

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 16/08/2021 18:16 (SGT)
Date of Accident 14/08/2021 17:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLE TWDS BKE BEFORE MANDAI RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS8493P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WAN KAM HONG
NRIC No S7211909F
Email Address WANKAMHONG7427@GMAIL.COM
Mobile Phone No (Phone) +65-90229294
Alternative Phone No (Home) +65-90229294

VEHICLE PARTICULARS

Manufacturer Toyota
Model Allion
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 1500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA498653\1
Cover Note Number -

DRIVER

Name of Driver WAN KAM HONG
NRIC No S7211909F

Date Of Birth	07/04/1972
Occupation	Outdoor
Date Of Driving Pass	16/11/1990
Driving experience	30 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90229294
Alt. Phone Number	(Home) +65-90229294
Email Address	WANKAMHONG7427@GMAIL.COM
Address	BLK 780A WOODLANDS CRESCENT #11-13
Address complement	-
Postcode	731780
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FU RONGHUA
Gender	Female

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 ATTACHED

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	SKP8834T
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMV115H
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	FU RONGHUA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJS8493P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



INJURED 2

Name of injured person	WAN KAM HONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJS8493P
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' law firm/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 claim 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/postal 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 firm/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 firm/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	SHUYI Witnessed by Reporting Centre Personnel
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Sketch Plan

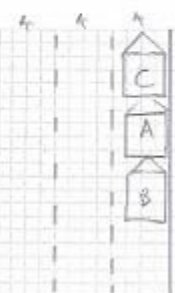
VEHICLE A - SJS849LP

VEHICLE B - SK P 8834T

VEHICLE C - SAN 115H

SEE TOWARDS BKE

BEFORE HAWAII RD



Describe Circumstances of the Accident

ON THE STATED DATE, TIME & VENUE, I WAS TRAVELLING STRAIGHT ON LANE 1. THE VEHICLE IN FRONT BEARING PLATE ADO 5MV115H BRAKE AND CAME TO A COMPLETE STOP. SO I BRAKE AND ALSO CAME TO A COMPLETE STOP.

SUDDENLY THE VEHICLE BEHIND OF ME BEARING
PLATE NO: SAP 8834T DIDN'T MANAGE TO BRAKE
IN TIME AND CAME INTO CONTACT WITH ME CAUSING
A HUGE IMPACT, WHICH THEN PROPELLED ME TO
HIT ONTO THE REAR PORTION OF SAVIISH.

Declaration

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



Policyholder's Signature / Date & Time

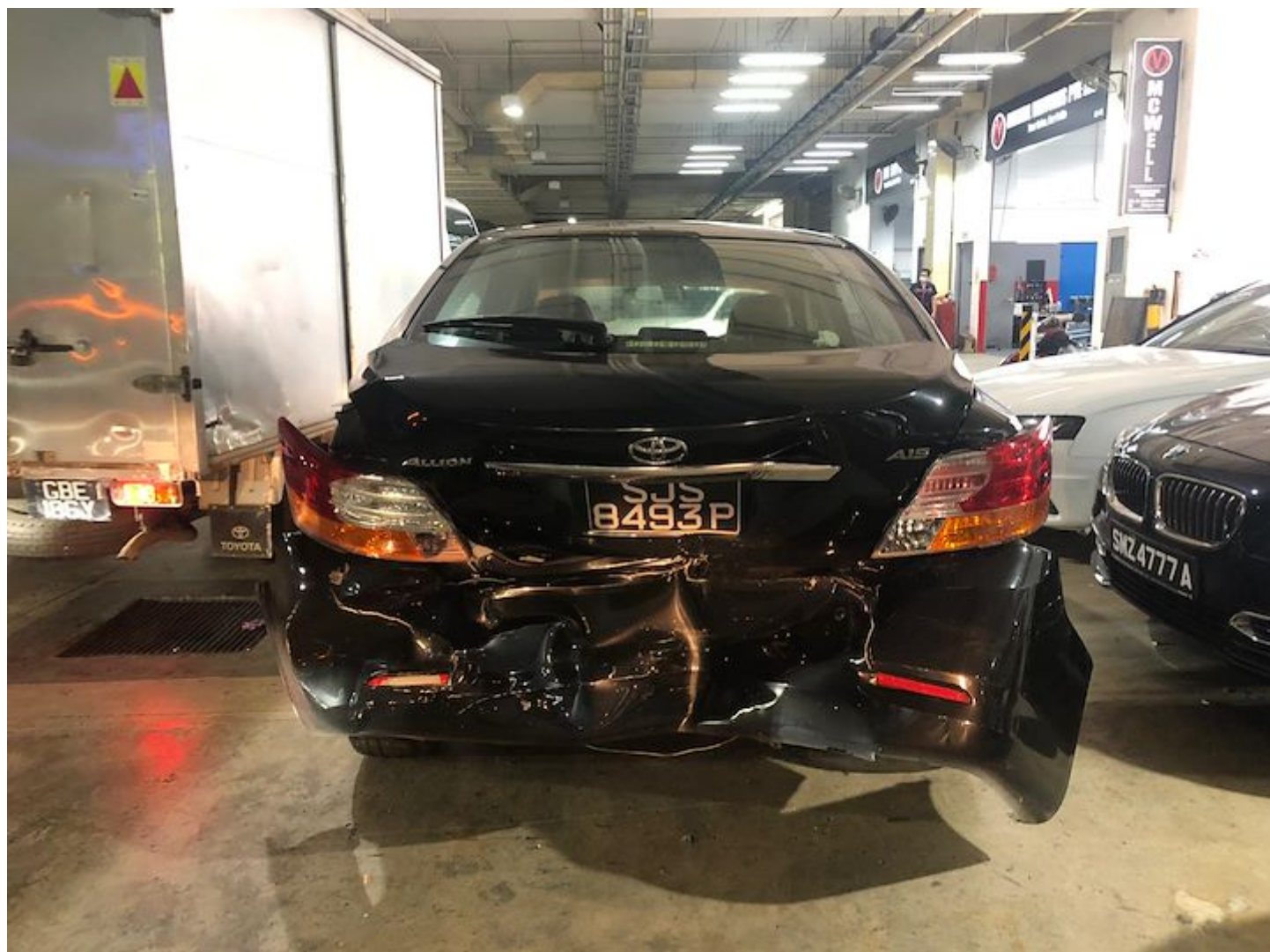


Driver's Signature (If driver is not the policyholder) / Date & Time

SHUYI

Witnessed by Reporting Centre
Personnel

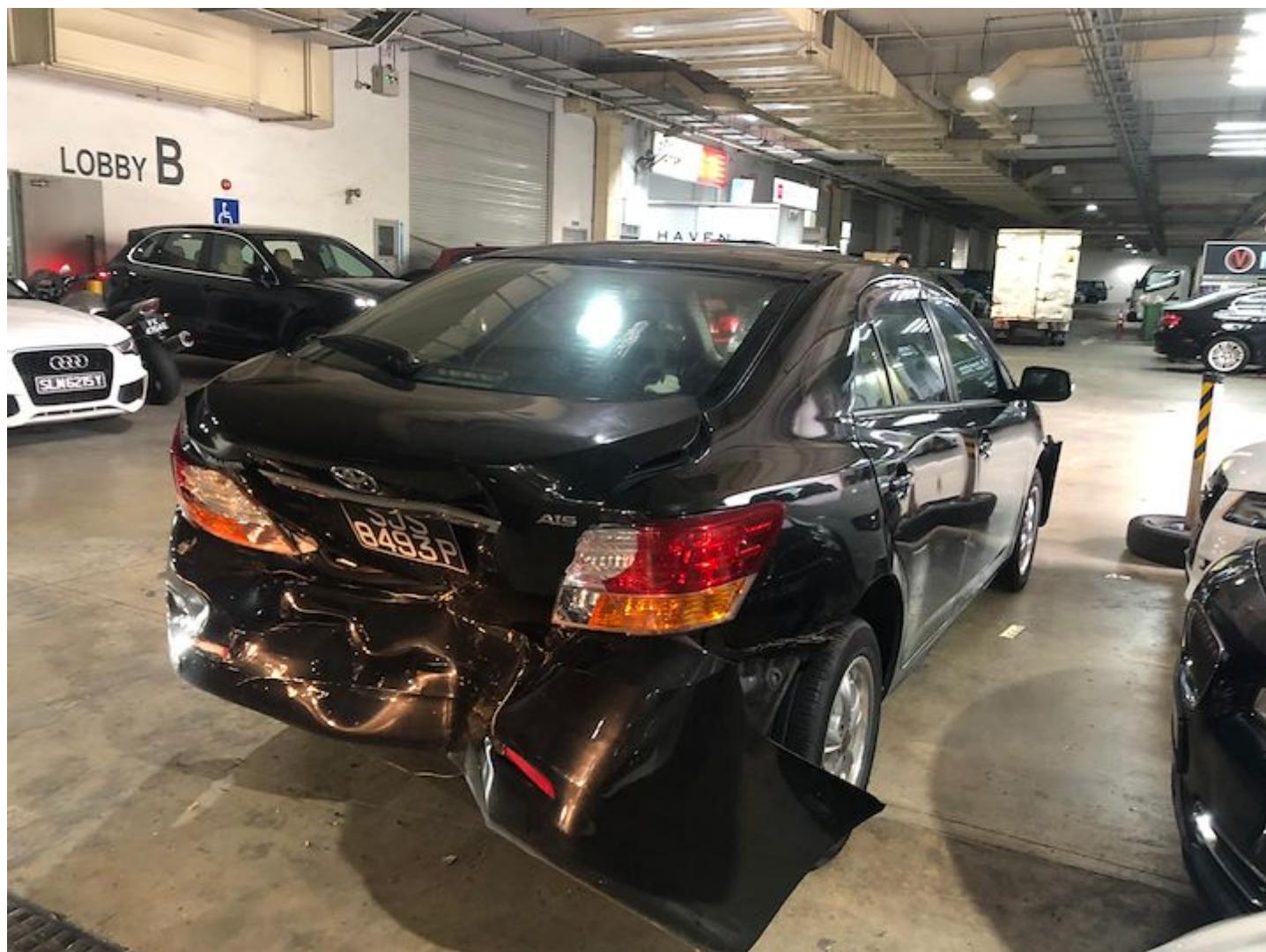














**SINGAPORE
POLICE FORCE**



T/20210816/7018

1 of 3.

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

Report No: T/20210816/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2021 13:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WAN KAM HONG			Address: 780A WOODLANDS CRESCENT #11-13 SINGAPORE 731780		
ID Type / ID No.: NRIC NO / S7211909F			Contact No.: Home/Office: Mobile: 90229294		
Nationality: SINGAPORE CITIZEN			Email: wankamhong7472@gmail.com		
Sex: Male	Age: 49	Date of Birth: 07/04/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Hawker			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: 14/08/2021 17:00	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJS8493P	Car	TOYOTA	ALLION 1.5 A	Black		0
SKP6834T	Car					0
SMV115H	Car					0



**SINGAPORE
POLICE FORCE**



T/20210816/7018

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

2 of 3
Report No. T/20210816/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJS8493P	AXA INSURANCE SINGAPORE PTE LTD	GA498653	13/09/2020	12/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	FU RONGHUA		ID No.	NIL
Related Vehicle	SJS8493P (Car)		Contact No.	81982852
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/08/2021		Date	16/08/2021
No. of Days granted Medical Leave	05		Degree of	Serious
Driver				
Name	WAN KAM HONG		ID No.	S7211909F
Related Vehicle	SJS8493P (Car)		Contact No.	90229294
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/08/2021		Date	16/08/2021
No. of Days granted Medical Leave	02		Degree of	Serious

Brief Details.

On the stated date and time, I was driving my vehicle(SJS8493P) on SLE towards BKE before Mandai Road exit. Suddenly a vehicle (SKP8834T) collided into my vehicle from the back pushing my vehicle forward to hit a vehicle (SMV115H). My wife and I felt pain today and went to consult a doctor and was given 2days of mc and wife 5days of mc



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



TJ202108167018

3 of 3

Report No. TJ202108167018

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 /
SYED ZAYID MUHAMMAD BIN SYED ABDEL
WAHID ALHINDUAN
Contact No.: 65476404
Authentication Stamp

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

Date/Time:
16/08/2021 13:26

Classification Of Case: