

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 | 01/03/2022 17:37 (SGT) |
| Date of Accident | 28/02/2022 09:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BARTLEY ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMC3498H |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | TAN BENG PING JEANIE |
| NRIC No | S1392748J |
| Email Address | MARSHALLTHEAN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-93800730 |
| Alternative Phone No | +65-93800730 |

VEHICLE PARTICULARS

| | |
|--|-----------------------------|
| Manufacturer | Hyundai |
| Model | ELANTRA AD 1.6 GLS AT (AMS) |
| 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 | 1600 |

INSURANCE COMPANY

| | |
|---------------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | D20MPC0003766_01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | WONG SIEW KOK |
| NRIC No | S1364363F |

| | |
|--|----------------------------|
| Date Of Birth | 22/07/1959 |
| Occupation | Indoor |
| Date Of Driving Pass | 19/02/2001 |
| Driving experience | 21 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-98502625 |
| Alt. Phone Number | - |
| Email Address | MARSHALLTHEAN@GMAIL.COM |
| Address | BLK 153 BISHAN ST13 #06-28 |
| Address complement | - |
| Postcode | S570153 |
| 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 | 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 | 4 |
| 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 | MOSES JADON WONG ZHEN FENG |
| Gender | Male |

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

PLEASE REFER POLCE REPORT : T/20220228/7027

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 | SJN7114S |
| 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 | SMT7760J |
| 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 3

| | |
|---|---------------|
| Vehicle Registration Number | GBH597D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods vehicle |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | WONG SIEW KOK |
| Gender | Male |
| Phone No | (Phone) +65-98502625 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMC3498H |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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 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.
 - (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.

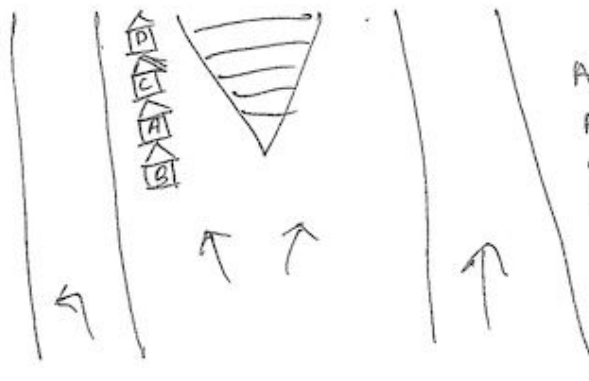


Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan

A : SM34984
B : SJN 71145
C : SM77760J
D : GBH 597D

REFER TO POLICE REPORT

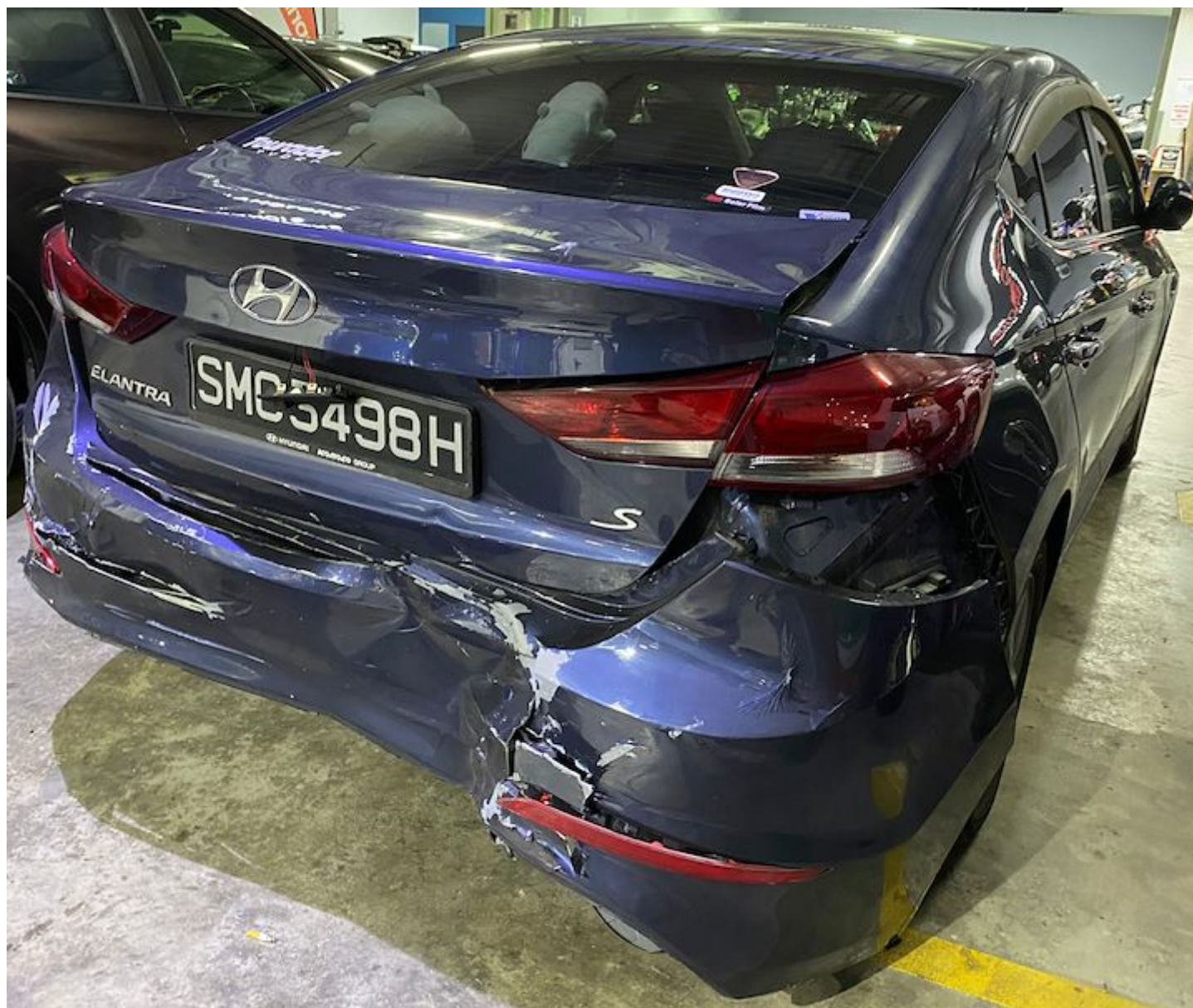
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

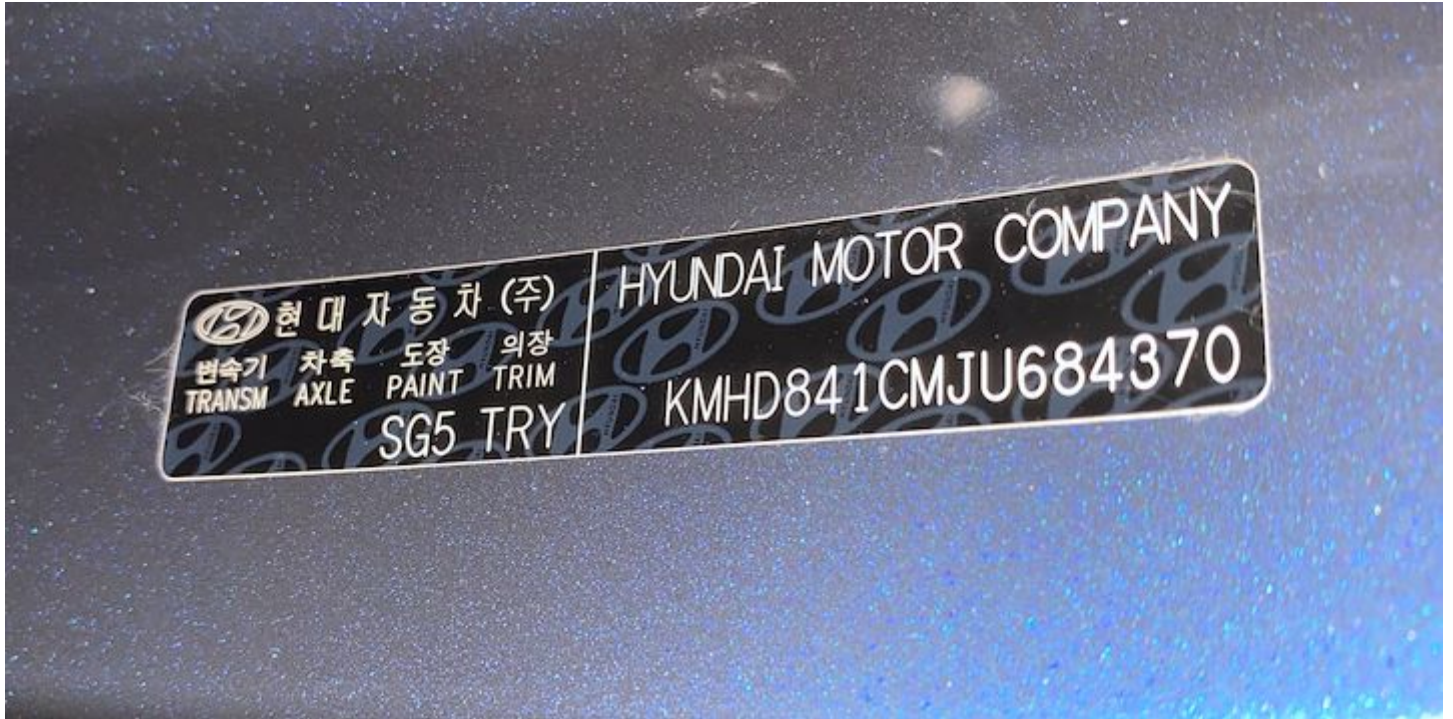



















**SINGAPORE
POLICE FORCE**


T/20220228/7027

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

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Report No. T/20220228/7027

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 28/02/2022 14:21 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: WONG SIEW KOK | | | Address: 153 BISHAN STREET 13 #06-28 SINGAPORE 570153 | | |
| ID Type / ID No.: NRIC NO / S1364363F | | | Contact No.: Home/Office: Mobile: 98502625 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: wong1623@yahoo.com.sg | | |
| Sex: Male | Age: 62 | Date of Birth: 22/07/1959 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Sales supervisor | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|--|---------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 28/02/2022 09:50 | Type of Location: Straight Road |
| Location: BARTLEY ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|-------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of |
| GBH597D | Van | | | | Seriously Damaged | 0 |
| SJN7114S | Car | | | | | 0 |
| SMC3498H | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20220228/7027

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

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Report No. T/20220228/7027

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|-------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of |
| SMT7760J | Car | | | | Seriously Damaged | 0 |

| Details of Person Involved | | | | | |
|-----------------------------------|----------------------------|-----|-----------------------------------|---------------------------------|--------|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | |
| Passenger | | | | | |
| Name | MOSES JADON WONG ZHEN FENG | | ID No. | NIL | |
| Related Vehicle | SMC3498H (Car) | | Contact No. | NIL | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | NIL | | Date | NIL | |
| No. of Days granted Medical Leave | | NIL | Degree of | | NIL |
| Driver | | | | | |
| Name | WONG SIEW KOK | | ID No. | S1364363F | |
| Related Vehicle | SMC3498H (Car) | | Contact No. | 98502625 | |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | 28/02/2022 | | Date | 28/02/2022 | |
| No. of Days granted Medical Leave | | 03 | Degree of | | Slight |

Brief Details.

ON THE STATED DATE, TIME AND VENUE, I, VEHICLE A, BEARING PLATE NO: SMC3498H WAS STATIONARY.

SUDDENLY VEHICLE B BEARING PLATE NO: SJN7114S HIT ONTO THE REAR PORTION OF MY VEHICLE CAUSING ME TO PROPEL AND HIT ONTO THE REAR PORTION OF VEHICLE C BEARING CAR PLATE SMT7760J, VEHICLE C PROPELLED AND HIT ONTO VEHICLE D BEARING PLATE NO: GBH597D

AFTER THE ACCIDENT I FELT DISCOMFORT ON MY LOWER BACK AND NECK SO I WENT TO LIFEPLUS MEDICAL GROUP (BEDOK) TO CONSULT A DOCTOR. AND WAS GIVEN 3 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20220228/7027

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

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Report No. T/20220228/7027

CONTINUATION OF REPORT

I LIKE TO STATE THAT MY SON WAS ALSO INJURED FROM THE ACCIDENT.



SINGAPORE POLICE FORCE

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



T/20220228/7027

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Report No. T/20220228/7027

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
28/02/2022 14:21

Classification Of Case: