

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 11/04/2022 16:51 (SGT)
Date of Accident 08/04/2022 11:47 (SGT)
Exact Location of Accident Upper Thomson Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ6119X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG KAH POH
NRIC No SXXXX743A
Email Address citizenpower555@gmail.com
Mobile Phone No (Phone) +65-98192400
Alternative Phone No +65-98192400

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 1796

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00198272101
Cover Note Number -

DRIVER

Name of Driver WONG KAH POH
NRIC No SXXXX743A

Date Of Birth	08/06/1954
Occupation	Outdoor
Date Of Driving Pass	25/05/1977
Driving experience	44 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98192400
Alt. Phone Number	+65-98192400
Email Address	citizenpower555@gmail.com
Address	BLK 195 PUNGGOL ROAD #05-536
Address complement	-
Postcode	824195
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	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)	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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220408/7024

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	SJP4846Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MOHAMAD AZHAR BIN ABDUL KHALID
Contact Number	(Phone) +65-97772450
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 KAH POH
Gender	Male
Phone No	(Phone) +65-98192400
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMJ6119X
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.
(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

Sketch Plan

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

UPPER 7th Avenue Road

Witnessed by Reporting Centre Personnel

A = SMJ 6119 X
B = SSP 4846 Y

Describe Circumstances of the Accident

On the stated date and time.

I was travelling along lane 1 at upper thomson towards samsonway road. Penching the Junction, traffic turns red and I stop.

As green light was turning, I'm about to move on, suddenly I felt an huge impact on my rear.

When I ~~was~~ alighted from my vehicle, I realised vehicle (SJP 48464) has collided into the rear right portion of my vehicle.

We exchange particulars and traffic police and ambulance came for assistance.


I ~~then~~ then left the scene and visited medical attention.

POLICE REPORT 7/20220408/7024

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 08.04.22

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

 08.04.22

Witnessed by Reporting Centre Personnel

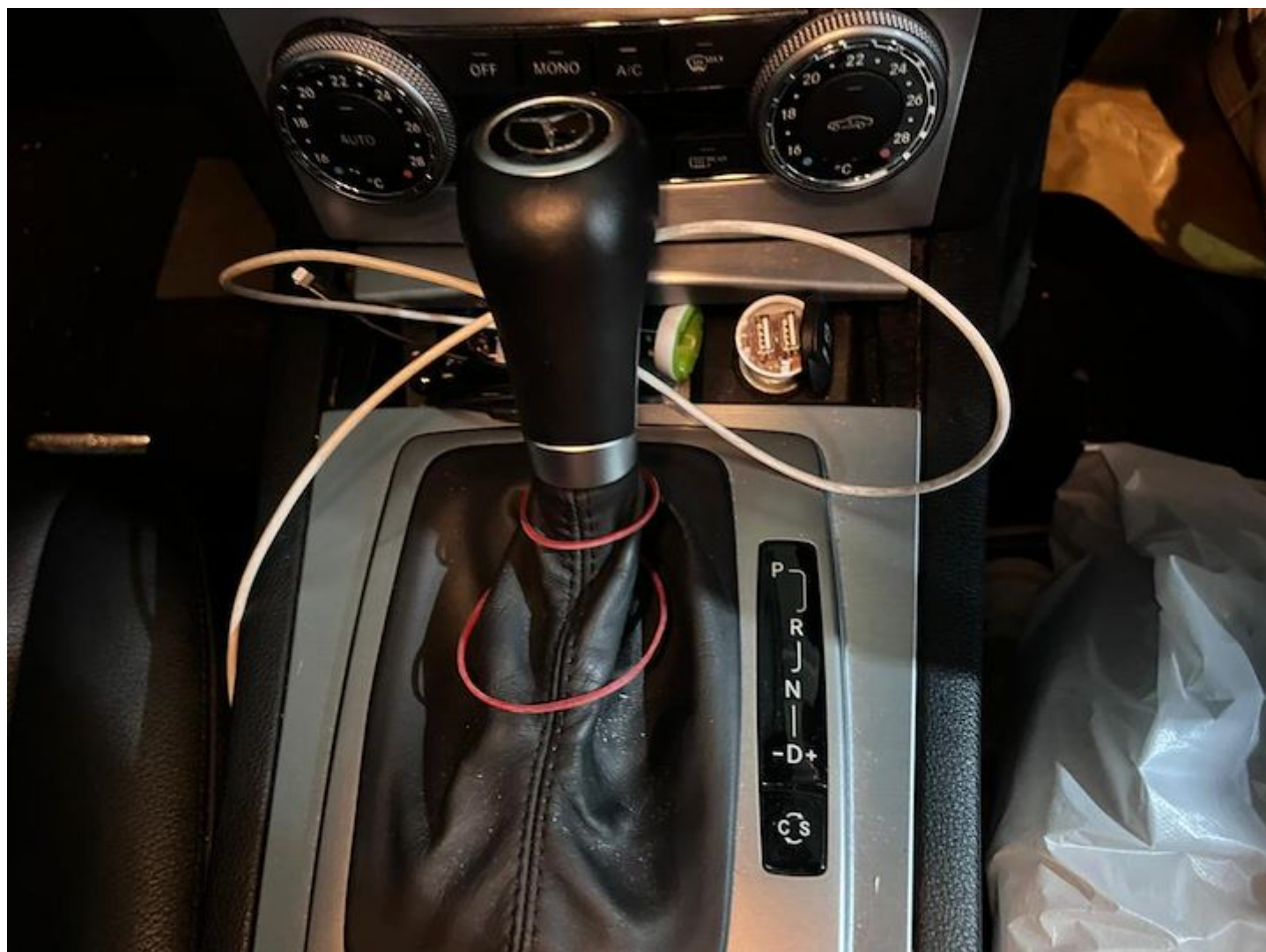
 11/04/2022




















**SINGAPORE
POLICE FORCE**

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



T/20220408/7024

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Report No. T/20220408/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2022 16:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG KAH POH			Address: 195D PUNGGOL ROAD #05-536 SINGAPORE 824195		
ID Type / ID No.: NRIC NO / S1043743A			Contact No.: Home/Office: Mobile: 98192400		
Nationality: SINGAPORE CITIZEN			Email: MICHAELWONG3350@GMAIL.COM		
Sex: Male	Age: 67	Date of Birth: 08/06/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 08/04/2022 11:45	Type of Location: Straight Road
Location: UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJP4846Y	Car				Seriously Damaged	0
SMJ6119X	Car	MERCEDES BENZ	C 180 CGI	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

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



T/20220408/7024

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Report No. T/20220408/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ6119X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001982 72101	20/10/2021	19/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG KAH POH	ID No.	S1043743A
Related Vehicle	SMJ6119X (Car)	Contact No.	98192400
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

At the stated time and date.

I was travelling at lane 1 towards upper Thomson road(towards sambawang road) after amk ave1.

As the traffic light turns red, I stop my vehicle.

As the traffic light turns green, as I was leaving, suddenly I felt a huge impact on my rear right portion.

When I got down my vehicle, I then realised (SJP4846Y) has collided onto the rear right portion of my vehicle.

We exchange particulars and traffic police came down for assistance.

I then attended medical attention and was given 3 days mc.

**SINGAPORE
POLICE FORCE**

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



T/20220408/7024

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Report No. T/20220408/7024

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 /
MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

NP168

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

Date/Time:
08/04/2022 16:33

Classification Of Case: