

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	03/11/2022 18:49 (SGT)
Reported by	Both
Date of Accident	03/11/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ON CTE OUTSIDE AUST INT SCHOOL EXIT TO PIE (CHANGI) NEXT TO EXIT TO BRADDELL / LOR CHUAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3285Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WU KANSHENG
NRIC No	S8130964G
Email Address	WUKANSHENG@GMAIL.COM
Mobile Phone No	(Phone) +65-98792529
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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	1390

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10169389R03

DRIVER

Name of Driver	WU KANSHENG
NRIC No	S8130964G
Date Of Birth	22/11/1981

Occupation	Indoor
Date Of Driving Pass	22/07/2003
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98792529
Alt. Phone Number	-
Email Address	WUKANSHENG@GMAIL.COM
Address	588A ANG MO KIO STREET 52 #30-203
Address complement	-
Postcode	561588
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?	Yes
Number of vehicles involved in the accident	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JQD7668
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JQD7668
Vehicle Manufacturer	Toyota
Vehicle Model	Hilux
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TANG KON SUNG
Work Permit No	410949321
Contact Number	(Phone) +65-96387559
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	SMK4708D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG KAI BOON
NRIC No	S7936595E
Contact Number	(Phone) +65-96492050
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	WU KANSHENG
Gender	Male
Phone No	(Phone) +65-98792529
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN IN THE BACK AREA. 3 DAYS MC
Injured person in which vehicle?	SLP3285Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Budget Direct

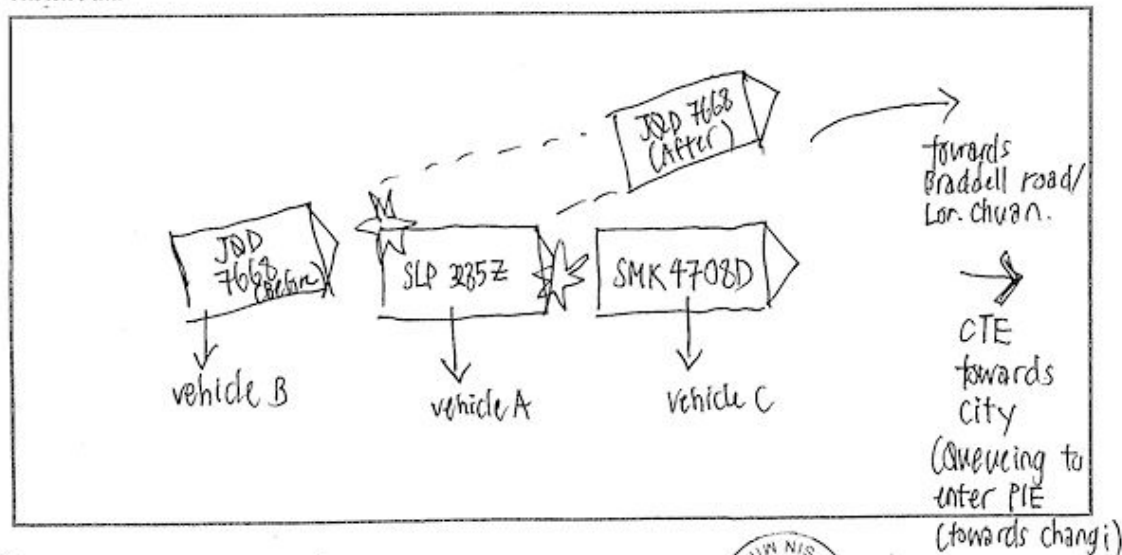
Vehicle: SLP 3285Z

03/11/2022

IMPORTANT NOTICE

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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.

