

# 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 Actual 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 .....	18/08/2022 14:21 (SGT)
Reported by .....	Both
Date of Accident .....	17/08/2022 07:58 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	TWDS PIE BEFORE ELIAS EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKZ2658Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WONG MAI YEAN
NRIC No .....	S1364563I
Email Address .....	BENLIM0791@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90302364
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Axio
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Singapore Life Ltd
Policy Number / Cover Note Number .....	11036439

### DRIVER

Name of Driver .....	WONG MAI YEAN
NRIC No .....	S1364563I
Date Of Birth .....	19/02/1959
Occupation .....	Outdoor

Date Of Driving Pass .....	08/02/1988
Driving experience .....	34 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90302364
Alt. Phone Number .....	-
Email Address .....	BENLIM0791@GMAIL.COM
Address .....	BLK 234 ANG MO KIO AVE 3 #05-1128
Address complement .....	-
Postcode .....	560234
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG TPE TOWARDS PIE BEFORE ELIAS EXIT, BEARING THE NUMBER PLATE (SKZ2658Y). SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR. WHEN I GOT DOWN, I REALISED VEHICLE B (CB6342C) HIT ONTO MY REAR.

#### 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 .....	CB6342C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	WONG MAI YEAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKZ2658Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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**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:

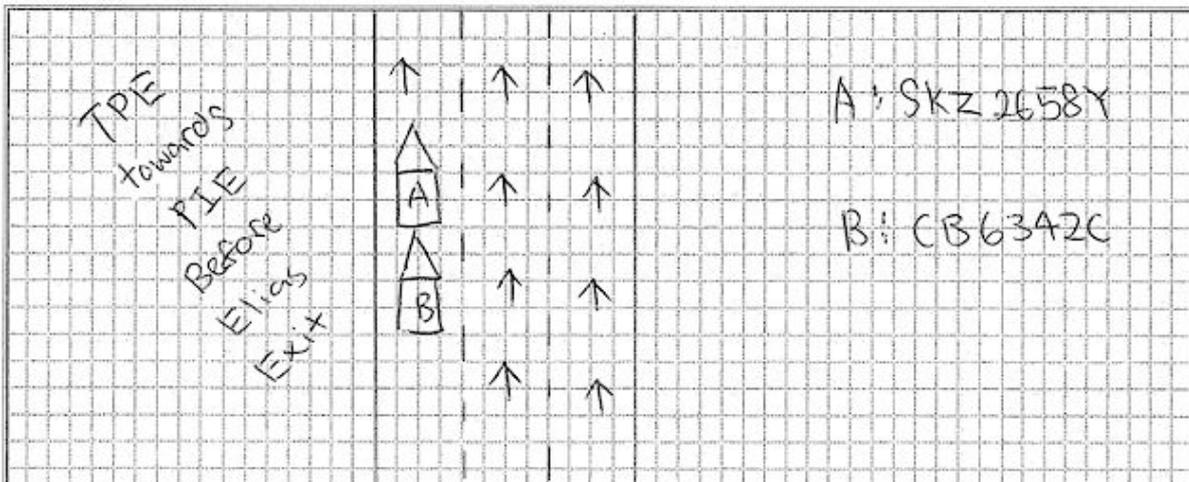
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

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

\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was travelling along TPE towards PIE before elias exit, bearing the number plate (SKZ2658Y). Suddenly, I felt an huge impact from the rear, when i got down, I realised vehicle B (CB6342C) hit onto my rear.

