

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 17/05/2021 14:29 (SGT)
Date of Accident 17/03/2021 23:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SINGAPORE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG9948P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner REJOICINGS
Company Reg No 53114986B
Email Address stanleytan83.st@gmail.com
Mobile Phone No (Phone) +65-97291441
Alternative Phone No +65-97291441

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc250
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 Private car
Transmission Auto
CC 1991

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA519380/1
Cover Note Number -

DRIVER

Name of Driver WONG JIAN LOONG
NRIC No T0035941B

Date Of Birth	19/10/2000
Occupation	Indoor
Date Of Driving Pass	14/01/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97157105
Alt. Phone Number	-
Email Address	wong_jianloong@hotmail.com
Address	93B TELOK BLANGAH ST 31 #09-169
Address complement	-
Postcode	102093
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
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	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 POLICE REPORT T/20210318/7001

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	FBH4469P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	-
Contact Number	(Phone) +65-81357505
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	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBH4469P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SK99948P
ACCIDENT DATE: 17/03/2016 23:15

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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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

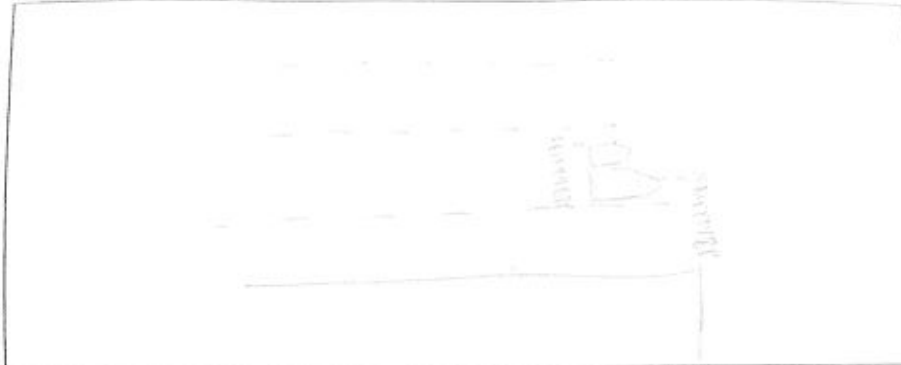
NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION


Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time: 6/5/21 2:54pm


CHARN'S CUSTOMCRAFT
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report (7/20210318/1001)


Reason for late reporting: I did not know that I was required to do an insurance accident report, hence, I did not do it ~~24~~ within 24 hours of the accident.

OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONLY (✓) OWN WORKSHOP ()

DECLARATION

I/We declare that the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time: 6/5/21 2:54pm


CHARN'S CUSTOMERCARE
Reporting Centre Personnel's Signature
Name:
Date & Time:





















**SINGAPORE
POLICE FORCE**



T/20210318/7001

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

1 of 3

Report No. T/20210318/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2021 01:18	Vide Report No.: D/20210317/0118	Station Diary No.:
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Informant's Particulars

Name of Informant: WONG JIAN LOONG			Address: 93B TELOK BLANGAH STREET 31 #09-169 SINGAPORE 102093	
ID Type / ID No.: NRIC NO / T0035941B			Contact No.: Home/Office: Mobile: 97157105	
Nationality: SINGAPORE CITIZEN			Email: WONG_JIANLOONG@HOTMAIL.COM	
Sex: Male	Age: 20	Date of Birth: 19/10/2000	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Student			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: 17/03/2021 23:15	Type of Location: T-Junction
Location: JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 55 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH4469P	Motorcycle				Slightly Damaged	0
SKG9948P	Car					0



**SINGAPORE
POLICE FORCE**

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



T/20210318/7001

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Report No. T/20210318/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
TAN JUN YAN
Contact No.: 65476311

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/03/2021 01:18

Classification Of Case:



**SINGAPORE
POLICE FORCE**

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



T/20210318/7001

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Report No. T/20210318/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBH4469P (Motorcycle)	Contact No.	81357505
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Driver			
Name	WONG JIAN LOONG	ID No.	T0035941B
Related Vehicle	SKG9948P (Car)	Contact No.	97157105
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Traffic junction along Jurong Town Hall, approaching JTC Summit junction.
As I was approaching the junction, I saw the traffic light amber turning red. Upon seeing the amber traffic light, I applied break to my vehicle. The motorcycle was in front of me and I side swipe the motorcycle (FBH 4469P). At this point, there were other vehicle turning right at the junction and I stopped a little after the junction and rushed towards the motorcyclist. I saw that his upper right arm was injured and call the ambulance and the police.