

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 25/11/2022 12:49 (SGT)
Reported by Driver
Date of Accident 24/11/2022 17:45 (SGT)
Exact Location of Accident Kallang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4388Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EMPIRE (S) HOLDINGS PTE LTD
Company Reg No 2XXXXX353M
Email Address huangjianwei80@yahoo.com.sg
Mobile Phone No (Phone) +65-96914933
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Regius
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number 22-MQ003305-R01

DRIVER

Name of Driver WONG KEAN WHYE THOMAS (HUANG JIANWEI THOMAS)
NRIC No SXXXX077B
Date Of Birth 23/06/1980
Occupation Outdoor

Date Of Driving Pass	06/09/2005
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96914933
Alt. Phone Number	-
Email Address	huangjianwei80@yahoo.com.sg
Address	BLK 625B TAMPINES STREET 61 #15-664
Address complement	-
Postcode	522625
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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	WANG TAI XIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221124/7138

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	GW9051P
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG KEAN WHYE THOMAS (HUANG JIANWEI THOMAS)
Gender	Male
Phone No	(Phone) +65-96914933
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK4388Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WANG TAI XIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK4388Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 situated outside of Singapore, for one or more of the above Purposes.



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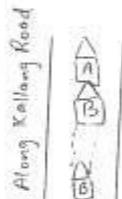
25/11/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: GBK4388Z

Vehicle B: GW9051P

Describe Circumstances of the Accident

Refer to police report no. : T/2022/1124/7138

Declaration

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



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sign

Signature / Date & Time

Driver's Signature / If driver is not the policyholder / Date & Time

Witnessed by Reporting Centre Personnel

25/11/2022





















**SINGAPORE
POLICE FORCE**



T/20221124/7138

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221124/7138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2022 21:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG KEAN WHYE THOMAS			Address: 625B TAMPINES STREET 61 #15-864 SINGAPORE 522625		
ID Type / ID No.: NRIC NO / S8018077B			Contact No.: Home/Office: Mobile: 96914933		
Nationality: SINGAPORE CITIZEN			Email: HUANGJIANWEI80@YAHOO.COM.SG		
Sex: Male	Age: 42	Date of Birth: 23/06/1980	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2022 17:45	Type of Location:
Location: KALLANG ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK4388Z	Car					1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20221124/7138

CONTINUATION OF REPORT

Driver			
Name	WONG KEAN WHYE THOMAS		ID No. S8018077B
Related Vehicle	GBK4388Z (Car)		Contact No. 96914933
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving GBK4388Z along Kallang Road towards Geylang direction.

I had gradually come to a stop before the yellow box at the junction of Horne Road.

My colleague, Wang Taixin, was my front passenger at that time and the both of us were belted.

I was waiting for traffic light to turn green when suddenly, a massive impact slammed into the rear of my vehicle.

My vehicle surged forward due to the impact into the yellow box in front of me.

My body lurched forward due to the massive impact only to be restrained by the seat belt while my colleague complained that he had knocked both his knees against the dashboard.

Upon alighting, I realised that the rear of my van had been smashed by GW9051P.

Initially, only Wang had complained of pain in his knees. However, shortly after the accident, I started feeling aches in my neck, shoulders and lower back areas.

Wang also experienced the same symptoms.

As such, we proceed to my family doctor, Sunshine Family Practice, to seek treatment the same evening.

We were given 5 days MC each for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221124/7138

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Report No. T/20221124/7138

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 24/11/2022 21:35
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP16B