# **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 witholding 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.

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   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 24/09/2021 09:59 (SGT) Date of Accident 23/09/2021 20:10 (SGT) Exact Location of Accident Punggol, Aft Punggol Rd, TPE, Singapore Additional Location Information Lamp Post No. 198 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMJ6421Y

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Wang Yiow Meng NRIC No. S1666136H Email Address iasonwang@outlook.sg Mobile Phone No (Phone) +65-93699144 Alternative Phone No (Home) +65-93699144

### VEHICLE PARTICULARS

Manufacturer Honda Model Freed 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? Yes Vehicle Category Private car Transmission Auto CC 1496

# **INSURANCE COMPANY**

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D19MPC0001552\_02 Cover Note Number

# DRIVER

Name of Driver Wang Yiow Meng NRIC No. S1666136H

Date Of Birth 28/10/1964 Occupation Outdoor Date Of Driving Pass 21/10/1993 Driving experience 27 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-93699144 Alt. Phone Number (Home) +65-93699144 Email Address jasonwang@outlook.sg Address Blk 588C Ang Mo Kio Street 52 Address complement #29-225 Postcode 563588 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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Doris Neo Gender Female PASSENGER 2 Name Wang Bi Ying Gender Female PASSENGER 3 Name Neo Yang Hua Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address

60 Hougang Ave 9 Singapore 538775

# CIRCUMSTANCES OF ACCIDENT

Refer to Police Report: T/20210923/2117.

Was notice of intended Prosecution given? If yes, against whom?

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBJ4109T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver Kenneth Seet Jun Kiat NRIC No T0038351H Contact Number (Phone) +65-93202440 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) PASSENGER 1 Name Unknown Gender Female

# **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person Gender Phone No Address	Kenneth Seet Jun Kiat Male (Phone) +65-93202440
Address Complement Post Code Approximate Age Years Old	
Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- FBJ4109T - -

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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 yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reparting Centre Personnel

24909 2021

Sketch Plan

escribe LGGER	To	DOLICE	KED (	TET:	T	2021	0923	21A					
		1											

# Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel















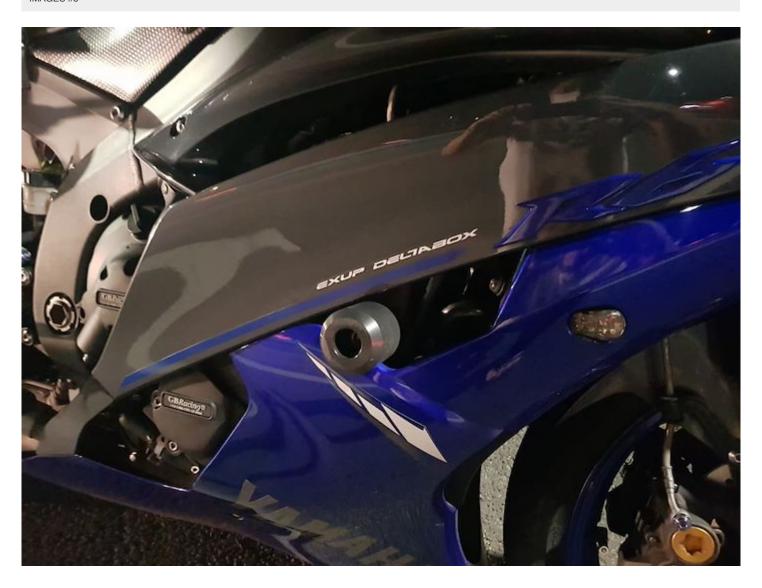
















Police Station Of Origin; Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 Lof 3 Report No. T/20210923/2117

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 21 23:14	lade:	Vide Report No.: G/20210923/0193	Station Diary No. 126			
Informa	nt's Partici	ulars					
	Informant: /IOW MEN		Address: APT BLK 588C ANG MO KIO STREET 52 #29-225 SINGAPORE 563588				
	/ ID No.: D / S16661:	36H	Contact No.: Home/Office: Mobile: 93699144				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Age: Date of Birth: Male 56 28/10/1964			Type of Informant: Driver				
Race: Chinese			Language: Institution / School Nan				
Occupat Taxi driv			Driving Licence Information: Class: 3 Date of Expiry:				

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/09/2021 20:10	Type of Location: Straight Road	
Location:					
TAMPINES E	XPRESSWAY				
	10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	sion: ving Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ4109T		YAMAHA	YZF-R6	Blue	Slightly Damaged	1
SMJ6421Y		HONDA	FREED HYBRID 1.5G AUTO	Grey	Slightly Damaged	3

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin:

Report No. T/20210923/2117

60 Hougang Avenue 9 SINGAPORE 538775

CONTI			

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ6421Y	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0001552_ 02	14/03/2021	13/03/2022

SMJ6421Y along TPE towards SLE, nearing IKEA exit at lamp post number 198. There were 3 passengers on board, my wife, my daughter and my brother in law.

There were 3 lanes and I was driving on the 2nd lane, as there was a accident on the 3rd lane causing neavy jam on the 3rd and 2nd lane. As such, I signaled my intention to switch lanes to the 1st lane, I nitiated the lane switch and was about to fifter into the 1st lane when I suddenly felt an impact from my right and saw that a motorcycle bearing vehicle registration plate number FBJ4109T had collided into the front right portion of my vehicle.

We then proceeded to the road shoulder and exchanged particulars. I made a check with the rider and his pillion and they informed me that they were both okay. However the rider requested for me to wait for his prother and we waited there for about half an hour. After his brother arrived, we decided on private settlement and I left the scene as nobody was injured.

After I arrived home, I received a call from rider and he asked me to return to the scene as the Traffic Police had arrived and requested for my presence. I asked the rider why was the matter reported to the Police and he replied saying that he suddenly felt pain on his leg and could not walk.

returned to the scene and the rider was no longer there. Traffic Police seized the SD card of my in car camera. I am lodging this report as instructed by the Traffic Police.





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

3-013 Report No. T/20210923/2117

# 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 1 TAY YONG KIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2021 23:14
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp College Public P	