

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	02/06/2021 17:54 (SGT)
Date of Accident	22/05/2021 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7130M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG CHING BENG
NRIC No	S7729119I
Email Address	henry_ongchingbeng@yahoo.com.sg
Mobile Phone No	(Phone) +65-90063337
Alternative Phone No	+65-90063337

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00014702100
Cover Note Number	14/01/21 - 13/01/22

DRIVER

Name of Driver	WANG JINGHUI
NRIC No	S8913145F

Date Of Birth	21/04/1989
Occupation	Indoor
Date Of Driving Pass	18/09/2007
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94376614
Alt. Phone Number	-
Email Address	terence.wang89@gmail.com
Address	BLK 392 YISHUN AVE 6 #02-1004
Address complement	-
Postcode	760392
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	No 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	2
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)	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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POICE REPORT

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	SHF585C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	-
Contact Number	(Phone) +65-97922907
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1. VEHICLE NO.: SST 7130M
 2. INSURER CO: China
 3. ACCIDENT
 DATE & TIME: 22/5/21 @ 16:15

IMPORTANT NOTICE

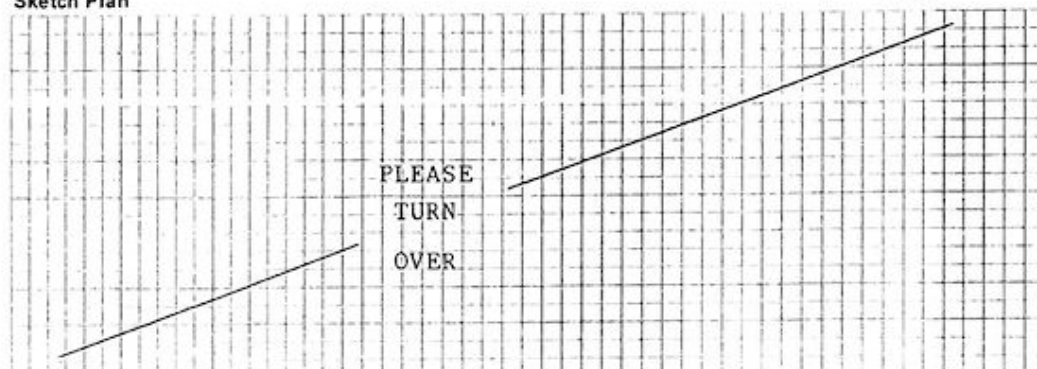
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 (YS)

Sketch Plan























**SINGAPORE
POLICE FORCE**



T/20210602/2044

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20210602/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2021 13:26		Vide Report No.:		Station Diary No.: 32
Informant's Particulars				
Name of Informant: WANG JINGHUI		Address: APT BLK 392 YISHUN AVENUE 6 #02-1004 SINGAPORE 760392		
ID Type / ID No.: NRIC NO / S8913145F		Contact No.: Home/Office: Mobile: 94376614		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 32	Date of Birth: 21/04/1989	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Sale		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/05/2021 16:15	Type of Location: Bend
Location: TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SHF585C	Taxi	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red	No Damage	1
SJT7130M	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Silver	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20210602/2044

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20210602/2044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHF585C (Taxi)	Contact No.	97922907
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	NIL
Driver			
Name	WANG JINGHUI	ID No.	S8913145F
Related Vehicle	SJT7130M (Car)	Contact No.	94376614
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

Brief Details.

On 22/05/2021 at about 1615hrs, I was driving my vehicle 'SJT7130M' along Tampines Avenue 10 and at the point of time the traffic light was red as such my vehicle had come to a stop and there is a red colour taxi 'SHF585C' stopped in front of my vehicle.

Subsequently, the traffic light turn green and the front car started to move off as such I also move off however, the taxi suddenly stopped as such I also stopped my vehicle. The taxi driver then came down from his vehicle therefore, I also went down of my vehicle. After which, I saw the taxi driver was touching his vehicle rear bumper. Thereafter, he asked for my contact number and moved off.

I wish to state that while the vehicle and my vehicle moved off and the taxi driver suddenly stopped I did not felt any impact and there is also no damage found on my vehicle and the taxi driver also did not claim the vehicle was damaged.



**SINGAPORE
POLICE FORCE**



T/20210602/2044

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20210602/2044

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:

L /

Sgt 3 TOH WEE KEAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/06/2021 13:26

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force