

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 16/03/2021 15:55 (SGT)
Date of Accident 13/03/2021 22:40 (SGT)
Exact Location of Accident Club St, Singapore
Additional Location Information JUNCTION OF CROSS STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW6558P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WONG'S LIMOUSINE
Company Reg No 5XXXX452J
Email Address wongkaymeng12@gmail.com
Mobile Phone No (Phone) +65-98230338
Alternative Phone No +65-98230338

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5082647224-04
Cover Note Number -

DRIVER

Name of Driver WONG KAY MENG ANDREW
NRIC No SXXXX252C
Date Of Birth 18/06/1964
Occupation Outdoor

Date Of Driving Pass	06/02/1985
Driving experience	36 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98230338
Alt. Phone Number	-
Email Address	wongkaymeng12@gmail.com
Address	BLK 129 BUKIT MERAH VIEW #20-156
Address complement	-
Postcode	150129
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JAMES
Gender	Male

PASSENGER 2

Name	SOPHIA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210314/2006

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	SLR9403A
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH CHIU MIN
NRIC No	SXXXX280G
Contact Number	(Phone) +65-98783280
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' 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.

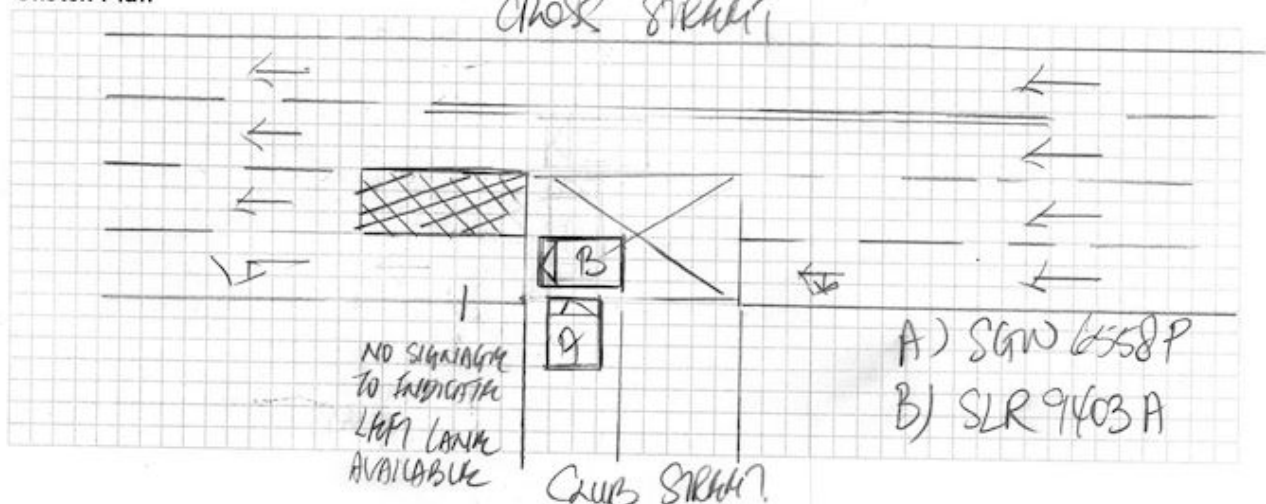
WONG'S LIMOUSINE
Co. Reg. No: 53342452J

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFUR to POLICE REPORT 7/20210314/2006

A large rectangular area with horizontal lines for describing the accident circumstances. A large, loopy handwritten signature or scribble is drawn across the entire area, starting from the top right and ending at the bottom left.

Declaration

We declare the foregoing particulars are true in every respect.

WONG'S LIMOUSINE
Co. Reg. No: 53342452J

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
12:30 PM
16/march/2021

Witnessed by Reporting Centre Personnel
16/03/2021







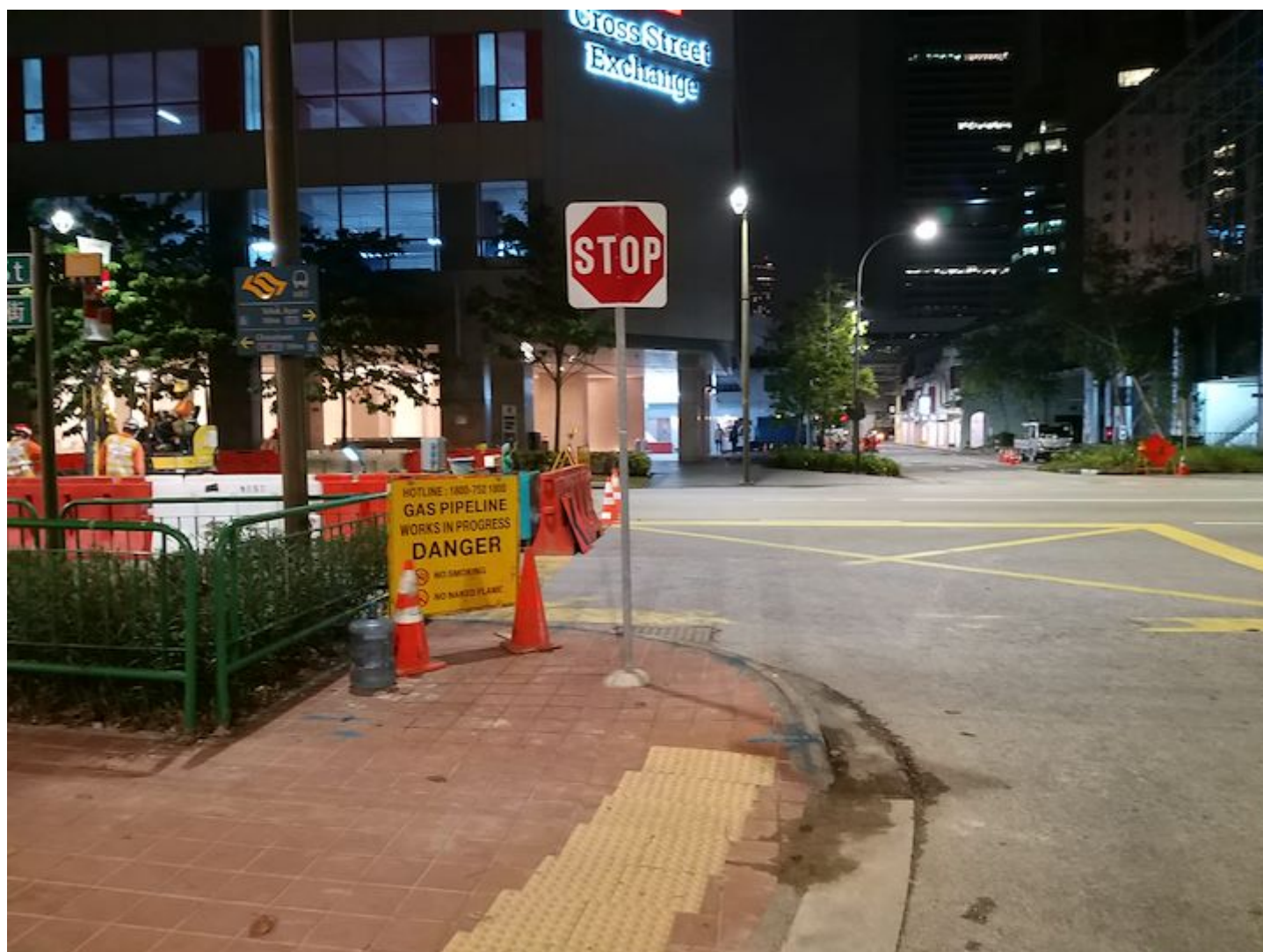


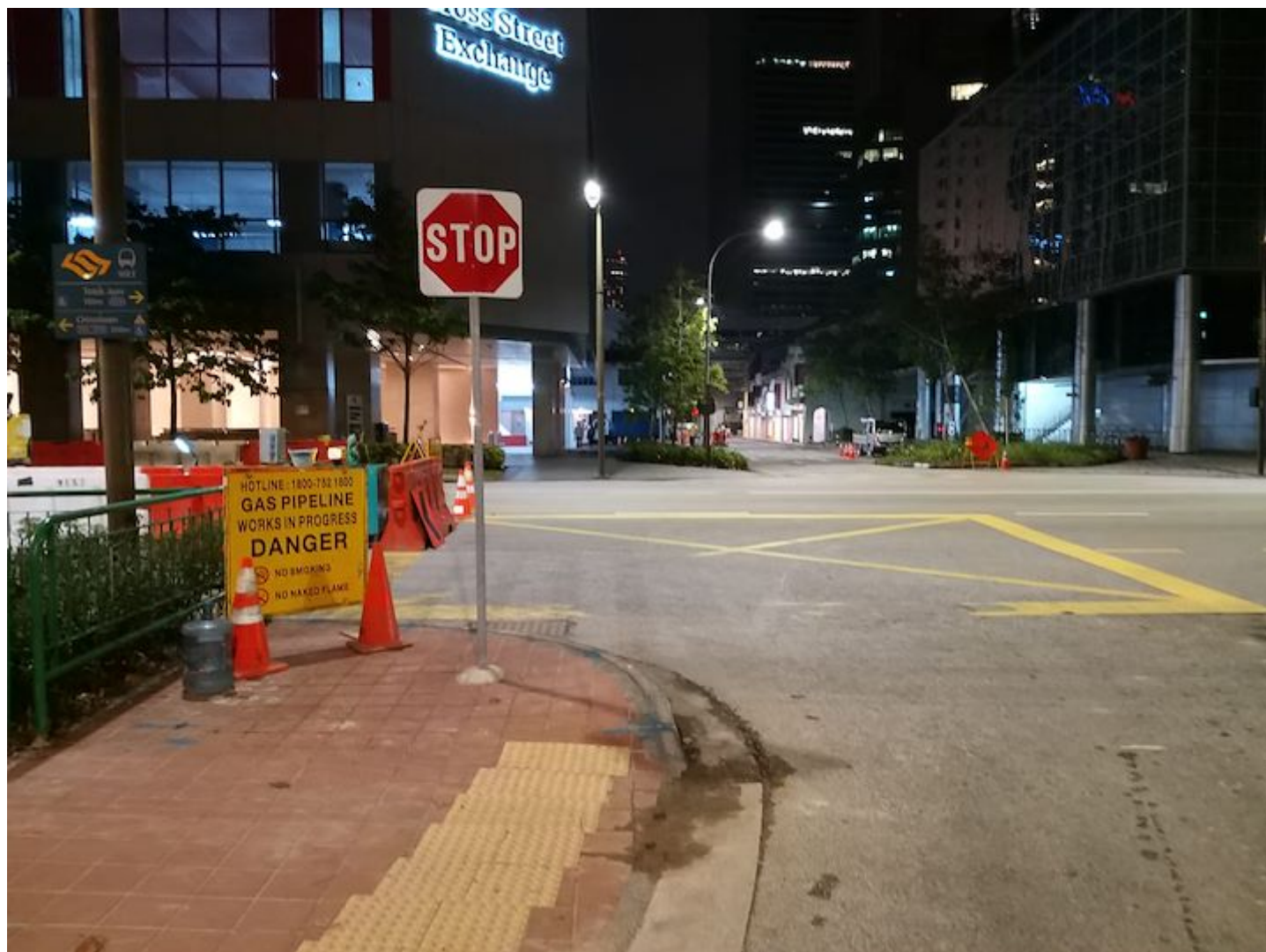


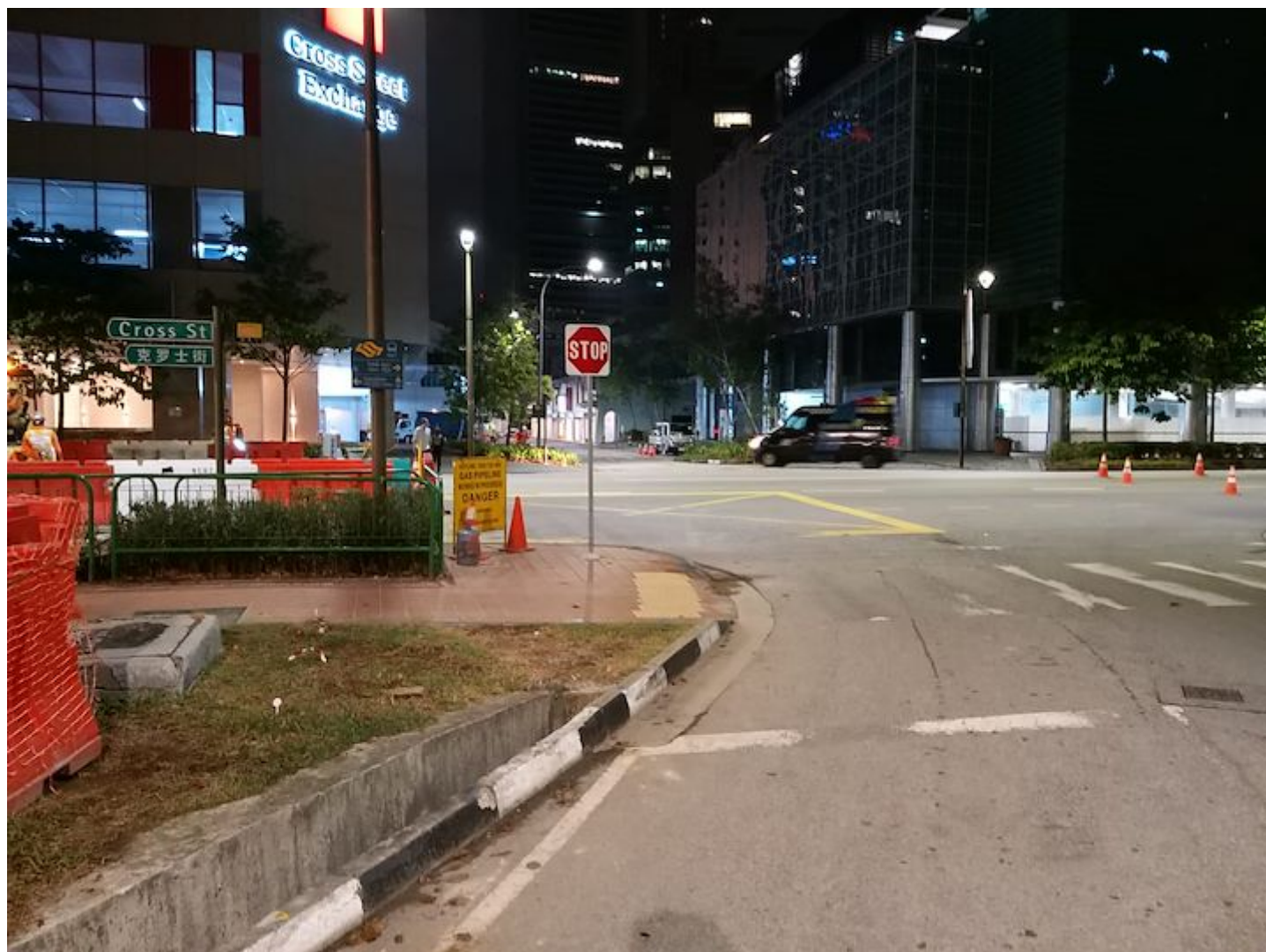


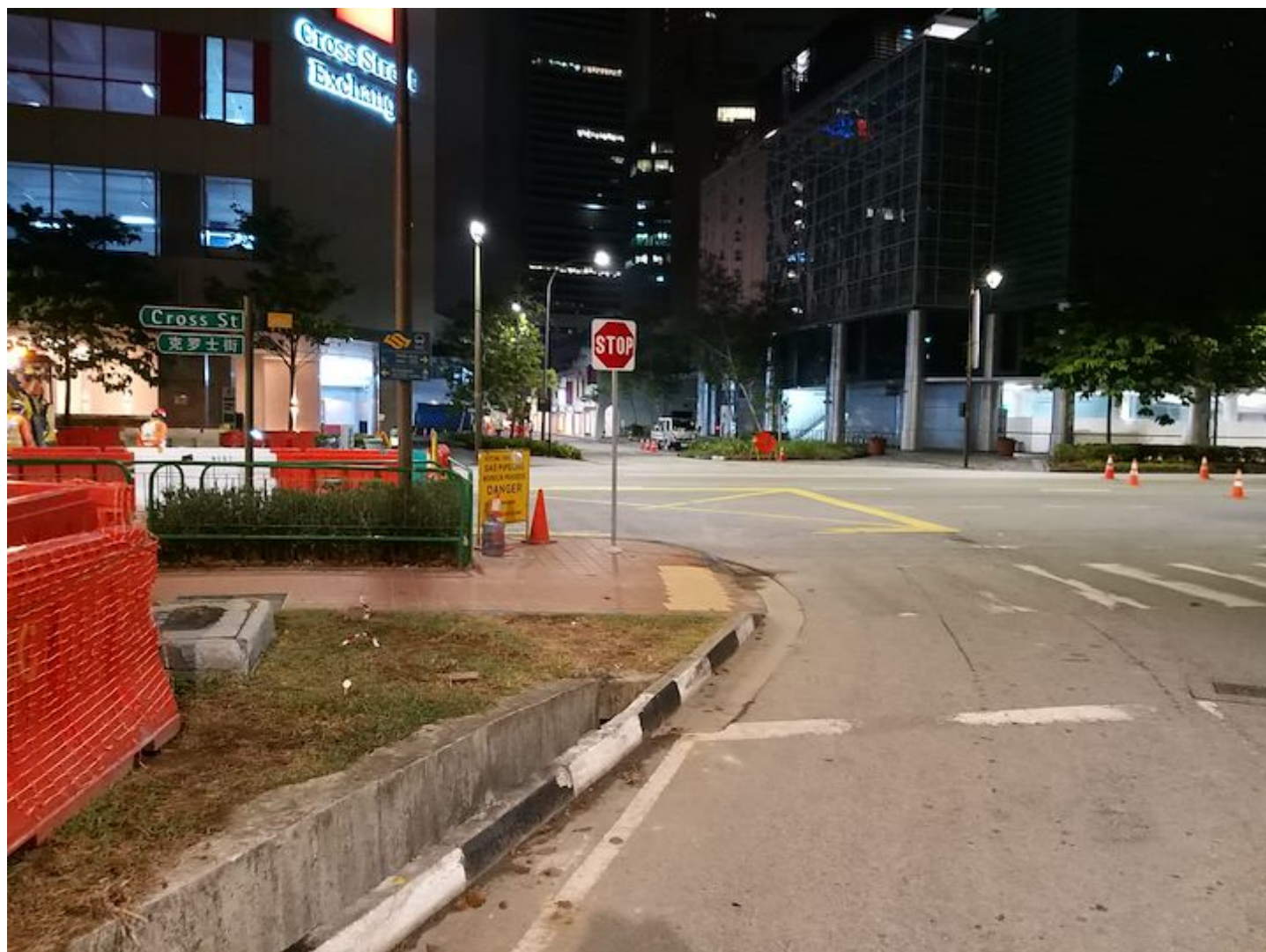















**SINGAPORE
POLICE FORCE**


T/20210314/2006

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20210314/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2021 01:03	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: WONG KAY MENG ANDREW			Address: APT BLK 129 BUKIT MERAH VIEW #20-156 SINGAPORE 150129		
ID Type / ID No.: NRIC NO / S1671252C			Contact No.: Home/Office: Mobile: 98230338		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 18/06/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2021 22:40	Type of Location: T-Junction
Location: CLUB STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW6558P	Car	TOYOTA	COROLLA AXIO	Silver	Slightly Damaged	2
SLR9403A	Car	MAZDA	MAZDA 3	Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20210314/2006

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20210314/2006

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Report No. T/20210314/2006

CONTINUATION OF REPORT

Driver			
Name	WONG KAY MENG ANDREW		ID No. S1671252C
Related Vehicle	SGW6558P (Car)		Contact No. 98230338
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GOH CHIU MIN		ID No. S8423280G
Related Vehicle	SLR9403A (Car)		Contact No. 98783280
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	Slight

Brief Details.

I am a Grab driver and I am driving a Silver Toyota (SGW6558P). On the 13/03/2021 at about 2240hrs, I was driving my car with 2 passengers on board (James and Sophia) and we were travelling along Club Street towards Cross Street.

While I was at the T junction of Club Street and Cross Street. I noticed that there was road work construction on the left, I was unable to see clearly as the road work construction looks big and I can only see the orange barricade along the 2nd left lane.

I assumed that the road work was taken up the 2 left lane thus I moved out to Cross Street after I check that the pedestrian had cleared and no in-coming car coming, suddenly a Black Mazda (SLR9403A) collided to the right side of my car.

The black Mazda was driven by a female driver with no passenger on board. I exchanged particulars and contact number with the other driver. The driver complain of leg pain but does not required ambulance, my passengers complain of head pain and a small bump but does not required ambulance. No ambulance or Traffic Police attended to the accident.

I wish to state that the road work was very huge and there are no signage set up by the road junction to show road user on the road closure and there are no workers at the junction taking care of traffic.

My car is not installed with in-car camera.



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159682
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T/20210314/2006

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Report No. T/20210314/2006

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 /
Sgt 1 ONG JING WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/03/2021 01:03

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476229

Classification Of Case:

Authentication Stamp
NP168



SN 45

SIGNATURE