

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 19/10/2022 18:10 (SGT)
Reported by Both
Date of Accident 17/10/2022 14:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information SELETAR WEST LINK TWDS CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS1352Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEOW WHEI-ZHNG (XIAO WEIJUN)
NRIC No SXXXX177I
Email Address eugenseowace@gmail.com
Mobile Phone No (Phone) +65-98510979
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model FORTE K3 1.6A
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 1591

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5077915037-06

DRIVER

Name of Driver SEOW WHEI-ZHNG (XIAO WEIJUN)
NRIC No SXXXX177I
Date Of Birth 02/03/1979
Occupation Indoor

Date Of Driving Pass	07/09/2001
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98510979
Alt. Phone Number	-
Email Address	eugenesewace@gmail.com
Address	62 WOODLANDS DR. 16 #04-26
Address complement	-
Postcode	737895
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	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

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	EMAIL TO INCOME.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS7893P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NGAN JUN WEI, FAVIAN
NRIC No	SXXXX147C
Contact Number	(Phone) +65-90600435
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL7928Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PHOON FOOK WENG
NRIC No	SXXXX294Z
Contact Number	(Phone) +65-94776839
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMJ2008J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEH HUI MIN
NRIC No	SXXXX799I
Contact Number	(Phone) +65-91908994
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	SEOW WHEI-ZHNG
Gender	Male
Phone No	(Phone) +65-98510979
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	7 DAYS MC.
Injured person in which vehicle?	SKS1352Y
Were seat belts worn?	-

Was this injured conveyed to hospital by ambulance? Yes

VEH NO: SKS 1352Y
INSURER: Income
DATE OF ACC: 17/10/22 @ 14:05

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:

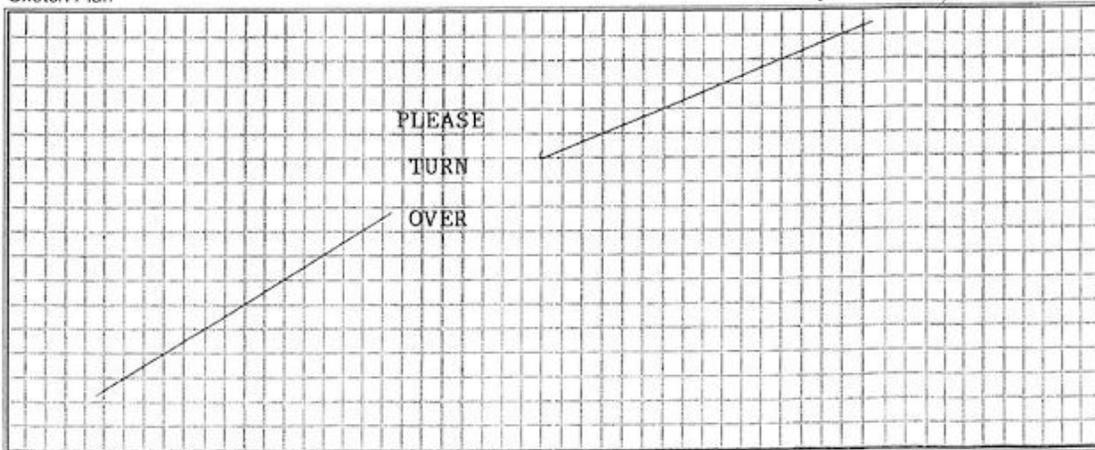
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

[Signature] 19/10/22
Policyholder's Signature / Date & Time

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

[Signature] 19/10/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (YS)

Sketch Plan



Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop (_____)

Sketch Plan *Not sure any passenger onboard for the other 3 cars.

Seletar West Link Tuols CTE	↑ ↑ ↑ ↑	D C A B	A= SKS 1352 Y B= SMS 7893 P Ngan Jun Wei, Favian S 8617147 C HP- 90600435 C: SLL 7928 Y Phoon Fook Weng S 1283294 Z HP- 94776839 D: SMJ 2008 J Teh Hui Min S 8009799 I HP- 91908994
Refer to Police Report No: L/20221019/7053			

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature] 19/10/22
 Policyholder's Signature / Date & Time

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

[Signature] 19/10/22
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 (YS)

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Done



**SINGAPORE
POLICE FORCE**



L/20221019/7053

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POLICE REPORT (NP299)

Report No. L/20221019/7053

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 19/10/2022 17:25	Vide Report No.	Station Diary No.
Name Of Informant SEOW WHEI-ZHNG	Address 62 WOODLANDS DRIVE 16 #04-26 SINGAPORE 737895	
ID Type / ID No. NRIC NO / S79081771	Contact No. Home/Office:	Mobile: 98510979
Nationality SINGAPORE CITIZEN	Email Address XIAOWEIJUN1@HOTMAIL.COM	
Occupation Other teaching professional	Sex Male	Age 43
Institution/School Name	Date of Birth 02/03/1979	Race Chinese
Date/Time Of Incident 17/10/2022 14:05	Location Of Incident 62 WOODLANDS DRIVE 16 #04-26 SINGAPORE 737895	

Brief details.

(Incident number F/20221017/0089)

*I am making a police report on 19 Oct as I was hospitalised from 17 Oct to 18 Oct due to car accident. I was discharged on 18 Oct at 11.30pm.

On 17 Oct at about 2.05pm, I was driving along Seletar West Link to enter CTE. Suddenly the car

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: 19/10/2022 17:25
Officer In-Charge Of Case:	Classification Of Case:

L202210197053.pdf

Done



**SINGAPORE
POLICE FORCE**



L/20221019/7053

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20221019/7053

SLL7928Y in front e-brake. I also e-brake and slowed down. But the car SMS7893D behind me failed to stopped in time and hit into my car (resulting in 4 cars chain collision). I suspected the car behind was speeding and driving above speed limit and tailgating my car (pls see video evidence).

I suffered neck injury and dizzy. I called police and ambulance. I was taken to A&E at KTPH. I was then hospitalised from 17 to 18 Oct.

Subjects Involved			
Suspect			
Person Name	Ngan Jun Wei, FAVIAN.		
ID Type	NRIC NO	ID No	S8617147C
Gender	Male	Race	Chinese
Relation To Informant	Driver SMS7893D (car behind me)		
Victim			
Person Name	SEOW WHEI-ZHNG		
ID Type	NRIC NO	ID No	S79081771
Gender	Male	Age	43
Race	Chinese	Language	English
Occupation	Other teaching professional	Address	62 WOODLANDS DRIVE 16 #04-26 SINGAPORE 737895
Mobile No	98510979	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
19/10/2022 17:25

Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20221019/7053

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20221019/7053

Person Name	SEOW WHEI-ZHNG (Informant)
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Done

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**SINGAPORE
POLICE FORCE**

L/20221019/7053

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20221019/7053

Person Name	SEOW WHEI-ZHNG (Informant)
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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: 19/10/2022 17:25
Officer In-Charge Of Case:	Classification Of Case: