

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 29/10/2021 16:50 (SGT)
Date of Accident 28/10/2021 09:00 (SGT)
Exact Location of Accident Serangoon Central, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP4293E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN GUEK ENG
NRIC No SXXXX594D
Email Address wongsy@singnet.com.sg
Mobile Phone No (Phone) +65-96487550
Alternative Phone No +65-96487550

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
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 1400

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120036381801
Cover Note Number -

DRIVER

Name of Driver WONG SWEI YEUAN
NRIC No SXXXX853J

Date Of Birth	25/11/1968
Occupation	Indoor
Date Of Driving Pass	09/03/1987
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97314130
Alt. Phone Number	-
Email Address	wongsy@singnet.com.sg
Address	BLK 768 BEDOK RESERVOIR RD
Address complement	#05-28
Postcode	479249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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	KELVIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211028/2098

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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG4183J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	STELLA FERNANDEZ
NRIC No	SXXXX782E
Contact Number	(Phone) +65-91850445
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	WONG SWEI YEUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SKP4293E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KELVIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST
Injured person in which vehicle?	SKP4293E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

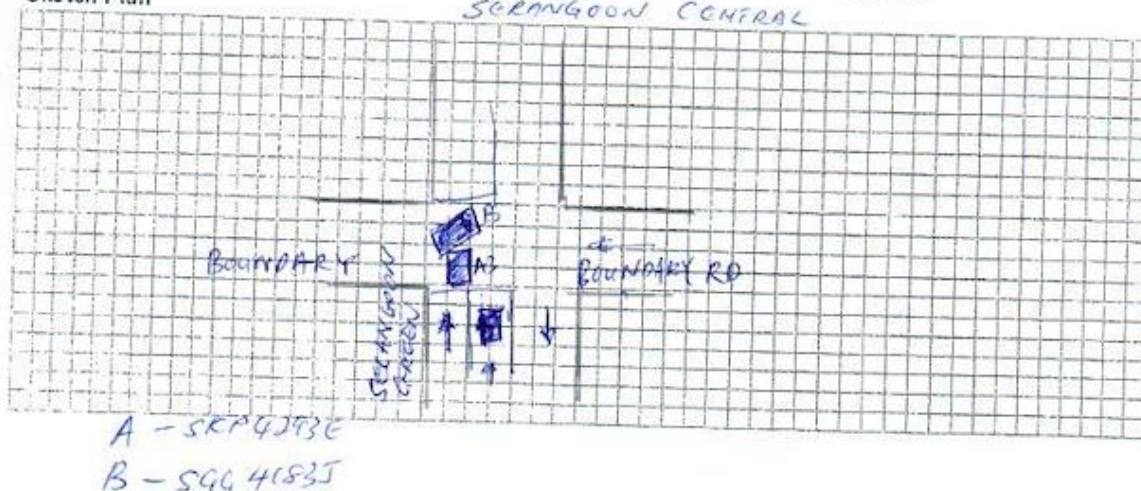
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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 firms/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' law firms/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 firms/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

Sketch Plan



Describe Circumstances of the Accident

N/s refer to the police report: 17/2021/1028/2098

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature]

29/10/2021

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

[Signature] *29/10/2021*

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211028/2098

Police Station Of Origin:
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 4
Report No. T/20211028/2098

CONTINUATION OF REPORT

Driver			
Name	STELLA FERNANDEZ		ID No. S2009782E
Related Vehicle	SGG4183J (Car)		Contact No. 91850445
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	WONG SWEI YEUAN		ID No. S6844853J
Related Vehicle	SKP4293E (Car)		Contact No. 97314130
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	28/10/2021	Date Discharge	28/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	KELVIN LIM PENG HUAT		ID No. S1758998I
Related Vehicle	SKP4293E (Car)		Contact No. 98585112
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	28/10/2021	Date Discharge	28/10/2021
No. of Days granted Medical Leave	09	Degree of Injury	NIL

Brief Details.

On 28 October 2021 at about 0900hrs, I was driving my vehicle along Serangoon Central towards the Cross Junction Boundary Road and Serangoon Central. As I was approaching the cross junction, I observed the traffic light was green in my vehicle flow. Hence, I proceeded on. All of a sudden, a black color vehicle came into my vehicle path and as a result, I could not brake in time and collided into the left passenger side of the black color vehicle.

I then checked on my passenger (i.e. my friend namely Mr. Kelvin), and exited my vehicle after which. Both of us then approached the other driver, to check on her. As she was shaken up, I then called for police assistance. Ambulance services and Traffic Police then arrived shortly. I wish to state, no one was conveyed to hospital. As my vehicle could still move, we shifted my vehicle to the side while awaiting for towing. We then exchanged particulars with the other driver.



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T/20211028/2098

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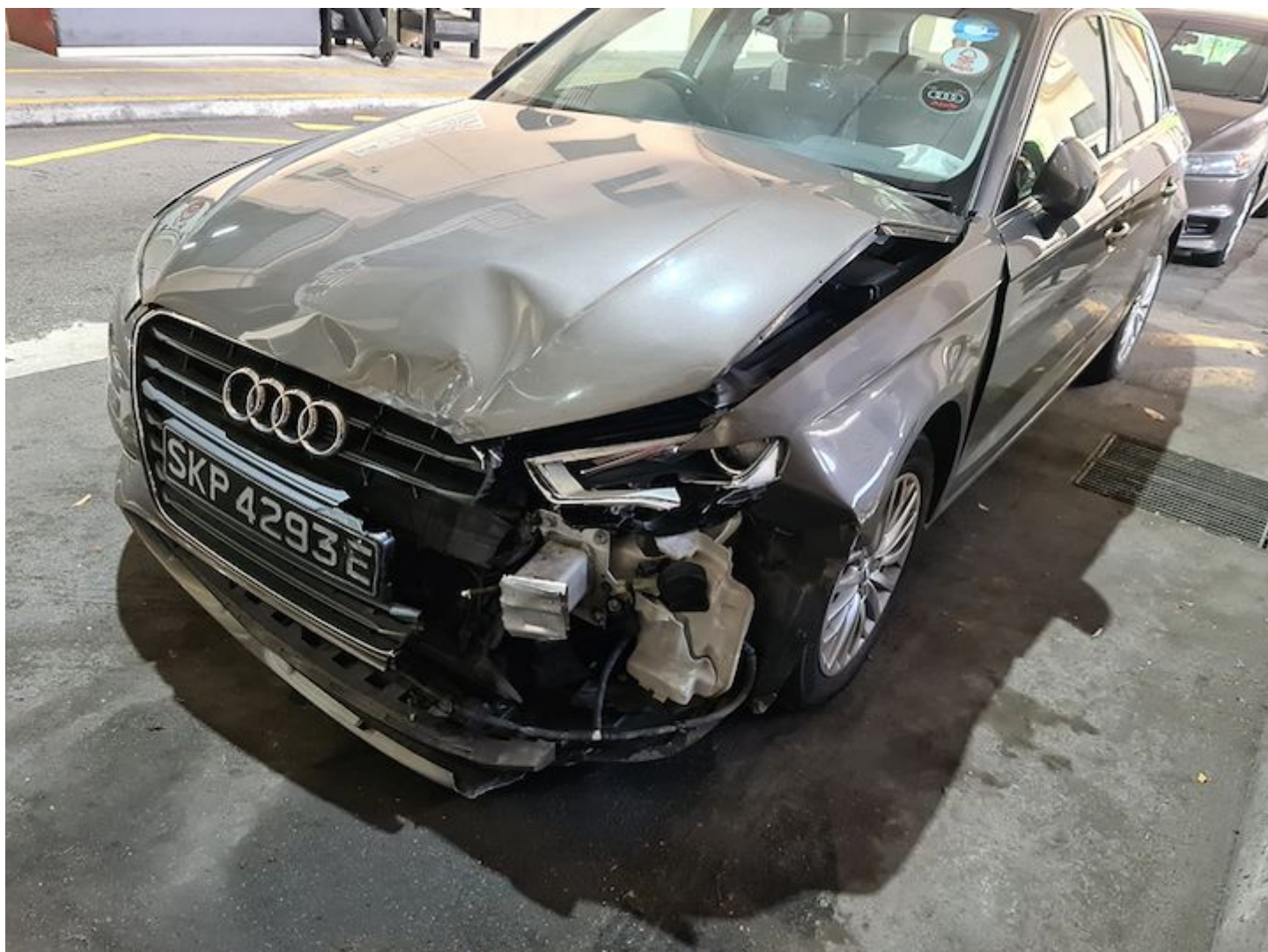
CONTINUATION OF REPORT

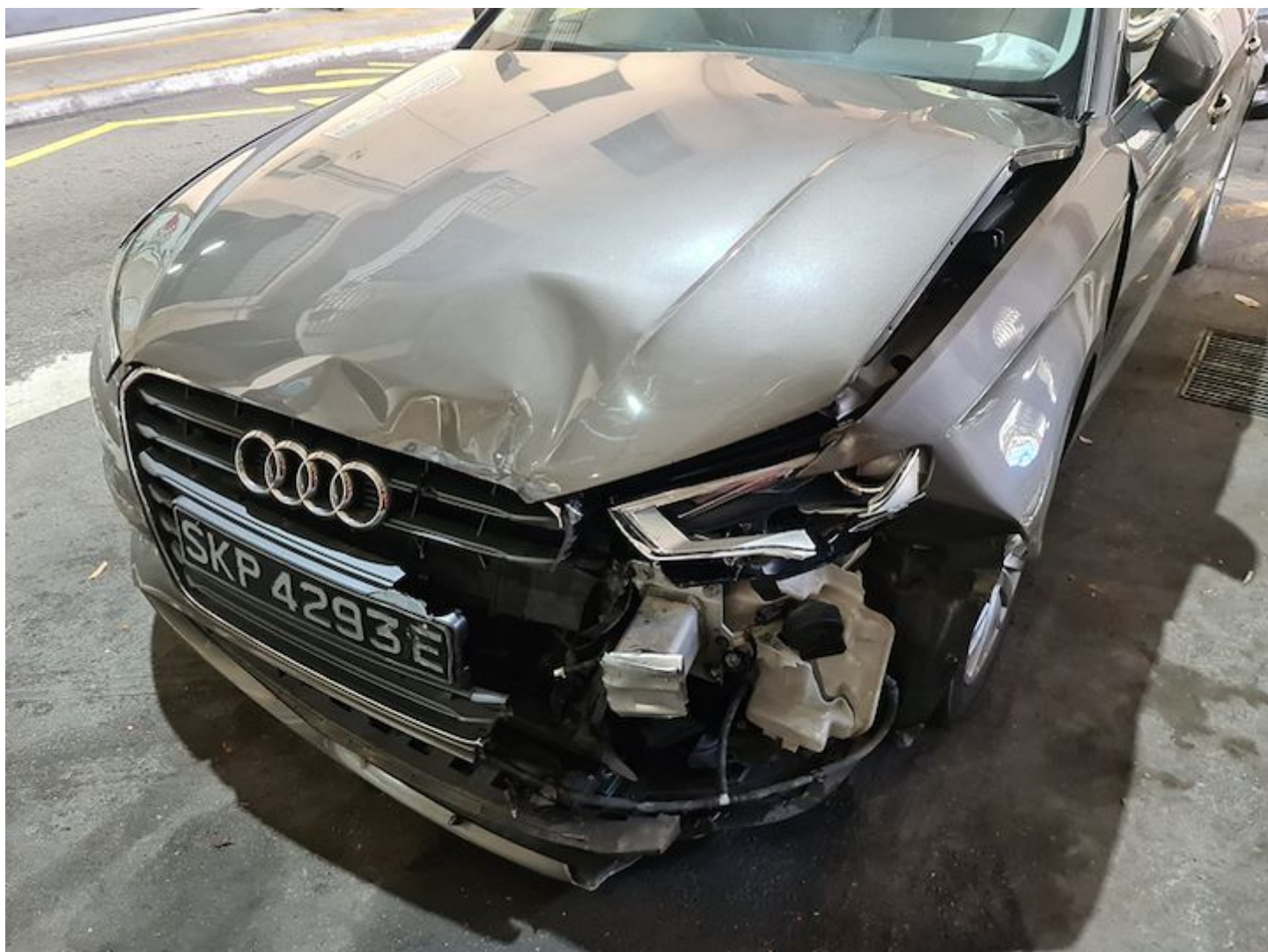
Paramedics then advised us to seek medical treatment if we were feeling unwell due to the accident. As I wanted my vehicle to be towed first, I waited. After the towing crew had towed my vehicle, my friend and I proceeded to Mount Elizabeth Novena Hospital A&E to seek medical treatment. I was feeling pain on my neck area, whereas my friend Mr. Kelvin was feeling pain at his chest area. I was issued with 3 days of medical leave, whereas Mr. Kelvin was issued with 9 days instead.

This is the first time, such an accident had occurred to me.

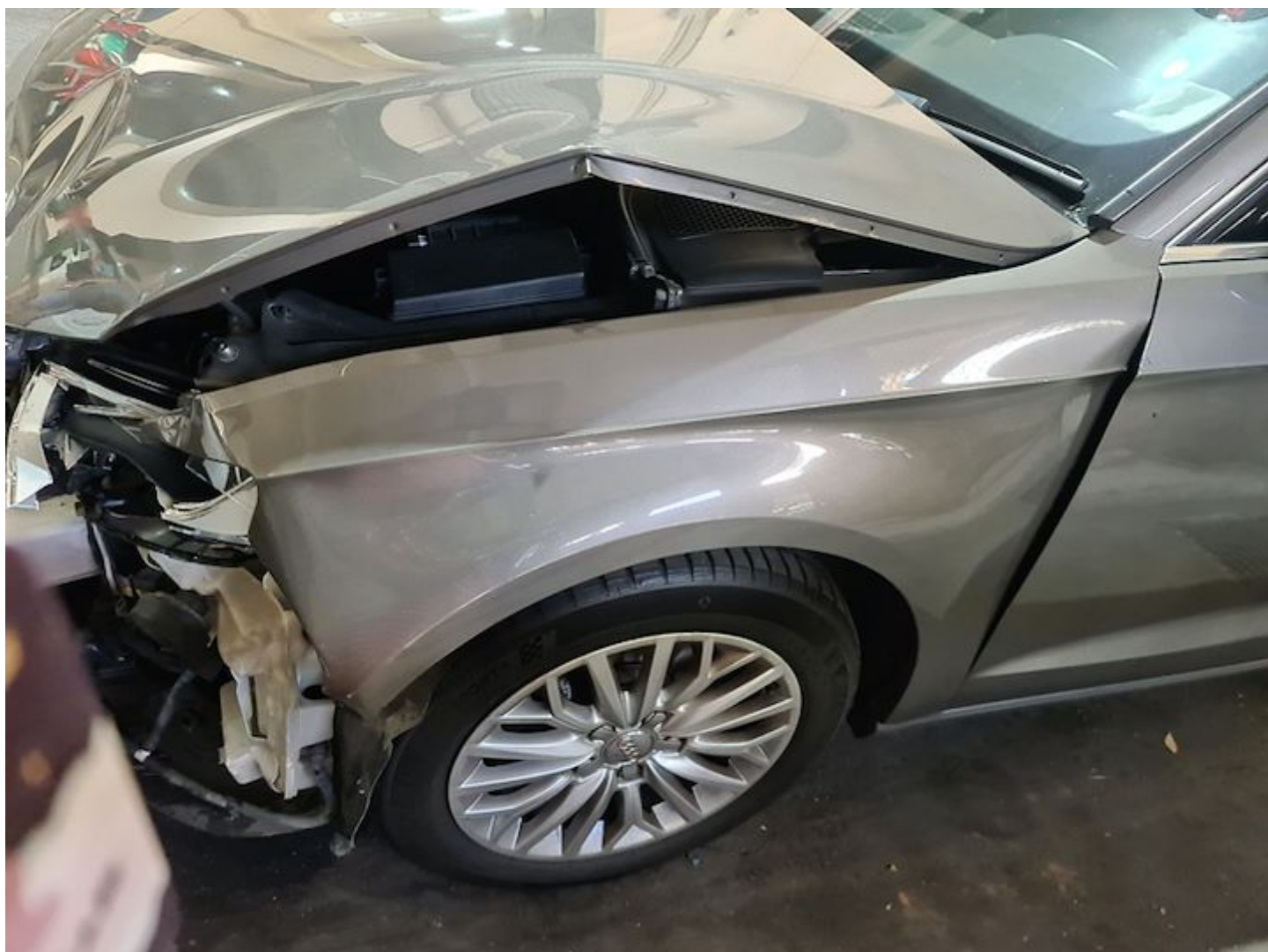


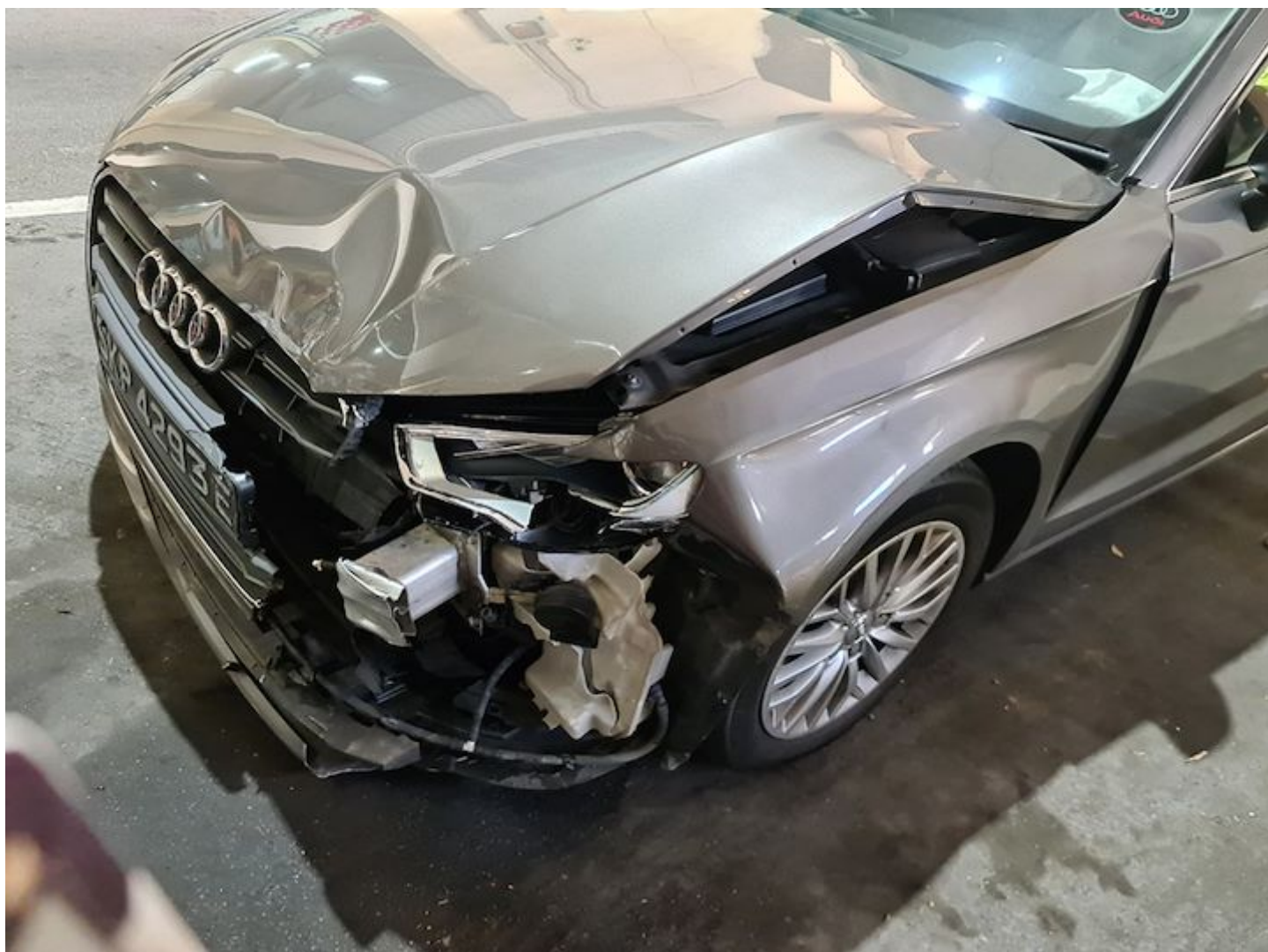




















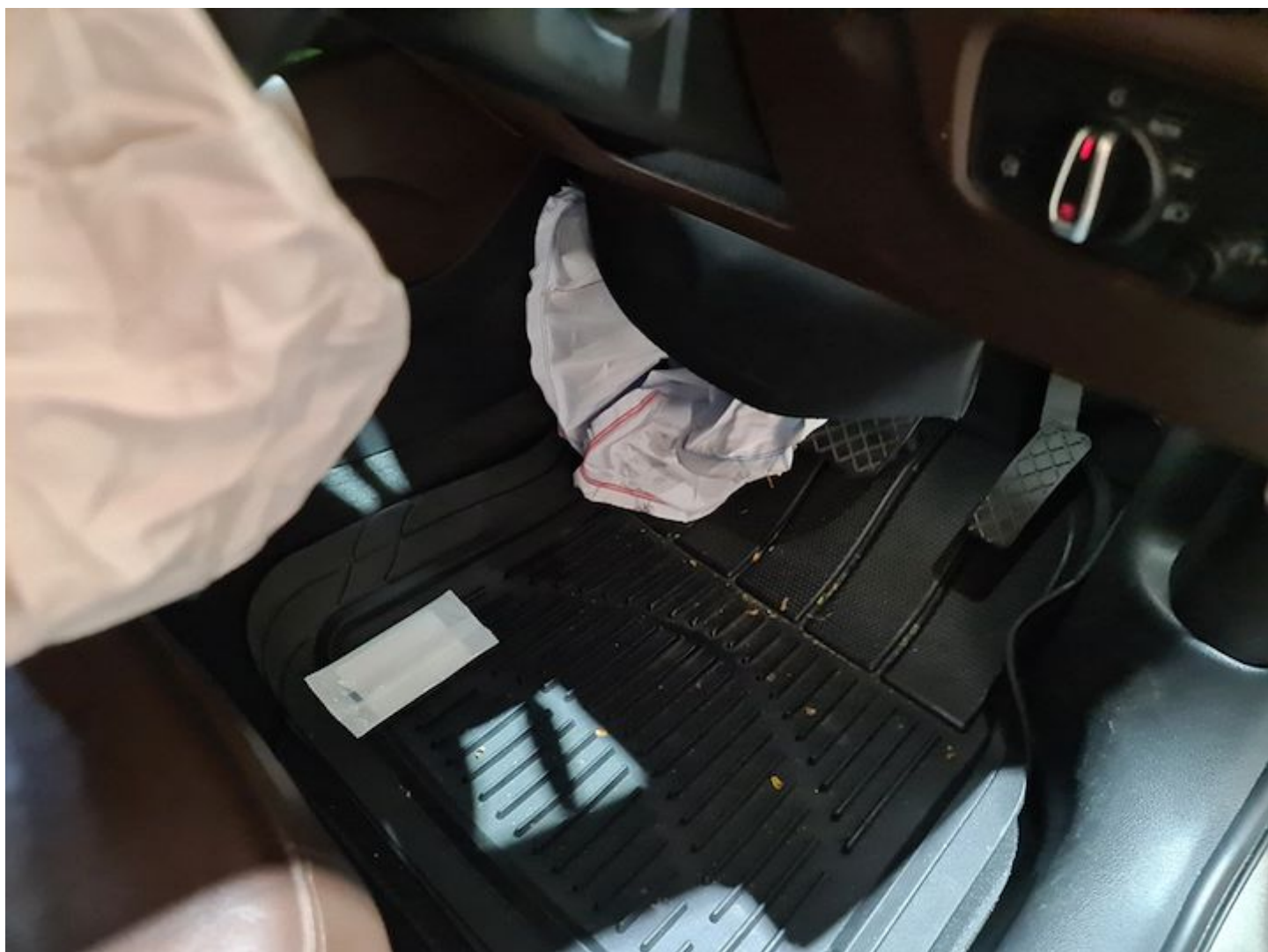














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T/20211028/2098

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Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20211028/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2021 19:57	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Informant's Particulars			
Name of Informant: WONG SWEI YEUAN			Address: 768 BEDOK RESERVOIR ROAD #05-28 SINGAPORE 479249
ID Type / ID No.: NRIC NO / S6844853J			Contact No.: Home/Office: Mobile: 97314130
Nationality: SINGAPORE CITIZEN			Email: WONGSY@SINGNET.COM.SG
Sex: Male	Age: 52	Date of Birth: 25/11/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SERVICE MANAGER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2021 09:00	Type of Location: X-Junction
Location: SERANGOON CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG4183J	Car	MAZDA	MAZDA 3 LUX	Black		1
SKP4293E	Car	AUDI	A3 SB 1.4 TFSI AMBIENTE	Grey	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



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T/20211028/2098

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T/20211028/2098

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Report No. T/20211028/2098

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
G /
Staff Sgt TRAVINDER JIT SINGH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/10/2021 19:57

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case: