

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	30/06/2022 16:03 (SGT)
Reported by	Both
Date of Accident	29/06/2022 07:30 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	BRADDELL ROAD SLIP ROAD TO UPPER SERANGOON
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4115J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO YONG KIAN
NRIC No	SXXXX871A
Email Address	YONGKIAN64@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93297800
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10553538R01

DRIVER

Name of Driver	WONG JI BIN
NRIC No	SXXXX560C
Date Of Birth	21/06/1989
Occupation	Indoor

Date Of Driving Pass	14/03/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93371142
Alt. Phone Number	-
Email Address	JIBIN.WONG@GMAIL.COM
Address	130A LORONG 1 TOA PAYOH #06-510
Address complement	-
Postcode	311130
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	TEO XUANHE CALEB
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9052Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KOH AH CHWEE
Contact Number	(Phone) +65-96262795
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

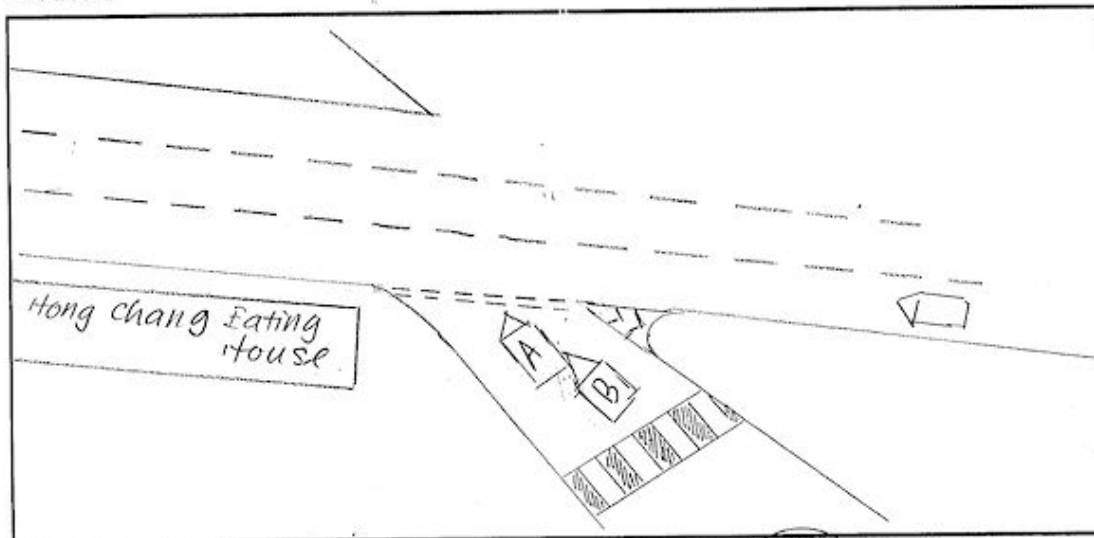
Name of injured person	WONG JI BIN
Gender	Female
Phone No	(Phone) +65-93371142
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN IN THE BACK AREA
Injured person in which vehicle?	SML4115J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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.

Sketch Plan



Policyholder's Signature / Date & Time
 30.06.22

Driver's Signature (If driver is not the policyholder) / Date & Time
 30.06.22

Witnessed by Reporting Centre Personnel
 30/06/2022





















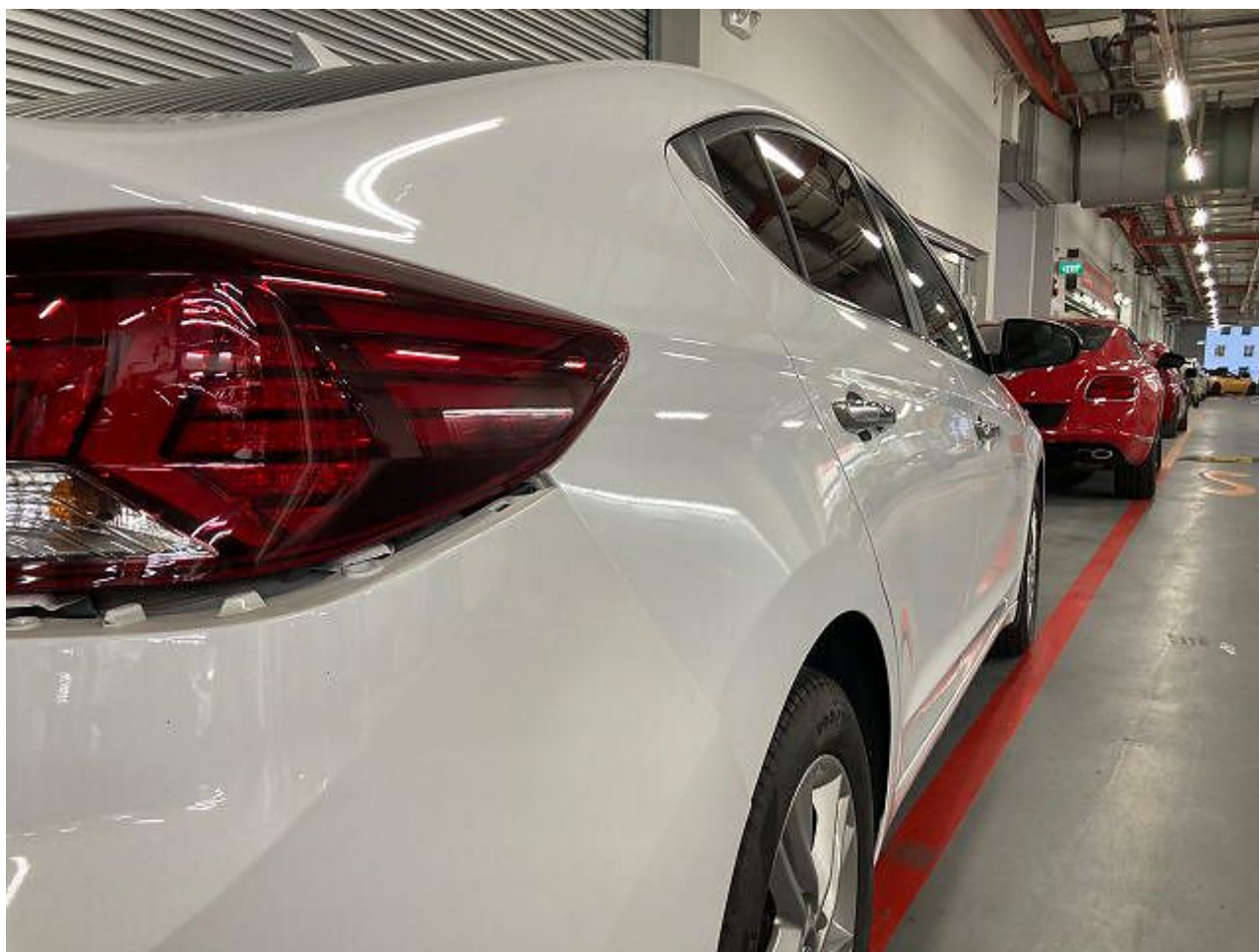

















**SINGAPORE
POLICE FORCE**


T/20220629/2143

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20220629/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2022 21:18	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars			
Name of Informant: WONG JI BIN		Address: APT BLK 130A LORONG 1 TOA PAYOH #06-510 SINGAPORE 311130	
ID Type / ID No.: NRIC NO / S8920560C		Contact No.: Home/Office: Mobile: 93371142	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 33	Date of Birth: 21/06/1989	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PROJECT MANAGER		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2022 07:30	Type of Location: slip road
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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	Condition	No. of Passenger
SH9052Z	taxi			Blue		0
SML4115J	Car			White		1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20220629/2143

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25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 3

Report No. T/20220629/2143

CONTINUATION OF REPORT

Driver 1			
Name	Koh Ah Chwee		ID No. NIL
Related Vehicle	SH9052Z (taxi)		Contact No. 96262795
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver 2			
Name	WONG JI BIN		ID No. S8920560C
Related Vehicle	SML4115J (Car)		Contact No. 93371142
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	29/06/2022	Date Discharge	29/06/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 29/06/2022 at about 0730hrs, I was driving my car (SML4115J) along Braddell road going towards Upper Serangoon road. At the junction of Braddell road and Upper Serangoon road, I was going to turn left into Upper Serangoon road as such I stopped at the slip road between Braddell road and Upper Serangoon road to wait for the traffic to clear. While waiting, I felt an impact from the rear of my car. I got out to check and noticed that a taxi (SH9052Z) had collided into the rear of my car. I then took photos of the damages and exchange particular with the taxi driver. After which I drove off and continue with my work as such did not seek treatment until evening time after my work then I seek treatment and was given 5 days of medical certificate by the doctor.

I want to state that I am 21 weeks pregnant had a 3 years old child on board during the accident but I have yet to send him for medical treatment.



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T/20220629/2143

3 of 3

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Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20220629/2143

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

E /
SR STAFF SGT LIM BENG LEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/06/2022 21:18

Officer In Charge Of Case:

TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168