

## 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 .....	23/03/2023 15:54 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	22/03/2023 14:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	YIO CHU KANG ROAD (NEAR JUNCTION TURN GERALD DRIVE)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKQ6257S
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CAI RUOLING
NRIC No .....	S8845137F
Email Address .....	AHWEI09@OUTLOOK.COM
Mobile Phone No .....	(Phone) +65-81001271
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
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 .....	0

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5114282777-03

#### DRIVER

Name of Driver .....	YAO JUNWEI
NRIC No .....	S8339606G
Date Of Birth .....	09/12/1983

Occupation .....	Indoor
Date Of Driving Pass .....	23/09/2004
Driving experience .....	18 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96555579
Alt. Phone Number .....	-
Email Address .....	AHWEI09@OUTLOOK.COM
Address .....	433B SENGKANG WEST WAY #11-535
Address complement .....	-
Postcode .....	792433
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	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 .....	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

#### REFER TO 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 .....	VIDEO WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJQ4155C
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	YAO JUNWEI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKQ6257S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## Describe Circumstances of the Accident

On 22-03-2023 at about 2:30pm. I was travelling along Yio Chu Kang Road. I was stationary due to the front traffic. Suddenly, I felt an impact on my vehicle rear portion and vehicle B (SKQ 4155C) had hit onto rear portion of my vehicle (SKQ 62575).

## 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

Witnessed by Reporting Centre Personnel

# SKETCH PLAN

## IMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan





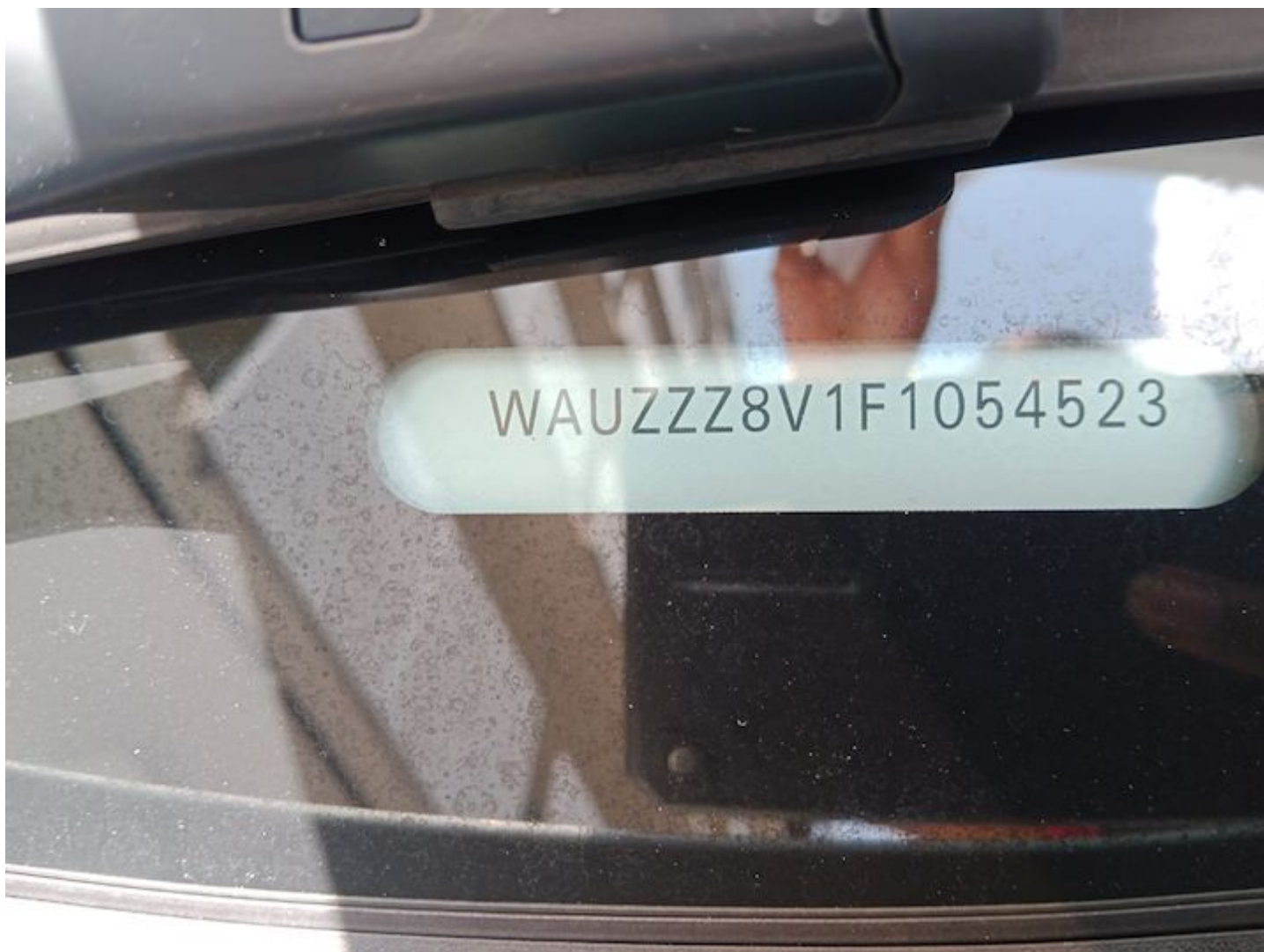






























**SINGAPORE  
POLICE FORCE**



T/20230323/7038

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

3 of 3

Report No. T/20230323/7038

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:  
23/03/2023 13:35

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20230323/7038

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

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Report No. T/20230323/7038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/03/2023 13:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YAO JUNWEI			Address: 433B SENGKANG WEST WAY #11-535 SINGAPORE 792433		
ID Type / ID No.: NRIC NO / S8339606G			Contact No.: Home/Office: Mobile: 96555579		
Nationality: SINGAPORE CITIZEN			Email: Ahwei09@outlook.com		
Sex: Male	Age: 39	Date of Birth: 09/12/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2023 14:30	Type of Location: Straight Road
Location:  SELETAR HILLS DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJQ4155C	Car					0
SKQ6257S	Car	AUDI	A3 SEDAN	White	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230323/7038

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

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Report No. T/20230323/7038

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ6257S	NTUC Income Insurance Co-Operative Limited	5114282777-03	15/12/2022	14/12/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAO JUNWEI		ID No. S8339606G
Related Vehicle	SKQ6257S (Car)		Contact No. 96555579
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	23/03/2023		Date 23/03/2023
No. of Days granted Medical Leave	05	Degree of	Serious

## Brief Details.

ON 22.03.2023 AT ABOUT 2.30PM. I WAS TRAVELLING ALONG YIO CHU KANG ROAD. I WAS STATIONARY DUE TO THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR PORTION AND VEHICLE B (SJQ4155C) HAD HIT ONTO REAR PORTION OF MY VEHICLE (SKQ6257S).

I VISITED A LIFE CLINIC PTE LTD AFTER THE ACCIDENT. I FELT PAIN TO MY NECK. I WAS GIVEN 5DAYS MC BY THE DOCTOR.