight

along Mountbatten Rd towards East Coast Rd at the junction of Stadium Boulevard on the  
of 5 lanes, stationary due to red light with the intention of making a right turn into Stadium  
wards Stadium Drive. Suddenly I felt an impact from the rear.

take a check and discovered the rear vehicle (SGV3217Z) front portion had collided onto the  
my car.

other car behind (SGV3217Z) which was (SJV8883G), front portion collided onto the rear of  
which made (SGV3217Z) colliding onto the rear of my car.

d Traffic Police were at scene. One of the passenger from (SGV3217Z) was conveyed to  
o Government property was involved.

y rear neck and shoulder therefore I proceeded to a clinic nearby to seek medical  
is given 5 days MC from 11/03/2021 to 15/03/2021.

at Mountbatten Rd towards East Coast Rd at the junction of Stadium Boulevard near



**SINGAPORE  
POLICE FORCE**



T/20210311/2164

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No: T/20210311/2164

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:

J /

Staff Sgt MUHAMMAD JUMALI BIN JAMAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/03/2021 23:45

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAR

ALHABSHEE

Contact No.: 65476214

Authentication Stamp

NP168

Classification Of Case: