

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 30/11/2021 16:04 (SGT)
Date of Accident 28/11/2021 16:25 (SGT)
Exact Location of Accident Still Rd, Singapore
Additional Location Information (NEARBY TELOK KURAU LORONG K AND LORONG L)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU5755U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ESTHER WANG ZHI YINN
NRIC No SXXXX293A
Email Address esther.sgproperty@gmail.com
Mobile Phone No (Phone) +65-98675995
Alternative Phone No +65-98675995

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700085595-04
Cover Note Number -

DRIVER

Name of Driver ESTHER WANG ZHI YINN
NRIC No SXXXX293A

Date Of Birth	31/10/1974
Occupation	Indoor
Date Of Driving Pass	06/12/1996
Driving experience	24 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98675995
Alt. Phone Number	+65-98675995
Email Address	esther.sgproperty@gmail.com
Address	BLK 80 TANAH MERAH KECHIL AVENUE #13-05
Address complement	-
Postcode	465514
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MS. MAVIS NAH CHIN RO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211129/2041

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	SMH7559M
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH HON TAT, ABEL
NRIC No	SXXXX263C
Contact Number	(Phone) +65-91335095
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	SJB20M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SNG YU LIN, MELISSA
NRIC No	SXXXX567Z
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	ESTHER WANG ZHI YINN
Gender	Female
Phone No	(Phone) +65-98675995
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLU5755U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 2


Name of injured person	MS. MAVIS NAH CHIN RO
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLU5755U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

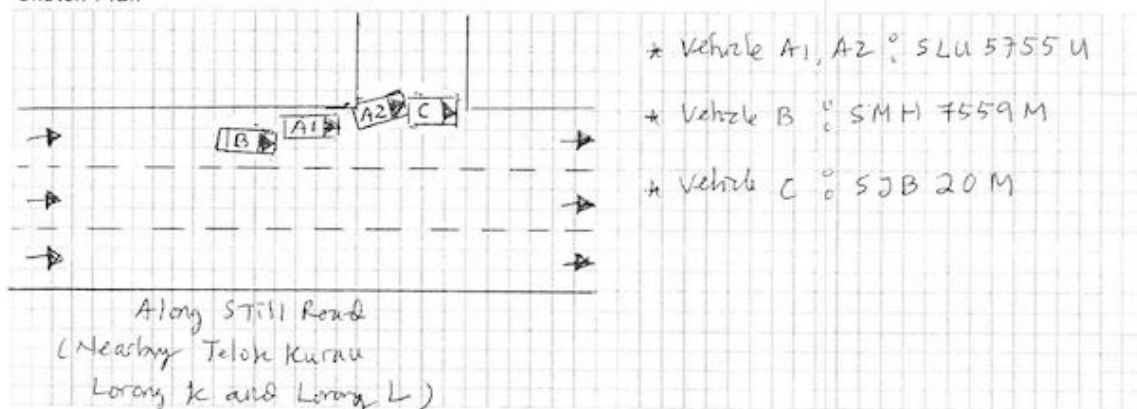
1. Please report correctly the details of the accident to speed up the claims process.
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' 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.


23/11/2021
Policyholder's Signature / Date & Time


23/11/2021
Driver's Signature (If driver is not the policyholder) / Date & Time


30/11/2021
Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

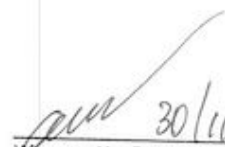
* Refer to police report. (T/2021/129/2041)

Declaration

We declare the foregoing particulars are true in every respect.


29/11/2021
Policyholder's Signature / Date & Time


29/11/2021
Driver's Signature (if driver is not the policyholder) / Date & Time


30/11/2021
Witnessed by Reporting Centre Personnel



















SINGAPORE POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20211129/2041

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Report No. T/20211129/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/11/2021 13:05

Vide Report No.:

Station Diary No.:
33

Informant's Particulars

Name of Informant:
ESTHER WANG ZHI YINN

Address:
BLK 80 TANAH MERAH KECHIL AVENUE #13-05
SINGAPORE 465514

ID Type / ID No.:
NRIC NO / S7436293A

Contact No.:
Home/Office: Mobile: 98675995

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Female 47 31/10/1974

Type of Informant:
Driver

Race:
Chinese

Language: Institution / School Name:

Occupation:
PROPERTY AGENT

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: 28/11/2021 16:25	Type of Location: Straight Road
Location: STILL ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJB20M	Car				Seriously Damaged	0
SLU5755U	Car	MERCEDES BENZ	C180 AVANTGARDE (R17 LED)	Silver	Seriously Damaged	1
SMH7559M	Car				Seriously Damaged	0


**SINGAPORE
POLICE FORCE**

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Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



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Report No. T/20211129/2041

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Police S.
Bishan
20 B.
Tel

CONTINUATION OF REPORT
Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU5755U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700085595-03	07/12/2020	06/12/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SNG YU LIN, MELISSA	ID No.	S8701567Z
Related Vehicle	SJB20M (Car)	Contact No.	88766477
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	ESTHER WANG ZHI YINN	ID No.	S7436293A
Related Vehicle	SLU5755U (Car)	Contact No.	98675995
Hospital/Clinic	PADDINGTON MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2021	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	NIL
Driver			
Name	KOH HON TAT, ABEL	ID No.	S8301263C
Related Vehicle	SMH7559M (Car)	Contact No.	91335095
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



SINGAPORE POLICE FORCE

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Bishan N.P.C
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Tel No: 1800-5529999



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Report No. T/20211129/2041

CONTINUATION OF REPORT

Passenger			
Name	MAVIS NAH CHIN RO		ID No. T0410133I
Related Vehicle	NIL		Contact No. 82453335
Hospital/Clinic	PADDINGTON MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2021	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	NIL

Brief Details.

On 28/11/2021 at about 1625hrs, I was driving my vehicle (SLU5755U) along Still Road. I was driving along lane three and I saw the vehicle (SJB20M) ahead slowing down and I noticed that the vehicle was manoeuvring near to the kerb on the left side as well. Seeing the vehicle ahead, I proceeded to slow down as well. I noticed that my vehicle had struck the kerb as I was slowing down. There was another vehicle (SMH7559M) behind which was unable to stop in time, collided on to the rear of my vehicle. As a result, this caused my vehicle to ran over the kerb, surged forward and colliding on to the vehicle ahead.

Upon collision, all drivers came out of their vehicles to take photos and exchanged particulars. Traffic police and ambulance arrived shortly as well. My vehicle was subsequently towed away as it was unable to be driven anymore. I wish to state that I have car camera installed and it has captured the accident.

On 28/11/2021, I went to Paddington Medical Clinic with my passenger (daughter) as I felt headache and pain in my shoulder. We were both given 8 days of MC by Dr Lee Joon Loong.

I am lodging this report for police investigation purposes.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20211129/2041

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Report No. T/20211129/2041

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 E / Sgt 3 HO BOON KIAT, DARON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2021 13:05
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SALIM Contact No.: 65476437	Classification Of Case:
Authentication Stamp NP168	

DEED POLL

BY THIS DEED I, the undersigned **WANG TECK LING (WANG DELING)** (王德琳) (NRIC No. S7436293A) of Apt Blk 121D Sengkang East Way #06-77, Singapore 544121, do hereby confirm that I have renounced and abandoned the use of my said name of **WANG TECK LING (WANG DELING)** (王德琳) and in lieu thereof do assume the name of **ESTHER WANG ZHI YINN** (王姿尹).

AND in pursuance of such change of name as aforesaid, I hereby declare that I will at all times hereafter in all records deeds and instruments in writing and in all actions and proceedings and in all dealings and transactions and upon all occasions whatsoever use and sign the said name of **ESTHER WANG ZHI YINN** (王姿尹) as my name in lieu of my said former name of **WANG TECK LING (WANG DELING)** (王德琳) so renounced as aforesaid.

AND I hereby authorise and request all persons to designate describe and address me by such assumed name of **ESTHER WANG ZHI YINN** (王姿尹).

IN WITNESS whereof I have hereunto set my hand and seal this 26th day of April 2016.

SIGNED SEALED and DELIVERED by
ESTHER WANG ZHI YINN (王姿尹) in
 the presence of:-



ANTHONY LIM HENG YONG
 ADVOCATE & SOLICITOR
 SINGAPORE