

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 30/08/2021 14:30 (SGT)
Date of Accident 28/08/2021 13:12 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TWDS CHANGI AIRPORT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD7275P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WANG YANHONG
NRIC No SXXXX014A
Email Address YIFEIFEI15@GMAIL.COM
Mobile Phone No (Phone) +65-93637769
Alternative Phone No (Home) +65-93637769

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 1999

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120453853
Cover Note Number -

DRIVER

Name of Driver WANG YIFEI
NRIC No TXXXX139F

Date Of Birth	15/07/2001
Occupation	Indoor
Date Of Driving Pass	15/02/2020
Driving experience	1 YEAR AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93637769
Alt. Phone Number	-
Email Address	YIFEIFEI15@GMAIL.COM
Address	BLK 111 TAMPINES ST 11 #11-223
Address complement	-
Postcode	521111
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Clear
Road Surface	Dry

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	THOMAS
Gender	Male

PASSENGER 2

Name	SARAH
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU3304P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE KONG KEAN
NRIC No	SXXXX315Z
Contact Number	(Phone) +65-91707474
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	SLH8567U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FARHAN BIN JUMAAT
NRIC No	SXXXX119H
Contact Number	(Phone) +65-82335440
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	WANG YIFEI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD7275P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	THOMAS
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD7275P
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person	SARAH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD7275P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstances of the Accident

On 28.08.2021 at about 13:12 pm. I was travelling along PIE towards Changi Airport. The front vehicle slowed down and stopped, I follow. Suddenly, I felt an impact from my rear. I was involved in a 3 vehicles chain collision.


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



Witnessed by Reporting Centre Personnel













**SINGAPORE
POLICE FORCE**



T/20210829/7003

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

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Report No. T/20210829/7003

CONTINUATION OF REPORTSketch 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 / TPIB /
TAN JEOK LENG
Contact No.: 65476151

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:
29/08/2021 11:35

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210829/7003

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

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Report No. T/20210829/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2021 11:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WANG YIFEI			Address: 111 TAMPINES STREET 11 #11-223 SINGAPORE 521111		
ID Type / ID No.: NRIC NO / T0174139F			Contact No.: Home/Office: Mobile: 93637769		
Nationality: SINGAPORE CITIZEN			Email: yifeifei15@gmail.com		
Sex: Female	Age: 20	Date of Birth: 15/07/2001	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2021 13:10	Type of Location: PIE towards Changi Airport near landmark 19km
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLD7275P	Car	HYUNDAI	Elantra	Red	Seriously Damaged	2
SLH8567U	Car	HONDA		Blue	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210829/7003

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

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Report No. T/20210829/7003

CONTINUATION OF REPORT

Driver			
Name	LEE KONG KEAN	ID No.	S8128315Z
Related Vehicle	SMU3304P (Car)	Contact No.	91707474
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.

On 28 August 2021 at about 1.12 pm, while I was driving along PIE (towards Changi Airport) near to landmark 19 km a car ahead of me applied brake and came to a halt. As such, I also applied my brake and came to a halt too.

Shortly after, I heard a bang sound from the rear of my car, and I felt my car and myself launched forward. Subsequently I alighted my car and discovered that a white Volkswagen car bearing registration number SMU 3304 P that had hit the rear of my car.

I also noticed that the rear of the SMU 3304 P was collided by another car bearing registration number SLH 8567 U.

Upon checking my car, the damages are as follow:

- 1.Rear bumper dented
- 2.Left rear corner cracked
- 3.Left rear mudguard dented
- 4.Rubber piece below the bumper dented
- 5.Booth was unable to close tightly as compared to before

I noticed the front portion of the car SMU 3304 P was dented.

An LTA traffic marshal passed by and instructed us to clear the road.

My body was aching, neck pain and nauseous. I consulted a doctor and was given 3 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20210829/7003

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

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Report No. T/20210829/7003

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMU3304P	Car	VOLKSWAGO N		White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD7275P	NTUC Income Insurance Co-Operative Limited	5120453853	30/12/2020	29/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WANG YIFEI	ID No.	T0174139F
Related Vehicle	SLD7275P (Car)	Contact No.	93637769
Hospital/Clinic	MEDILIFE CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	29/08/2021	Date	29/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	FARHAN BIN JUMA'AT	ID No.	S8536119H
Related Vehicle	SLH8567U (Car)	Contact No.	82335440
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SY09218U0005 Vehicle Registration No: SLD 7275P
 Name (as shown in NRIC): Wang Yifei NRIC/FIN/Passport No: T0174139F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 111 Tampines St 11 #11-223 Singapore (521111)
 Contact (Tel): _____ Mobile No.: 9363 7769
 Email Address: Yifeifei15@gmail.com
 Date of Accident: 28/08/2021 Time of Accident: 13:12PM
 Place of Accident: P1E towards Changi Airport
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Number of Vehicles involved in the accident: "2" change to "3"

Was there any video captured by Car Camera: "No" change to "Yes"

Name of injured person: "Wang Yi Fei" change to "Wang Yifei"

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: