

# 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 ..... 24/03/2021 10:10 (SGT)  
Date of Accident ..... 20/03/2021 12:40 (SGT)  
Exact Location of Accident ..... Yishun Ave 1, Singapore 769130  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH9863H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CAI WENCHUAN  
NRIC No ..... SXXXX973F  
Email Address ..... mailwenchuan@gmail.com  
Mobile Phone No ..... (Phone) +65-91715285  
Alternative Phone No ..... +65-91715285

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5121110857  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CAI WENCHUAN  
NRIC No ..... SXXXX973F

Date Of Birth .....	21/08/1986
Occupation .....	Indoor
Date Of Driving Pass .....	06/09/2007
Driving experience .....	13 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91715285
Alt. Phone Number .....	+65-91715285
Email Address .....	mailwenchuan@gmail.com
Address .....	BLK 107A CANBERRA ST #04-577
Address complement .....	-
Postcode .....	751107
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? .....	Yes
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JPQ844
Vehicle Category .....	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210322/2016

#### 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 .....	JPQ844
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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 .....	CAI WENCHUAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLH9863H
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")

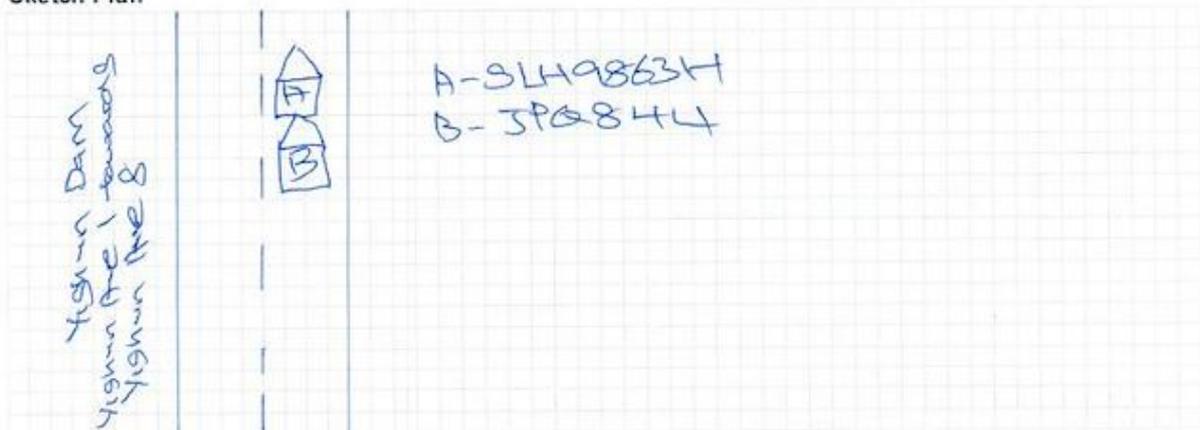
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

Witnessed by Reporting Centre Personnel

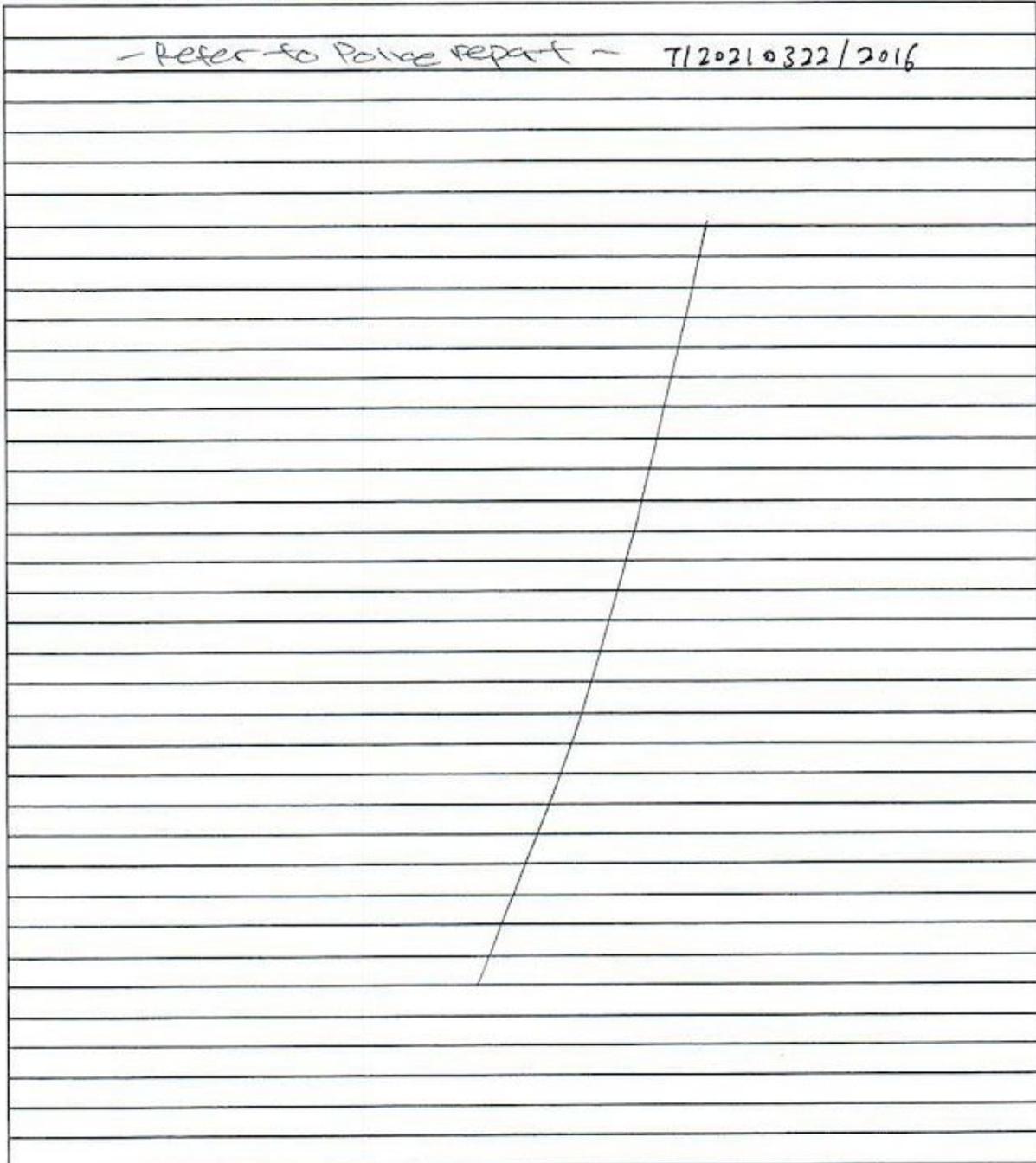
Driver's Signature (if driver is not the policyholder) / Date & Time

**Sketch Plan**



**Describe Circumstances of the Accident**

- Refer to Police report - T/20210322/2016



**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













TOYOTA MOTOR CORPORATION JAPAN  
MODEL DBA-ZSU60W-ANXGP  
ENGINE 3ZR-FAE 1986 mL  
FRAME No. ZSU60-0082952  
COLOR TRIM PLANT OPTION  
220 LA43 A31  
TRANS./AXLE K114-01A 355


**SINGAPORE  
POLICE FORCE**


T/20210322/2016

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Report No. T/20210322/2016

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/03/2021 10:39	Vide Report No.:	Station Diary No.: 25
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**Informant's Particulars**

Name of Informant: CAI WENCHUAN			Address: APT BLK 107A CANBERRA STREET #04-577 SINGAPORE 751107		
ID Type / ID No.: NRIC NO / S8623973F			Contact No.:		Mobile: 91715285
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 21/08/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other university, polytechnic and higher education teachers			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/03/2021 12:40	Type of Location:
Location: YISHUN AVENUE 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JPQ844	Car				Seriously Damaged	0
SLH9863H	Car	TOYOTA	HARRIER PREMIUM 2.0 A	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210322/2016

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Report No. T/20210322/2016

Police Station Of Origin:  
Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH9863H	NTUC Income Insurance Co-Operative Limited	5121110857	24/02/2021	23/02/2022

**Brief Details.**

On 20/03/2021 at about 1240hrs, I was driving my vehicle (SLH9863H) along Yishun Dam at Yishun Ave 1 towards Yishun Ave 8 on the right most lane. There were a few cars in front of me who then came to a gradual stop, as such I did the same. However, as I was about to come to a complete stop, one Malaysian vehicle bearing the plate number JPQ844 had hit my vehicle from the back.

The impact had resulted in my vehicle sustaining dents, scratches and the rear bumper being dislodged. The other vehicle had sustained damages whereby the front bumper and hood of the vehicle were bent, broken and had multiple scratches and cracks. I did not sustain any visible injuries at the point of time, I felt soreness in my neck area only.

*I wish to state that I have a dash camera in my vehicle which captured the entire event.*

On 21/03/2021, I felt more discomfort and soreness in my neck area as such I went over to Unihealth 24-hr clinic (Toa Payoh) the next day, and the doctor had given me 3 days of MC.

I am lodging this report for records purposes.



**SINGAPORE  
POLICE FORCE**



T/20210322/2016

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No T/20210322/2016

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:  
E /  
Sgt 2 IRFAN FARIHIN PUTRA SULAIMAN *[Signature]*

Signature Of Informant: *[Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/03/2021 10:39

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

SINGAPORE  
ANURAG KISHAN SRINIPATI  
NP 168  
*[Signature]*  
SIGNATURE  
SN-168