Sketch Plan



[Signature]
Policyholder's Signature / Date & Time
03 Nov 2022
2.50 PM

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

[Signature]
Witnessed by Reporting Centre Personnel

03/11/2022

ALLIUM MOTOR COMPANY

Date of accident: 03 NOV 2022 Time: 1:30PM Location: CTE (towards city)
 My Vehicle A: SLP 7285Z Vehicle B: JAD 7668 Vehicle C: SMK 4708D

SKETCH PLAN

Describe Circumstances of the Accident.

On CTE (towards City), queueing to exit to PIE (towards Changi) next to Braddell exit. I was slowing down as a queue is forming to a stop.

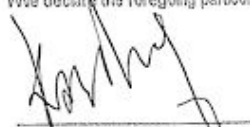
Rear ended by a Malaysian registered pickup, JAD 7668. Think he swerved and his front right crashed into my left rear.

My vehicle rolled forward and hit car, SMK 4708D.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

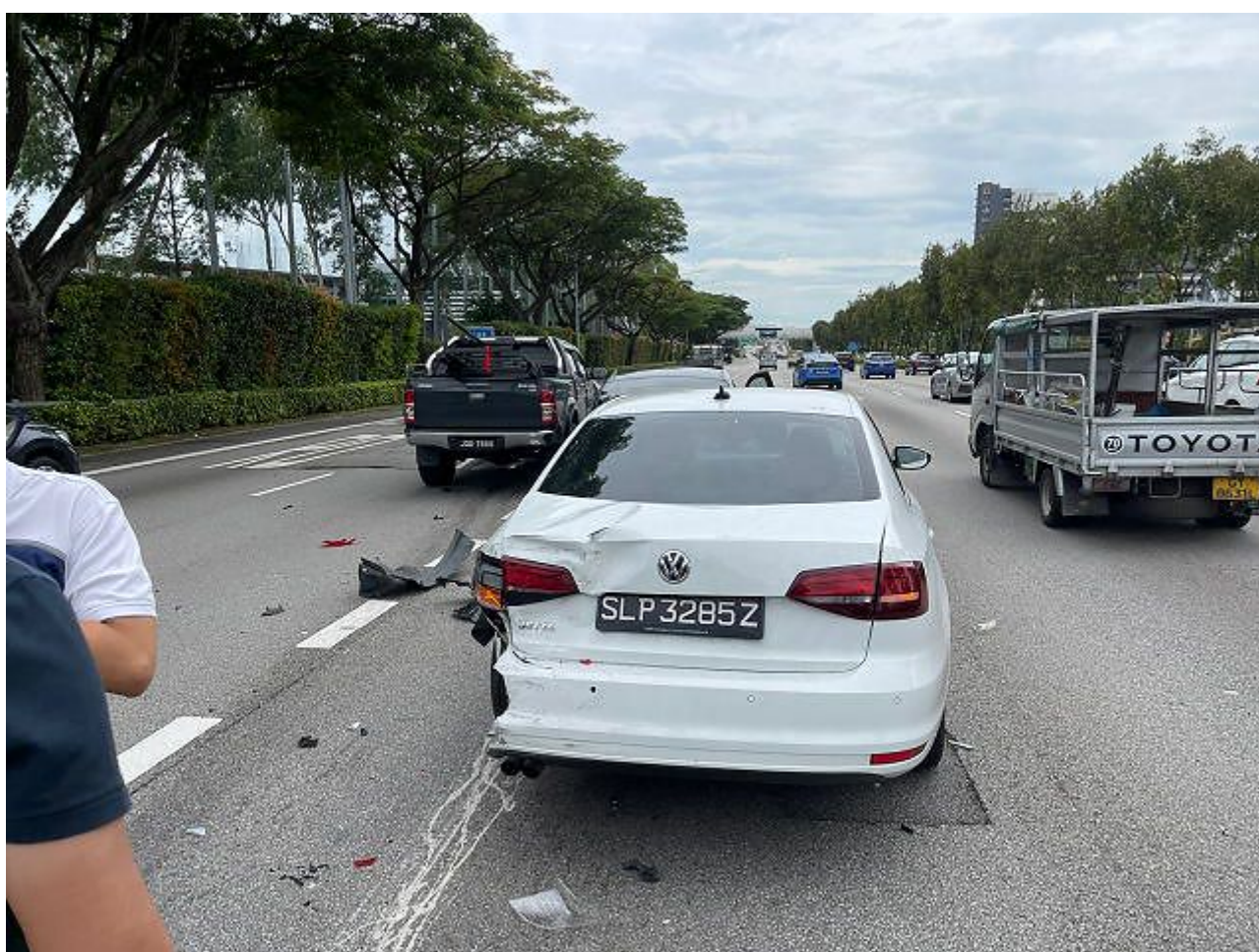
We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
03 NOV 2022
2.50PM

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


 Witnessed by Reporting Centre Personnel
03/11/2022

AHLIM MOTOR COMPANY





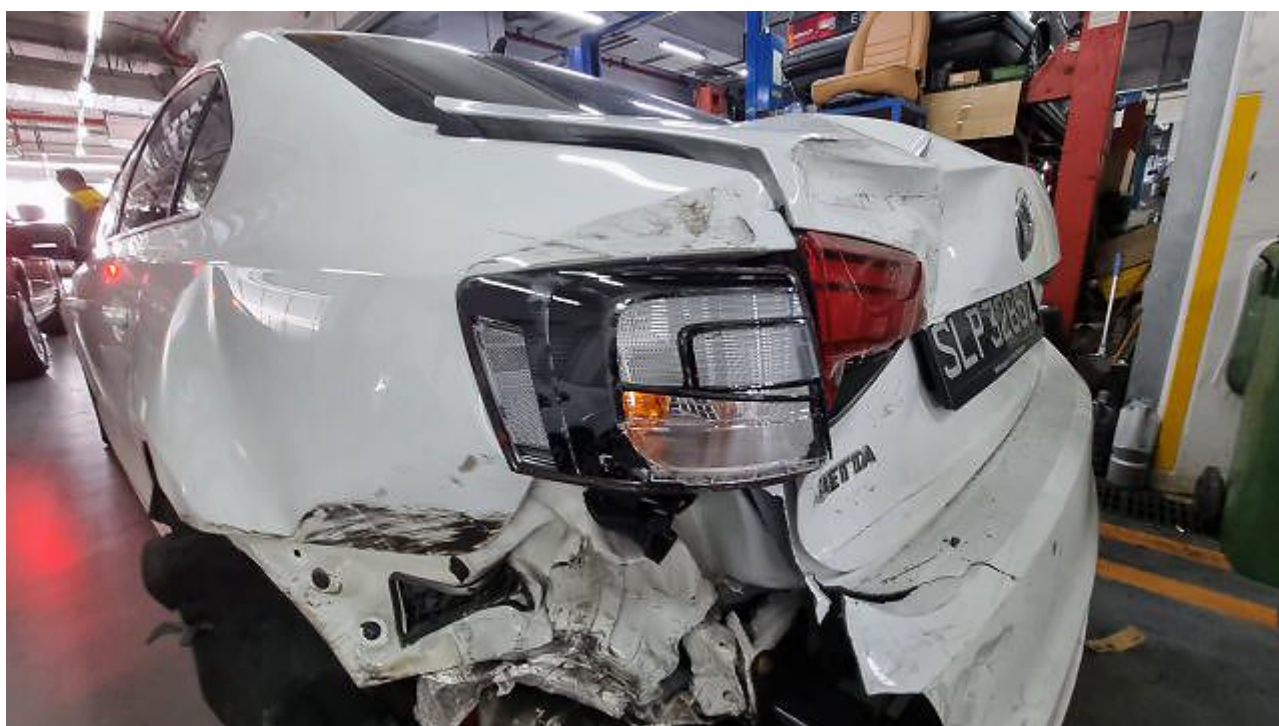




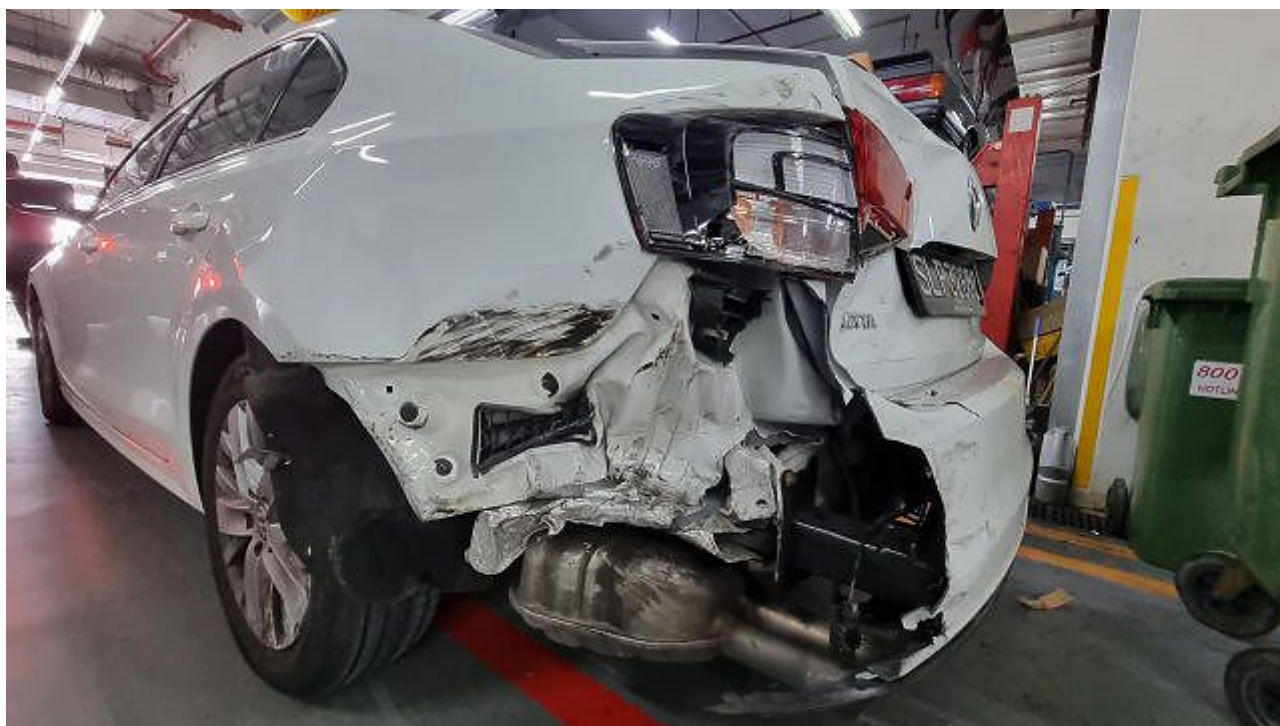










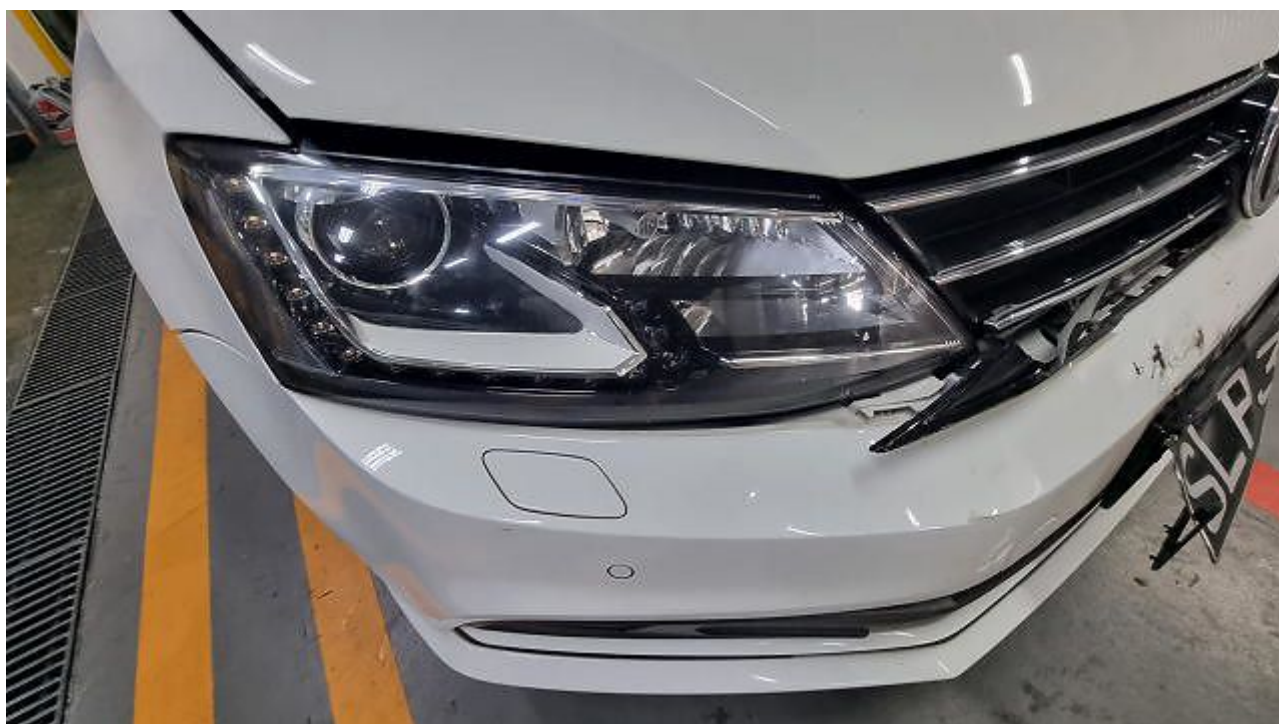



















**SINGAPORE
POLICE FORCE**


T/20221103/2101

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20221103/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2022 17:40		Vide Report No.: E/20221103/0077		Station Diary No.: 85	
Informant's Particulars					
Name of Informant: WU KANSHENG			Address: APT BLK 588A ANG MO KIO STREET 52 #30-203 SINGAPORE 561588		
ID Type / ID No.: NRIC NO / S8130964G			Contact No.: Home/Office: Mobile: 98792529		
Nationality: SINGAPORE CITIZEN			Email: wukansheng@gmail.com		
Sex: Male	Age: 41	Date of Birth: 22/09/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ARCHITECT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 03/11/2022 13:30	Type of Location: Expressway
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 239				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP3285Z	Car	VOLKSWAGO N	JETTA GP 1.4 TSI 90 A/T HL HID 1634G5	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP3285Z	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10169389R03	31/05/2022	30/05/2023



**SINGAPORE
POLICE FORCE**



T/20221103/2101

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20221103/2101

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WU KANSHENG	ID No.	S8130964G
Related Vehicle	SLP3285Z (Car)	Contact No.	98792529
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/11/2022	Date Discharge	03/11/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the mentioned date, time and location, I was travelling along CTE towards AYE. I was travelling along lane 4 and was in line to exit to PIE towards Changi. I was in a complete stop when I suddenly felt an impact to the rear of my vehicle, as such my vehicle moved forward and the front of my vehicle collided into the rear of the vehicle in front. I am lodging this for insurance claim purpose. There is a total of 3 vehicles involved.



**SINGAPORE
POLICE FORCE**



T/20221103/2101

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20221103/2101

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 /

SGT 2 WARREN TEO YING YOU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/11/2022 17:40

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168