

# 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              | 18/01/2022 10:07 (SGT)                         |
| Date of Accident                | 15/01/2022 13:30 (SGT)                         |
| Exact Location of Accident      | Singapore                                      |
| Additional Location Information | KPE TOWARDS PIE/ECP AFTER TAMPINES AVE 10 EXIT |
| Country/State of Loss           | Singapore                                      |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SKX6186B |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | No                     |
| Name Of Registered Owner | WANG YING              |
| NRIC No                  | SXXXX789D              |
| Email Address            | wangying4491@gmail.com |
| Mobile Phone No          | (Phone) +65-91860908   |
| Alternative Phone No     | +65-91860908           |

### VEHICLE PARTICULARS

|                                                                              |                                   |
|------------------------------------------------------------------------------|-----------------------------------|
| Manufacturer                                                                 | Toyota                            |
| Model                                                                        | Harrier                           |
| Variant                                                                      | HARRIER 2.0 PREMIUM AT AIRBAG 2WD |
| 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                                                                           | 1986                              |

### INSURANCE COMPANY

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | Etiqa Insurance Pte Ltd |
| Type of Coverage          | Comprehensive           |
| Fleet Policy              | No                      |
| Policy Number             | M0002943                |
| Cover Note Number         | -                       |

### DRIVER

|                |           |
|----------------|-----------|
| Name of Driver | WANG YING |
| NRIC No        | SXXXX789D |

|                                                              |                                  |
|--------------------------------------------------------------|----------------------------------|
| Date Of Birth                                                | 01/10/1968                       |
| Occupation                                                   | Indoor                           |
| Date Of Driving Pass                                         | 21/08/2007                       |
| Driving experience                                           | 14 YEARS AND 5 MONTHS            |
| Gender                                                       | Female                           |
| Mobile Number                                                | (Phone) +65-91860908             |
| Alt. Phone Number                                            | +65-91860908                     |
| Email Address                                                | wangying4491@gmail.com           |
| Address                                                      | BLK 138 RIVERVALE STREET #17-756 |
| Address complement                                           | -                                |
| Postcode                                                     | 540138                           |
| 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?                                                                | No  |
| Was any injured conveyed to hospital by ambulance?                                                  | -   |
| Was any other vehicle or property damaged?                                                          | Yes |
| Number of Passengers (Including Driver)                                                             | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### 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

ON 15/1/2022 AT ABOUT 1330HRS AT ALONG KPE TOWARDS (PIE/ECP) AFTER TAMPINES AVE 10 EXIT 9A. I WAS TRAVELLING ON THE CENTRE LANE AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP HENCE I FOLLOW SUIT. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) SKS5127E CAUSING DAMAGES TO MY VEHICLE. TOTAL 3 VEHICLES INVOLVED IN THIS CHAIN COLLISION. I HAVE 5DAYS MC FOR MY INJURY

VEHICLE A : SKX6186B  
 VEHICLE B : SKS5127E  
 VEHICLE C : SFG1899J

#### 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             | SFG1899J    |
| Vehicle Manufacturer                    | -           |
| Vehicle Model                           | -           |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | -           |
| Vehicle Category                        | Private car |
| Name of Driver                          | -           |
| Contact Number                          | -           |
| 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             | SKS5127E    |
| Vehicle Manufacturer                    | -           |
| Vehicle Model                           | -           |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | -           |
| Vehicle Category                        | Private car |
| Name of Driver                          | -           |
| Contact Number                          | -           |
| Address                                 | -           |
| Address complement                      | -           |
| Postcode                                | -           |
| Insurance Company Name                  | -           |
| Nature Of Damage                        | -           |
| Details of property damaged in accident | -           |
| No. Of Passenger (Including Driver)     | -           |

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.



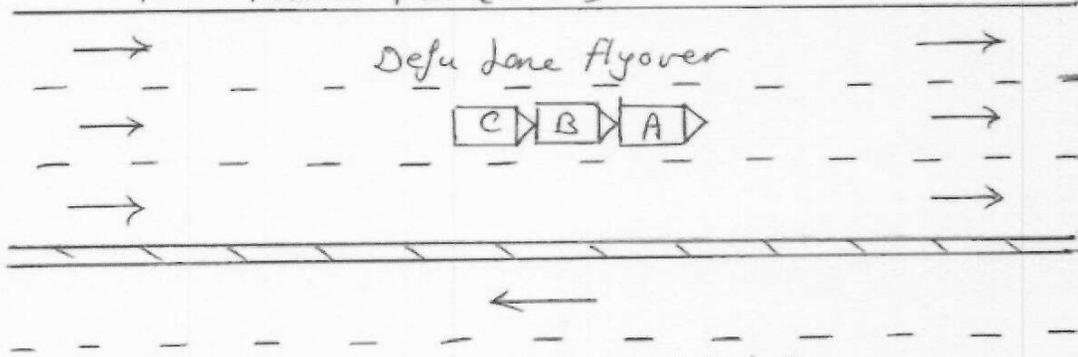
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

KPE towards PIE (ECP)



CA) SKX 6186 B  
 (B) SKS 5127 E  
 ... ..



**SINGAPORE  
POLICE FORCE**



T/20220117/7012

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

3 of 3  
Report No. T/20220117/7012

CONTINUATION OF REPORT

Sketch 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 /  
GOH WEI LI  
Contact No.: 65476394

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
17/01/2022 11:24

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20220117/7012

2 of 3

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

Report No. T/20220117/7012

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |                        |              |            |             |
|------------------------------|------------------------|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company      | Insurance No | Effective  | Expiry Date |
| SKX6186B                     | ETIQA INSURANCE BERHAD | M0002943     | 21/12/2021 | 20/12/2022  |

| Details of Person Involved        |                       |  |                                   |                                   |
|-----------------------------------|-----------------------|--|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                       |  |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                       |  | Use of Pedestrian Crossing: NA    |                                   |
| Driver                            |                       |  |                                   |                                   |
| Name                              | WANG YING             |  | ID No.                            | S6864789D                         |
| Related Vehicle                   | SKX6186B (Car)        |  | Contact No.                       | 91860908                          |
| Hospital/Clinic                   | PARKWAY EAST HOSPITAL |  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 15/01/2022            |  | Date                              | NIL                               |
| No. of Days granted Medical Leave | 05                    |  | Degree of                         | Serious                           |

## Brief Details.

ON 15/01/2022 AT ABOUT 1330HRS AT ALONG KPE TOWARDS (PIE/ECP) AFTER TAMPINES AVENUE 10 EXIT 9A. I WAS TRAVELLING ON THE CENTRE LANE AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP HENCE I FOLLOW SUIT. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) CAUSING DAMAGES TO MY VEHICLE. TOTAL 3 VEHICLES INVOLVED IN THIS CHAIN COLLISION. I HAVE 5 DAYS MC FOR MY INJURY.

VEHICLE A: SKX6186B  
VEHICLE B: SKS5127E  
VEHICLE C: SFG1899J



**SINGAPORE  
POLICE FORCE**



T/20220117/7012

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

1 of 3

Report No. T/20220117/7012

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                  |                    |
|--------------------------------------------|------------------|--------------------|
| Date/Time Report Made:<br>17/01/2022 11:24 | Vide Report No.: | Station Diary No.: |
|--------------------------------------------|------------------|--------------------|

**Informant's Particulars**

|                                          |            |                              |                                                                    |  |                            |
|------------------------------------------|------------|------------------------------|--------------------------------------------------------------------|--|----------------------------|
| Name of Informant:<br>WANG YING          |            |                              | Address:<br>138 RIVERVALE STREET #17-756 SINGAPORE 540138          |  |                            |
| ID Type / ID No.:<br>NRIC NO / S6864789D |            |                              | Contact No.:<br>Home/Office:                      Mobile: 91860908 |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:<br>WANGYING4491@GMAIL.COM                                   |  |                            |
| Sex:<br>Female                           | Age:<br>53 | Date of Birth:<br>01/10/1968 | Type of Informant:<br>Driver                                       |  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English                                               |  | Institution / School Name: |
| Occupation:<br>DIRECTOR                  |            |                              | Driving Licence Information:<br>Class:                             |  | Date of Expiry:            |

**General Information of the Accident**

|                                                                                  |                           |                                    |                                            |                                      |
|----------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------------|--------------------------------------|
| Type of Accident:                                                                | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>15/01/2022 13:30 | Type of Location:<br>Straight Road   |
| Location:<br><br>AT ALONG KPE TOWARDS (PIE/ECP) AFTER TAMPINES AVENUE 10 EXIT 9A |                           |                                    |                                            |                                      |
| Weather:<br>Clear                                                                |                           | Road Surface:<br>Dry               |                                            | Road Speed Limit:                    |
| Traffic Flow:<br>One Way                                                         |                           | Traffic Control:<br>Not Controlled |                                            | Traffic Volume:<br>Moderate          |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                     |                           |                                    |                                            | Anyone conveyed by ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model                                         | Color | Conditio | No of |
|-------------|------|--------|-----------------------------------------------|-------|----------|-------|
| SFG1899J    | Car  |        |                                               |       |          | 0     |
| SKS5127E    | Car  |        |                                               |       |          | 0     |
| SKX6186B    | Car  | TOYOTA | HARRIER<br>2.0<br>PREMIUM<br>AT AIRBAG<br>2WD | White |          | 0     |