

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 18/10/2022 20:58 (SGT)
Reported by Both
Date of Accident 12/10/2022 21:20 (SGT)
Exact Location of Accident Yio Chu Kang Rd, Singapore
Additional Location Information YIO CHU KANG ROAD TOWARDS HOUGANG AVE 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW1076L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG WING YEW
NRIC No S1483061H
Email Address nikhoris@singnet.com.sg
Mobile Phone No (Phone) +65-97596998
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5111291541-03

DRIVER

Name of Driver WONG WING YEW
NRIC No S1483061H
Date Of Birth 09/01/1961
Occupation Outdoor

Date Of Driving Pass	07/08/1979
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97596998
Alt. Phone Number	-
Email Address	nikdoris@singnet.com.sg
Address	131 POH HUAT ROAD WEST #10-03
Address complement	-
Postcode	546684
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 - Cross Junction
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?	Yes
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	GOJEK
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SHB5951S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	WONG WING YEOW
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLW1076L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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' 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

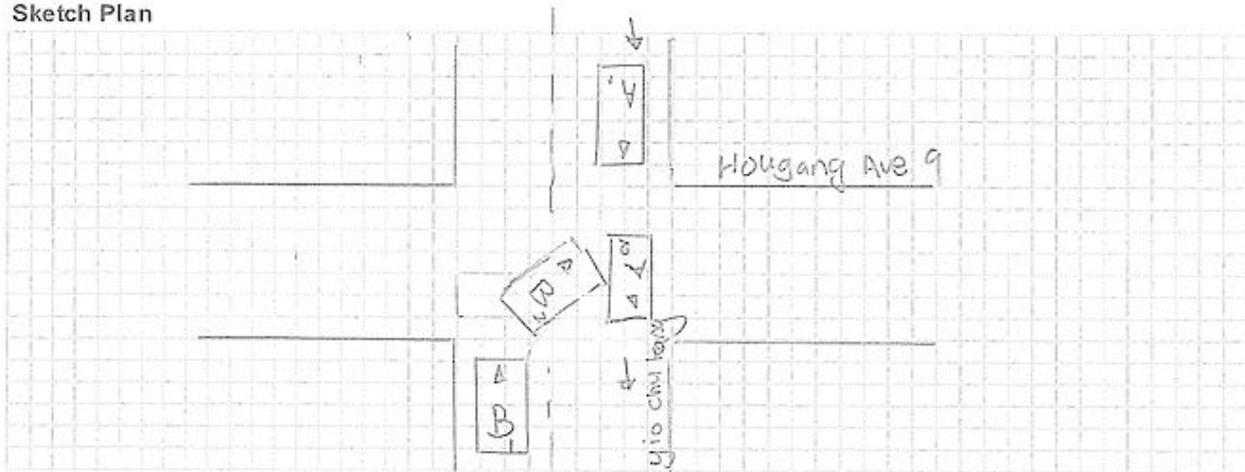
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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

SHAUN TOH
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report.

NOTE: I am ~~the~~ SXXXX06TH Chua Chay Kiang.
the wife of the owner / driver. Mr Wong Wing Yew.
He is currently under the stay home notice due
to covid 19. I hereby submit his police report ~~for~~
on his behalf. We will be travelling to overseas.
right after the ~~stay~~ stay home notice.

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

SHAUN TOH
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20221013/2065

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20221013/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2022 15:36		Vide Report No.: F/20221012/0156		Station Diary No.: 89	
Informant's Particulars					
Name of Informant: WONG WING YEW			Address: 131 POH HUAT ROAD WEST #10-03 SINGAPORE 546684		
ID Type / ID No.: NRIC NO / S1483061H			Contact No.: Home/Office: Mobile: 97596998		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 09/01/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2022 21:20	Type of Location: X-Junction
Location: YIO CHU KANG 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 Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5951S	Car	TOYOTA	PRIUS HYBRID	Maroon	Seriously Damaged	0
SLW1076L	Car	KIA	CERATO K3 1.6A	Brown	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW1076L	NTUC Income Insurance Co-Operative Limited	5111291541-03	30/07/2022	29/07/2023



**SINGAPORE
POLICE FORCE**



T/20221013/2065

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/2022 1013/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	EH WONG BENG	ID No.	NIL
Related Vehicle	SHB5951S (Car)	Contact No.	NIL
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			
Name	WONG WING YEW	ID No.	S1483061H
Related Vehicle	SLW1076L (Car)	Contact No.	97596998
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	12/10/2022	Date Discharge	13/10/2022
No. of Days granted Medical Leave	10	Degree of Injury	Slight

Brief Details.

I am a private hire driver working for Gojek.

On the above mentioned date and time, I was driving my vehicle SLW1076L with a passenger along Yio Chu Kang Road going towards Hougang Ave 8.

While driving straight ahead, I drove pass a cross junction connecting Yio Chu Kang Road to Hougang Ave 9 and Hougang Ave 5. When crossing the junction, the traffic light was green and I had the right of way. Subsequently, I felt a collision from the right side of my vehicle. The collision was from vehicle(SHB5951S) who was making a right turn to Hougang Ave 9 from the other side of Yio Chu Kang Road and the vehicle collided head on to the right side of my vehicle.

After the collision, I felt pain in my whole body and stayed in the vehicle. One pedestrian offered assistance to take photos of the scene and the driver of SHB5951S approached me to give his particulars after I called for him. I subsequently called my wife.

The police and ambulance came shortly after and I was assisted out of my vehicle to be conveyed to Sengkang General Hospital.

I suffered pain in my spinal area and the sides of my body and suffered headaches. I received 10 days MC.



**SINGAPORE
POLICE FORCE**



T/20221013/2065

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545025
Tel No: 1800-343 8999

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Report No. T/20221013/2065

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20221013/2065

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20221013/2065

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: F / SGT 2 MUHAMMAD SUHAIRI BIN MOHD HAMZAH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2022 15:36
Officer In Charge Of Case: TP / GIT / SR STAFF SGT ABDUL RAHIM BIN SALIM Contact No.: 65476433	Classification Of Case:

NP168