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 witholding 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.

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 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 10/06/2022 14:32 (SGT) Date of Accident 09/06/2022 19:20 (SGT) Exact Location of Accident Singapore Additional Location Information UPP SERANGOON RD TWDS NEX Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SKW708R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WONG YOON YUON NRIC No. SXXXX806E Email Address yysteve@yahoo.com.sg Mobile Phone No (Phone) +65-96811627 Alternative Phone No +65-96811627

VEHICLE PARTICULARS

Manufacturer

Model Qashqai Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1200

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00011912100 Cover Note Number

DRIVER

Name of Driver WONG YOON YUON NRIC No. SXXXX806E

Date Of Birth 14/08/1970 Occupation Outdoor Date Of Driving Pass 27/02/1998 Driving experience 24 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96811627 Alt. Phone Number +65-96811627 Email Address yysteve@yahoo.com.sg Address BLK 159 LOR 1 TOA PAYOH Address complement #07-1552 Postcode 310159 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 \/\e_t OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **PASSENGER** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police (Phone) +65-65470000 Police Station Phone No 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 PLS REFER TO THE POLICE REPORT: T/20220610/7064 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SGT9110T

Vehicle Registration Number

Vehicle Manufacturer

-
-
-
Private car
HEY HWEE WENG(XIA HUIYING)
(Phone) +65-96201659
-
-
-
-
-
-
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SFC1281L -
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98580645
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

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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)

lunderstand, 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.

4 - w/b/n

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

Witnessed by Reporting Centre

UPP SERANGOON RD TWOS NEX

Sketch Plan

A: SKW 708R

B: SGT 9110T

C: SFC 1231L

_	e Circumsta									
I	was	trave	ling	along	<u>U</u>	pper s	gerangoo	n Roa	d on	09 06 20
at	about	7:20	p.m.w.	th a	pass	enger	in m	y vehi	cle.	Due to
hear	vy traf	fic ,	vehicl	e in .	front	stop	, I	followed	d to	stop
as	well.	Sudde	enly	venicle	В	collid	ed in	the	reco	portion
of	my v	phicle	com	ing v	ny	renid	e lo	move	foru	varel to
hit	vehi	de C	· W	e alig	rued	€0 ¢	exchorg	e par	ficulars	and
	t the									
			70.000.00	- disease						
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								-112		

Declaration

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



2 of 3

Report No. T/20220610/7064

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

CONTINUATION OF REPORT

Details of V	ehicle Insurance	1	mr	Eunine Date
And in case of the last of the	Insurance Company	Insurance No	Effective	Expiry Date
	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMHCSNW000119 12100	18/11/2021	17/11/2022

Details of Perso Any Pedestrian Ir						
Any Pedestilan ii	a Injured: NIII		Use of Pe	destrian	Cross	ing: NA
No. of Pedestrian	s injured, NIL					
Driver				ID No		S7027806E
Name	WONG YOON YUON			ID No	t):	370270002
	2,4,4,700,7 (0 - 3)			Conta	ct No.	96811627
Related Vehicle	SKW708R (Car)			Conte		
· · · · · · · ·	NIII.			Class of		Class: NIL
Hospital/Clinic	NIL			Drivin	0	Date of Expiry: NIL
				Expir	у	
P. 111	NIII		Date		NIL	
Date	NIL	NIII		of	NIL	
No. of Days gran	nted Medical Leave	NIL	Degree o	of	NIL	

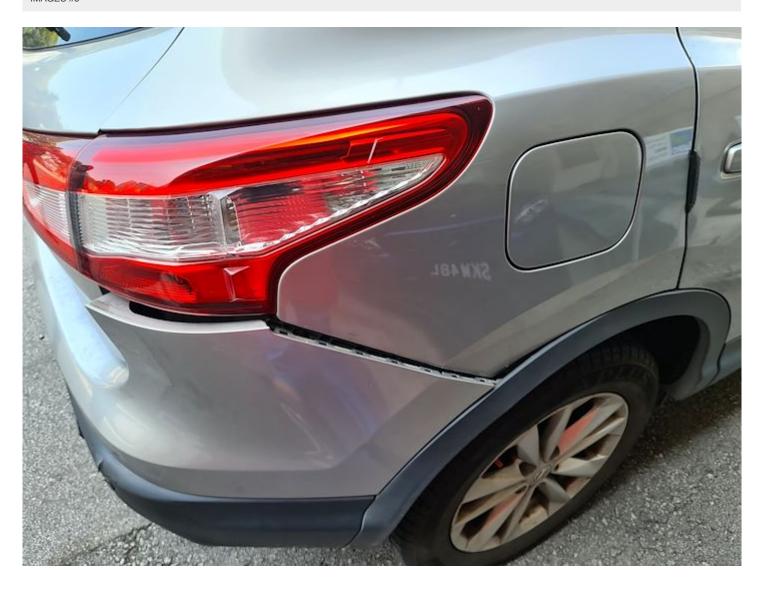
I was travelling along Upper Serangoon Road on 09.06.2022 at about 7:20pm with a passenger in my vehicle. Due to heavy traffic, vehicle in front stop. I followed to stop as well. Suddenly vehicle bearing car plate number SGT9110T collided into the rear portion of my vehicle causing my vehicle to move forward to hit the vehicle in front bearing car plate number SFC1281L . We alighted to exchange particulars and left the scene after that. That's all.



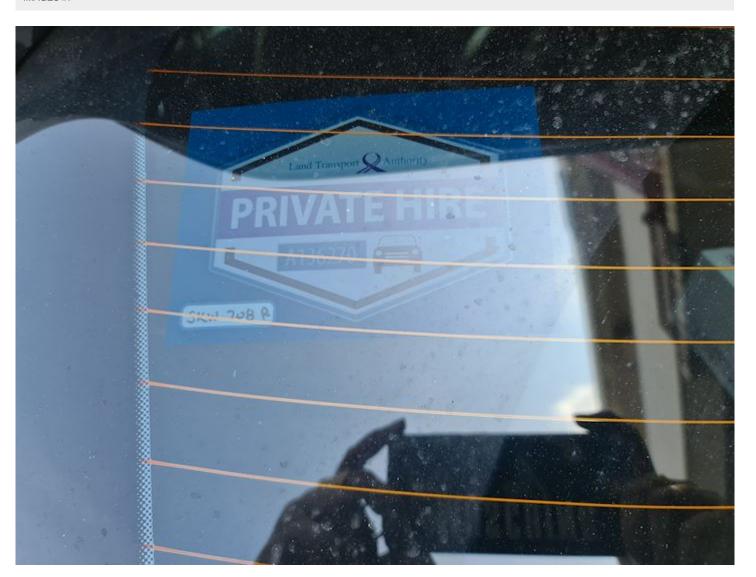










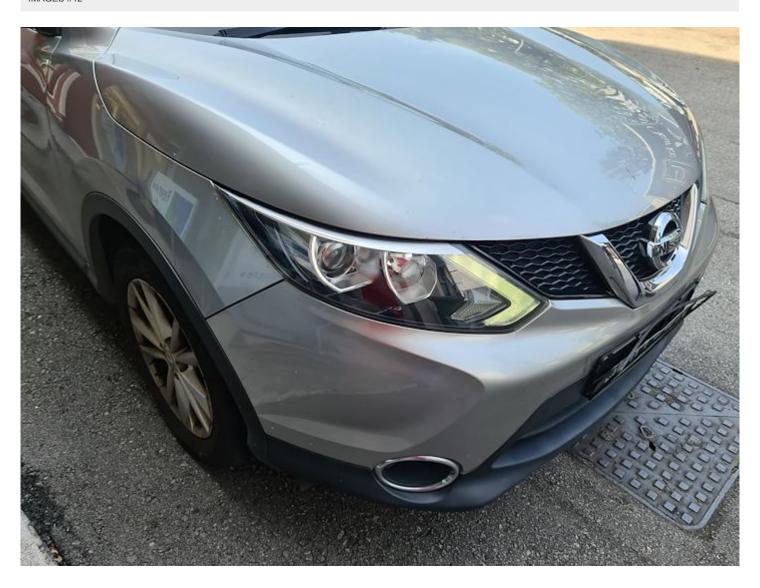




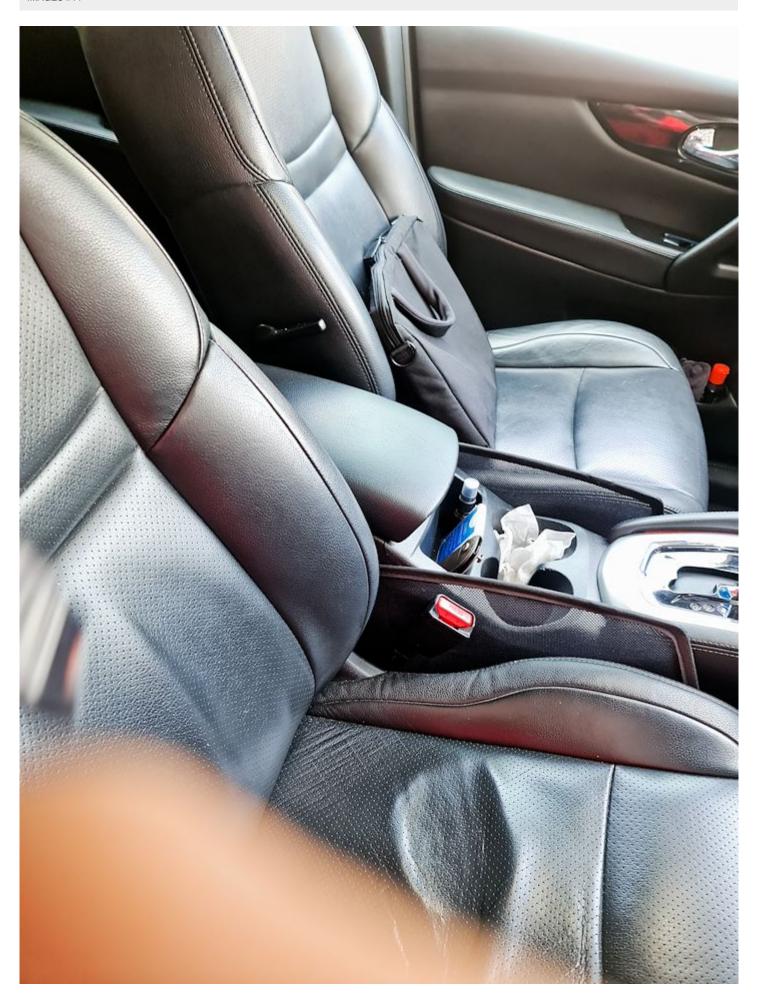


















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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220610/7064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2022 11:47			Vide Report No.:	Station Diary No.:			
Informar	nt's Particu	lars					
Name of Informant: WONG YOON YUON			Address: 159 LORONG 1 TOA PAYOH #07-1552 SINGAPORE 310159				
ID Type / ID No.: NRIC NO / S7027806E			Contact No.: Home/Office:	Mobile: 96811627			
Nationality: SINGAPORE CITIZEN			Email: yysteve@yahoo.com.sg				
Sex: Male	Sex: Age: Date of Birth:		Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupat			Driving Licence Information Class:	n: Date of Expiry:			

Type of Accident:	Non-Injury Police Vehicle	Drink Date/Time of		Type of Location Straight Road
Location: UPPER SER	ANGOON ROAD			
Weather:		Road Surface: Wet		Road Speed Limit: 50 Km/h
Weather: Clear Traffic Flow: One Way		2.35.75		

Details of V	ehicle Invo		1	Cales	Conditio	No of
Vehicle No.	Туре	Make	Model	Color	Conditio	-
SFC1281L	Car					0
						0
SGT9110T	Car					
CIZIAIZOOD	Car	NISSAN	QASHQAI	Silver		0
SKW708R	Car	141007.11	1.2 DIG-T			
			CVT ABS		1	
			2WD 5DR			



Police Station Of Origin: Traffic Police

Report No. T/20220610/7064

2 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	- MANAGER CONTRACTOR C	18/11/2021	17/11/2022
SKW708R	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMHCSNW000119 12100	10/11/2021	11711120

Details of Perso						
Any Pedestrian Ir	volved: No		111 (D	al a a tal a	- Cross	ing: NA
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			
Driver				1.5.4		S7027806E
Name	WONG YOON YUON		ID No	0.	S/02/000E	
Related Vehicle	SKW708R (Car)			Cont	act No.	96811627
Hospital/Clinic	NIL			Class Drivi Licer Expi	ng nce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	nted Medical Leave	NIL	Degree	of	NIL	

I was travelling along Upper Serangoon Road on 09.06.2022 at about 7:20pm with a passenger in my vehicle. Due to heavy traffic, vehicle in front stop. I followed to stop as well. Suddenly vehicle bearing car plate number SGT9110T collided into the rear portion of my vehicle causing my vehicle to move forward to hit the vehicle in front bearing car plate number SFC1281L . We alighted to exchange particulars and left the scene after that. That's all.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220610/7064

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 10/06/2022 11:47
Officer In Charge Of Case: TP / TPIB / YEO KIA HUAT Contact No.: 65476162	Classification Of Case:

NP168

