

# 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 .....	08/03/2022 10:24 (SGT)
Date of Accident .....	05/03/2022 14:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	VIVOCITY CARPARK EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB325L
-----------------------------------	---------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CRYSTAL SEAFOOD PTE LTD
Company Reg No .....	2XXXXX621D
Email Address .....	c-weisheng@hotmail.com
Mobile Phone No .....	(Phone) +65-82137777
Alternative Phone No .....	+65-82137777

### VEHICLE PARTICULARS

Manufacturer .....	Porsche
Model .....	Cayenne
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 .....	3598

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00103602100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SUN WEI
NRIC No .....	SXXXX216B

Date Of Birth .....	12/02/1983
Occupation .....	Indoor
Date Of Driving Pass .....	30/05/2013
Driving experience .....	8 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82137777
Alt. Phone Number .....	-
Email Address .....	c-weisheng@hotmail.com
Address .....	207 RIVER VALLEY RD
Address complement .....	#08-62
Postcode .....	238275
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	2
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	WANG YAHUI
Gender .....	Female

#### PASSENGER 2

Name .....	SUN XIJIN
Gender .....	Male

#### PASSENGER 3

Name .....	SUN XIAOEN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:D/20220306/7011

#### 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 .....	SLK5575A
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SUN WEI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SORENESS OVER MY NECK,BACK AND RIGHT WRIST
Injured person in which vehicle? .....	SNB325L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	WANG YAHUI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	MUSCLES ACHES
Injured person in which vehicle? .....	SNB325L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 3

Name of injured person .....	SUN XIJIN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	MUSCLES ACHES
Injured person in which vehicle? .....	SLK5575A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	-

##### INJURED 4

Name of injured person .....	SUN XIAOEN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	MUSCLES ACHES
Injured person in which vehicle? .....	SNB325L
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.
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. 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.
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' 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 & Time

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

*shym* 08/03/22

Witnessed by Reporting Centre Personnel

**Sketch Plan**

VIVOCITY CARPARK  
EXIT



VEH A SNB325L  
VEH B SLK5575A



REFER TO POLICE REPORT : D/20220306/7011

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



D/20220306/7011

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20220306/7011

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 06/03/2022 12:15		Vide Report No.		Station Diary No.	
Name Of Informant SUN WEI		Address 207 RIVER VALLEY ROAD #08-62 SINGAPORE 238275			
ID Type / ID No. NRIC NO / S8369216B		Contact No. Home/Office:                      Mobile: 82137777			
Nationality CHINESE		Email Address GOV.WILLIAMSUNWEI@GMAIL.COM			
Occupation Director		Sex Male	Age 39	Date of Birth 12/02/1983	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 05/03/2022 14:10		Location Of Incident SENTOSA GATEWAY			

**Brief details.**

On the stated date and time, I was driving my vehicle SNB325L exiting Vivo City via Sentosa Gateway.

My wife Wang Yahui and 2 sons Sun Yijing and Sun Xiaoen were on board my vehicle as passengers and all four of us were belted.

I was on the left of 2 lanes of the carpark exit. SLK5575A was on the right of 2 lanes also waiting to exit the carpark.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2022 12:15
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



D/20220306/7011

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220306/7011

After making sure that there were no more oncoming traffic along Sentosa Gateway, I proceeded to make a left turn onto the the left-most lane of Sentosa Gateway.

When I had just started making said left turn, a huge impact hit my vehicle's rear, resulting in my vehicle jerking forwards.

I alighted to realise that the front left portion SLK5575A had hit onto the rear right portion of my vehicle as the driver had made too sharp a turn.

I believe that the accident was caused by the driver of SLK5575A looking to the right for oncoming traffic when he accelerated without checking in front.

The next morning, my wife and kids complained of muscle aches when they woke up.

I too felt soreness over my neck, back and right wrist areas.

Hence, we proceeded to Intemedical Potong Pasir for treatment and were given 3 days MC each.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2022 12:15
Officer In-Charge Of Case:	Classification Of Case:



























**SINGAPORE  
POLICE FORCE**



D/20220306/7011

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20220306/7011

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 06/03/2022 12:15		Vide Report No.		Station Diary No.	
Name Of Informant SUN WEI		Address 207 RIVER VALLEY ROAD #08-62 SINGAPORE 238275			
ID Type / ID No. NRIC NO / S8369216B		Contact No. Home/Office:                      Mobile: 82137777			
Nationality CHINESE		Email Address GOV.WILLIAMSUNWEI@GMAIL.COM			
Occupation Director		Sex Male	Age 39	Date of Birth 12/02/1983	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 05/03/2022 14:10		Location Of Incident SENTOSA GATEWAY			

**Brief details.**

On the stated date and time, I was driving my vehicle SNB325L exiting Vivo City via Sentosa Gateway.

My wife Wang Yahui and 2 sons Sun Yijing and Sun Xiaoen were on board my vehicle as passengers and all four of us were belted.

I was on the left of 2 lanes of the carpark exit. SLK5575A was on the right of 2 lanes also waiting to exit the carpark.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2022 12:15
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



D/20220306/7011

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220306/7011

After making sure that there were no more oncoming traffic along Sentosa Gateway, I proceeded to make a left turn onto the the left-most lane of Sentosa Gateway.

When I had just started making said left turn, a huge impact hit my vehicle's rear, resulting in my vehicle jerking forwards.

I alighted to realise that the front left portion SLK5575A had hit onto the rear right portion of my vehicle as the driver had made too sharp a turn.

I believe that the accident was caused by the driver of SLK5575A looking to the right for oncoming traffic when he accelerated without checking in front.

The next morning, my wife and kids complained of muscle aches when they woke up.

I too felt soreness over my neck, back and right wrist areas.

Hence, we proceeded to Intemedical Potong Pasir for treatment and were given 3 days MC each.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2022 12:15
Officer In-Charge Of Case:	Classification Of Case: