

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 04/08/2021 10:57 (SGT)
Date of Accident 03/08/2021 08:45 (SGT)
Exact Location of Accident Upper Thomson Rd, Singapore
Additional Location Information SLIP ROAD FROM UPPER THOMSON ROAD INTO VENUS
DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ6832H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WANG JIA
NRIC No SXXXXX670G
Email Address TENGCHAN@GMAIL.COM
Mobile Phone No (Phone) +65-85066895
Alternative Phone No +65-90903880

VEHICLE PARTICULARS

Manufacturer BMW
Model 520i
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 1998

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V13109/VPC/R00
Cover Note Number -

DRIVER

Name of Driver WANG JIA

NRIC No	SXXXX670G
Date Of Birth	04/09/1981
Occupation	Indoor
Date Of Driving Pass	11/03/2014
Driving experience	7 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-85066895
Alt. Phone Number	+65-90903880
Email Address	TENGCHAN@GMAIL.COM
Address	11 LENTOR WAY
Address complement	-
Postcode	788764
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?	No
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH.

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	SDF7712D
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Brown

Vehicle Category	Private car
Name of Driver	NG BEE HAR
Contact Number	(Phone) +65-96778873
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WANG JIA
Gender	Female
Phone No	(Phone) +65-85066895
Address	11 LENTOR WAY
Address Complement	-
Post Code	788764
Approximate Age Years Old	39
Injuries Sustained	CERVICAL NECK SPRAIN WHIPLASH
Injured person in which vehicle?	SMQ6832H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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.
- (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.

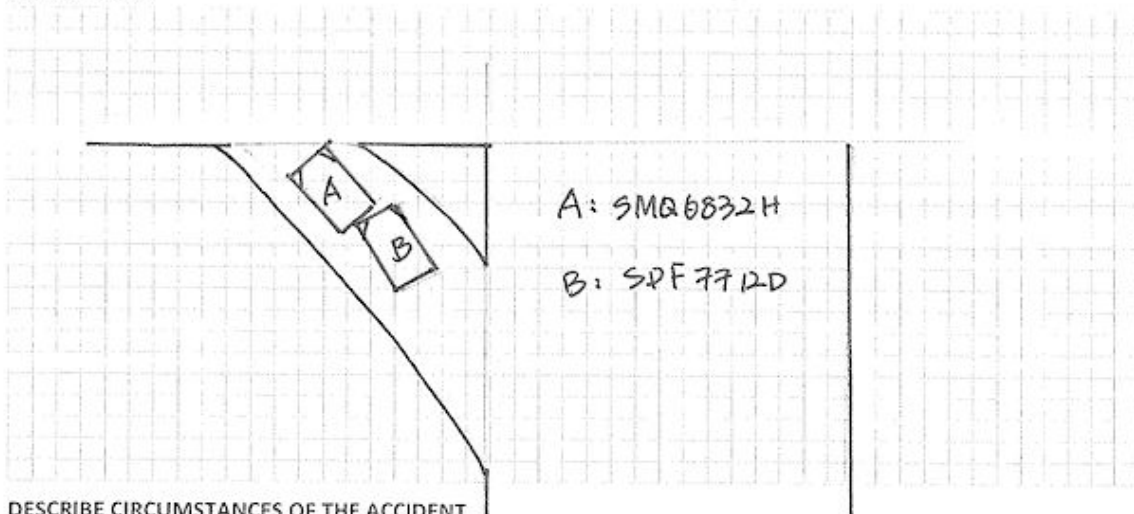
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Joseph Yaguei
NRIC/FIN No: [redacted]
Sime Darby Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

CHUNKESTEN/PL000000_03

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to police report T/2021 0803/2091

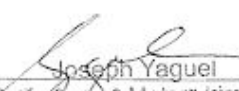
After I ~~reported~~ made police report and went home : crashing
I ~~later~~ found out that the impact of the vehicle (SPF 7712D) was so hard, that my car boot cannot open due to deformation inside of car boot frame. The impact of her car was completely absorbed by my car, which is what caused her car to stop. This suggested it's highly likely car went on full speed towards my then stationary ~~brake to stop~~ car in front of the white dotted line. It also caused me headache on the spot and till now.

DECLARATION

I/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:


Joseph Yaguel
Name: 303 Alexandra Road
Singapore 159941




































**SINGAPORE
POLICE FORCE**


T/20210803/2091

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20210803/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2021 19:56		Vide Report No.: E/20210803/0046		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: WANG JIA			Address: 11 LENTOR WAY SINGAPORE 788764		
ID Type /ID No.: NRIC NO / S8173670G			Contact No.: Home/Office: Mobile: 85066895		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 04/09/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BANKING PROFESSIONAL			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/08/2021 08:45	Type of Location: Bend
Location: UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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 Passengers
SDF7712D	Car				Slightly Damaged	0
SMQ6832H	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210803/2091

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569764
Tel No: 1800-4849999
SMQ683

2 of 3

Report No. T/20210803/2091

CONTINUATION OF REPORT

Brief Details.

On 03/08/2021, at around 0845hrs, I was driving my vehicle (SMQ6832H) along upp Thomson rd on the left most turning lane into Venus drive. Before I made the turn, I stopped behind the dotted white line to look out for incoming vehicles. I then felt something had crushed into my vehicle, the heavy impact was quite hard caused my head to bang onto the car's headrest.

I then went down to make a check and I saw that the vehicle (SDF7712D) had collided with the rear of my vehicle. The female driver then got out from vehicle SDF7712D and accused me why I had stopped suddenly and informed me that she wants to go straight. I then signal the other driver to move onto Venus drive and park by the road side.

The female driver then asked me to go to her vehicle workshop to have my vehicle fixed which I rejected and suggested to go for insurance. Due to the above reasons, a dispute broke out between us hence I called the police for assistance at 0856hrs. The female driver then drove off before the police's arrived.

The damage of my vehicle is that there are dents and crack on the rear of my vehicle. The other vehicle had cracks and dislodged of the left front side headlights and dents on the left bumper.

I was attended by officer Sebastian Chong, Report number: E/20210803/0046.

Afterwards, I went to the hospital for a check up and was given 3 days outpatient sick leave from 03/08/2021 to 05/08/2021.

I wish to state that I do not have a in-car camera in my vehicle. I wish to state that I was on the lane the lane that I was on is only for left turns and I did not jam-break my vehicle.



**SINGAPORE
POLICE FORCE**



T/20210803/2091

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3




Report No. T/20210803/2091

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: F / Sgt 2 WU QIAN RONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2021 19:56
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FEROUZ BIN HUSSEIN Contact No.: 65476206	Classification Of Case:
Authentication Stamp NP158	SN 154
  	
SIGNATURE	