

# 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 ..... 11/12/2021 10:18 (SGT)  
Date of Accident ..... 10/12/2021 12:09 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PAYA LEBAR TWDS MACPHERSON  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLW1687Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WONG YIK SENG  
NRIC No ..... S8366394D  
Email Address ..... DANNYWYS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98796255  
Alternative Phone No ..... (Home) +65-98796255

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
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 ..... 1700

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5099336889-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WONG YIK SENG  
NRIC No ..... S8366394D

Date Of Birth .....	10/03/1983
Occupation .....	Indoor
Date Of Driving Pass .....	08/11/2010
Driving experience .....	11 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98796255
Alt. Phone Number .....	(Home) +65-98796255
Email Address .....	DANNYWYS@GMAIL.COM
Address .....	BLK 115 EDGEFIELD PLAINS #10-356
Address complement .....	-
Postcode .....	820115
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	SHD585M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	LAU JOO SOON
NRIC No .....	S0065633Z
Contact Number .....	(Phone) +65-91452808
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

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 Insurers 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 meeting 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 located outside of Singapore, for use in more of the above Purposes.

  
Policyholder's Signature / Date & Time: 3:44 PM

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

SHUYI  
Witnessed by Reporting Centre Personnel

Sketch Plan

A	paya later to maplesden	A CLW 16872
B		B CHD 585 M

Describe Circumstances of the Accident

On 10/12/21 around 12:09 PM I was on the way to Paya Lebar Square, while I station at the traffic light located at Paya Lebar road, I was banged by a Transcab taxi from rear.

Declaration

We declare the foregoing particulars are true in every respect.

 10/12/21

Policyholder's Signature / Date & Time: 3:44 PM



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

SHUYI

Witnessed by Reporting Centre Personnel



























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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SY0921CB0002 Vehicle Registration No: SLW1687Z  
 Name (as shown in NRIC): WONG YIK SENG NRIC/FIN/Passport No: SXXXX394D  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 115 EDGEFIELD PLAINS #10-356 Singapore (820115)  
 Contact (Tel): 98796255 Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 10.12.2021 Time of Accident: 12:09  
 Place of Accident: PAYA LEBAR TWDS MACPHERSON  
 Insurance Company: NTUC Income Insurance Co-operative Ltd

**(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:

AMEND THE LOCATION OF ACCIDENT

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SHUYI

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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