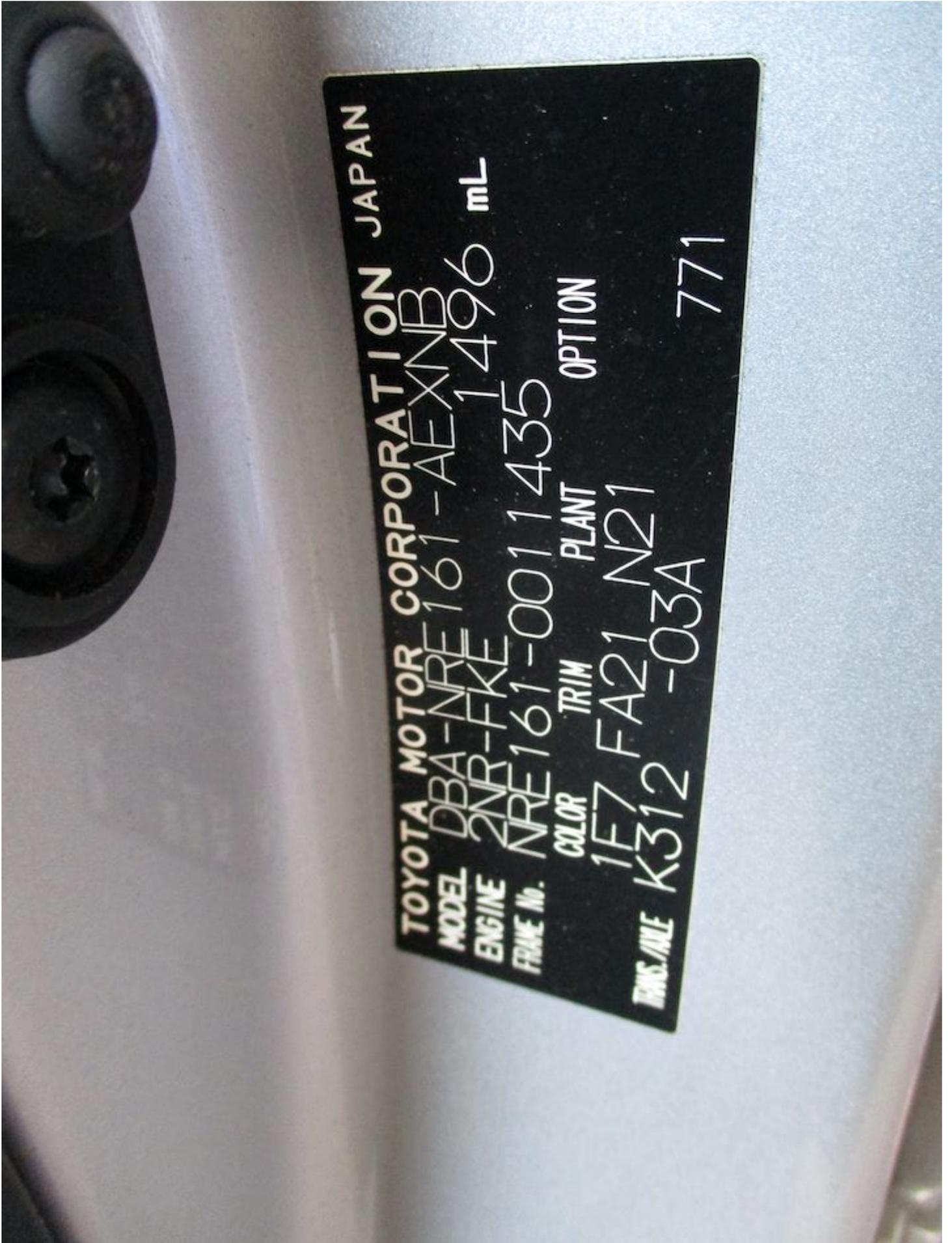
Declaration

I/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

Witnessed by Reporting Centre Personnel

















ORIGINAL  
Singapore Life Ltd, 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com  
Company Reg. No. 19680099R GST Reg. No. MR-850166-8



Singapore Life Ltd, 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT (MOTOR VEHICLES)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1991 (FEDERATION OF MALAYSIA);  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT CAP 199 OF THE REVISED EDITION  
OF THE STATUTES OF SINGAPORE;  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1991 (EDITION  
OF THE REVISED EDITION OF THE STATUTES OF SINGAPORE) OR ANY AMENDMENT, ACT OR SUBSTITUTION THEREOF

CERTIFICATE NUMBER: 11036439

1) VEHICLE REGISTRATION NO.	SKZ2688Y
2) NAME OF INSURED	
FAMILY NAME	WONG
GIVEN NAME	MAI YUAN
3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT	16-Jan-2022 00:00hours
4) DATE OF EXPIRY OF INSURANCE	15-Jan-2023 23:59hours
5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE	
You and any driver aged 18 or over	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of an accident or loss.	
Please refer to the policy document for full terms and conditions.	
6) LIMITATIONS AS TO USE*	
Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.	
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 199) and Section 92 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	
NAMED DRIVER	
7) FINANCE COMPANY	

I We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 02-Jan-2022 at 16:59hours

Singapore Life Ltd.

#### IMPORTANT NOTE:

- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You must report all accidents to us within 24 hours of the occurrence or by the next working day at our accident reporting centre regardless of whether you intend to claim on your own policy or not, or whether your car is damaged or not. Should you fail to do so, Your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit <https://singlife.com/CarReporters>. Alternatively, you may call us at 6333 2222 for assistance including assistance on windscreen damages.

In case of accident or windscreen damage, please call 6333 2222 (24 hours) immediately.

Pearlyn Puan  
Chief Executive Officer

ORIGINAL  
Singapore Life Ltd, 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com