

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 30/11/2022 13:56 (SGT)
Reported by Both
Date of Accident 29/11/2022 17:00 (SGT)
Exact Location of Accident Eu Tong Sen St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGD8448K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG SHUK WEI
NRIC No S7377181A
Email Address sylviauwongsw@gmail.com
Mobile Phone No (Phone) +65-98355966
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 1600

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5124203948

DRIVER

Name of Driver WONG SHUK WEI
NRIC No S7377181A
Date Of Birth 30/11/1973
Occupation Indoor

Date Of Driving Pass	22/11/1999
Driving experience	23 YEARS
Gender	Female
Mobile Number	(Phone) +65-98355966
Alt. Phone Number	-
Email Address	sylviaiwongsw@gmail.com
Address	65 LORONG 40 GEYLANG
Address complement	#01-37 THE WATERINA
Postcode	398085
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221129/2140

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	PLEASE EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX216S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	CHONG KAI
Contact Number	(Phone) +65-91270312
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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.



30/11/2022 & 1430HRS

Policyholder's Signature / Date & Time

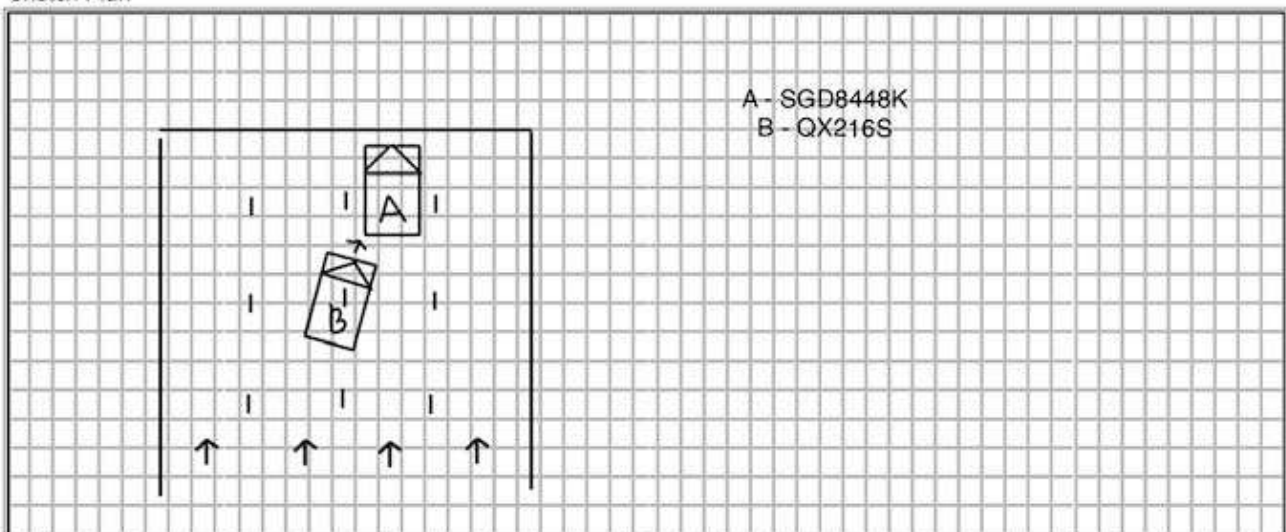
Driver's Signature (if driver is not the policyholder) / Date & Time



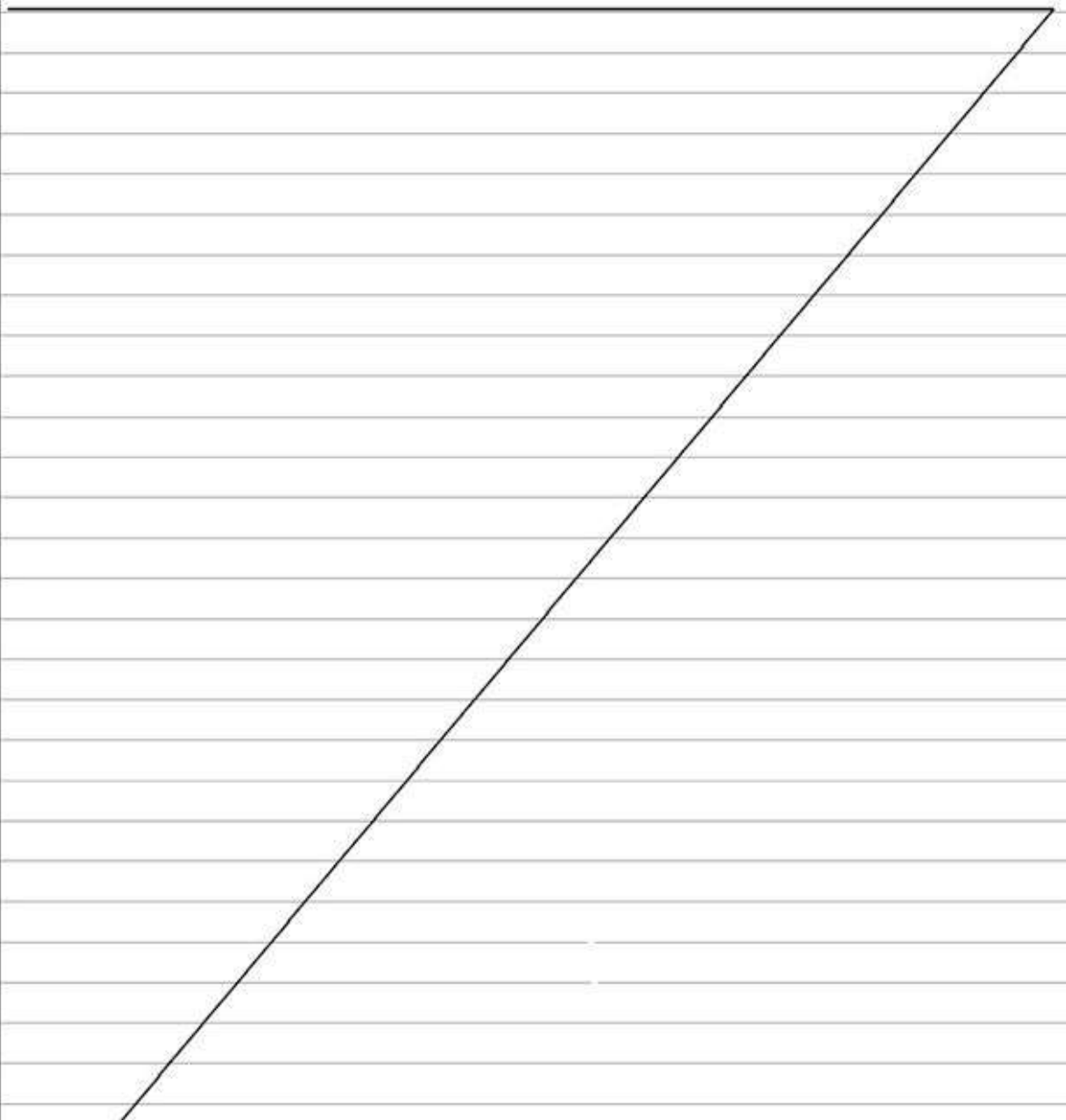
Mohammad Ikhsan Bin Abdul Aziz

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident



Declaration

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

Gr

30/11/2022 & 1430HRS

Policyholder's Signature / Date & Time

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



Mohammad Ikhsan Bin Abdul Aziz

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)


**SINGAPORE
POLICE FORCE**


T/20221129/2140

1 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20221129/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2022 23:14	Vide Report No.: T/20221129/2104	Station Diary No.: 127
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Informant's Particulars

Name of Informant: WONG SHUK WEI			Address: 65 LORONG 40 GEYLANG #01-37 SINGAPORE 398085	
ID Type / ID No.: NRIC NO / S7377181A			Contact No.: Home/Office:	Mobile: 98355966
Nationality: MALAYSIAN			Email: 30swsw@gmail.com	
Sex: Female	Age: 48	Date of Birth: 30/11/1973	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: IT DIRECTOR		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Police Vehicle	Drink: Drive: No	Date/Time of Accident: 29/11/2022 17:00	Type of Location: Straight Road
Location: EU TONG SEN STREET			
Weather: Clear	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:	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
QX216S	Car				Slightly Damaged	0
SGD8448K	Car	TOYOTA	COROLLA ALTIS 1.6 ELEGANCE (AUTO)	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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Tel No: 1800-8486999



T/20221129/2140

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Report No. T/20221129/2140

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGD8448K	NTUC Income Insurance Co-Operative Limited	5124203948	18/10/2021	17/02/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG SHUK WEI		ID No. S7377181A
Related Vehicle	SGD8448K (Car)		Contact No. 98355966
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/11/2022, at around 5PM, I was driving along the second lane of Eu Tong Sen Street, nearing the traffic light junction of Eu Tong Sen Street. I was driving at a slow speed and the light of the traffic junction turned red, as such I stopped before the line of the traffic junction. Subsequently, I felt an impact to the rear of my vehicle. I made a check and saw that a police vehicle (QX216S) had collided into the rear left side of my vehicle. There was no injury, and no further medical assistance was required. We stopped on the left side of the road to exchange details with the driver known as Chong Kai. There was slight damage to the left side of my rear bumper, and the left rear brake light.

I have front and rear in-car camera installed in my vehicle and have the footage with me.

**SINGAPORE
POLICE FORCE**

T/20221129/2140

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Report No. T/20221129/2140

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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:
G /
SGT 3 JOHANN PAK ZHUO-EN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/11/2022 23:14

Officer In Charge Of Case:
TP / DDGVT /
SI STEPHANIE, CHEUNG TSZ YING
Contact No.: 65476439

Classification Of Case:

NP168