

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 20/09/2022 09:37 (SGT)
Reported by Driver
Date of Accident 12/09/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information KPE TOWARDS EAST COAST PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA453D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LI WEE MENG
NRIC No SXXXX153C
Email Address CHRISTINA7273@YAHOO.COM
Mobile Phone No (Phone) +65-88588866
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
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 1798

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00028332200

DRIVER

Name of Driver WANG HUI
NRIC No SXXXX828J
Date Of Birth 29/03/1972
Occupation Indoor

Date Of Driving Pass	07/12/1999
Driving experience	22 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91176102
Alt. Phone Number	-
Email Address	CHRISTINA7273@YAHOO.COM
Address	BLK 513A YISHUN ST51 #05-389
Address complement	-
Postcode	761513
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)	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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	with w/s

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC36P
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	WANG HUI
Gender	Female
Phone No	(Phone) +65-91176102
Address	BLK 513A YISHUN ST51 #05-389
Address Complement	-
Post Code	761513
Approximate Age Years Old	50
Injuries Sustained	NECK AND HEAD
Injured person in which vehicle?	SLA453D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 located 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

Sketch Plan

KPE towards ECP

	<p>A - SLA 433D</p> <p>B - SLC 36P</p>
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Describe Circumstances of the Accident

Refer to Police report

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





















**SINGAPORE
POLICE FORCE**



T/20220914/2096

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20220914/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2022 23:15	Vide Report No.:	Station Diary No.: 136
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Informant's Particulars

Name of Informant: WANG HUI	Address: APT BLK 513A YISHUN STREET 51 #05-389 SINGAPORE 761513		
ID Type / ID No.: NRIC NO / S7276828J	Contact No.: Home/Office: Mobile: 91176102		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 50	Date of Birth: 29/03/1972	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Accountant (excluding tax accountant)	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2022 08:30	Type of Location: Flyover
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
SLA453D	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Black	Slightly Damaged	0
SLC36P	Car					0



**SINGAPORE
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T/20220914/2096

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20220914/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WANG HUI	ID No.	S7276828J
Related Vehicle	SLA453D (Car)	Contact No.	91176102
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/09/2022	Date Discharge	13/09/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 12/09/2022 at about 0830hrs, I was driving my car along Kallang Paya Lebar Expressway Lane 2 towards East Coast Parkway. At that juncture, the road was dry and the weather was clear. Whilst I Was cruising the flow of traffic, I felt a sudden impact coming from the rear of my car. I then alighted from my vehicle and realised that a black Mercedes bearing registration number SLC36P had collided onto the rear of my vehicle. Due to the collision, the rear right bumper was dislodged and there were some scratches and dents on the rear of my vehicle. I then felt some discomfort and sought medical assistance at Khoo Teck Puat Hospital and was given 5 days of MC for liddiness.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



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Report No. T/20220914/2096

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: L / SGT 2 BENJAMIN TAN CHAO FENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2022 23:15
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09229K0002 Vehicle Registration No: SLA453D
 Name (as shown in NRIC): LI Wee meng NRIC/FIN/Passport No: S7349153C
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 513A Yishun ST51 #05-389 S761513 Singapore (-)
 Contact (Tel): _____ Mobile No.: 88588866
 Email Address: CHRISTINA7273@yahoo.com
 Date of Accident: 12-09-22 Time of Accident: 0830
 Place of Accident: KPE towards East Coast Road
 Insurance Company: China Taiping Insurance (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Attach Police Report.

 Policyholder / Driver's Signature
 Date:

20/09
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: