

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 | 03/04/2023 14:56 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 30/03/2023 19:30 (SGT) |
| Exact Location of Accident | Punggol Walk, Singapore |
| Additional Location Information | PUNGGOL WALK SINGAPORE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMW9772X |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------|
| Is company? | Yes |
| Name Of Registered Owner | ADVANCE COATING SINGAPORE |
| Company Reg No | 53424598J |
| Email Address | KENKURO84@GMAIL.COM |
| Mobile Phone No | (Phone) +65-87903234 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---|
| Manufacturer | Ssangyong |
| Model | Tivoli |
| Variant | SSANGYONG / TIVOLI 1.6D STD 6AT 2WD ABS E6 FL |
| 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 | 1597 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MT/01141984 |

DRIVER

| | |
|----------------------|------------------------|
| Name of Driver | WANG ZONGYANG, KENNETH |
| NRIC No | S8401775B |
| Date Of Birth | 18/01/1984 |
| Occupation | Indoor |

| | |
|--|---|
| Date Of Driving Pass | 06/11/2008 |
| Driving experience | 14 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87903234 |
| Alt. Phone Number | - |
| Email Address | KENNETHWANG09@GMAIL.COM |
| Address | BLK 271C PUNGGOL WALK 09-529 SINGAPORE 823271 |
| Address complement | - |
| Postcode | 823271 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | DIRECTOR |
| 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 | Raining |
| 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? | 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
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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 | SMD5015A |
| Vehicle Manufacturer | - |

| | |
|---|----------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LEONG WENG YUE |
| Contact Number | (Phone) +65-81237200 |
| 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 | WANG ZONGYANG, KENNETH |
| Gender | Male |
| Phone No | (Phone) +65-87903234 |
| Address | BLK 271C PUNGGOL WALK 09-529 SINGAPORE 823271 |
| Address Complement | - |
| Post Code | 823271 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMW9772X |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

Describe Circumstances of the Accident

Refer To Police Report NO: T/20230331/7072

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

Insurance Co. Direct Asia Insurance

Vehicle NO. SMW 9772X Date Of Accident 30, 3, 2023

☐ Reporting Only

☐ Own Damage Claim

☒ Third Party Claim

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Police for investigation.
6. The 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.
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.



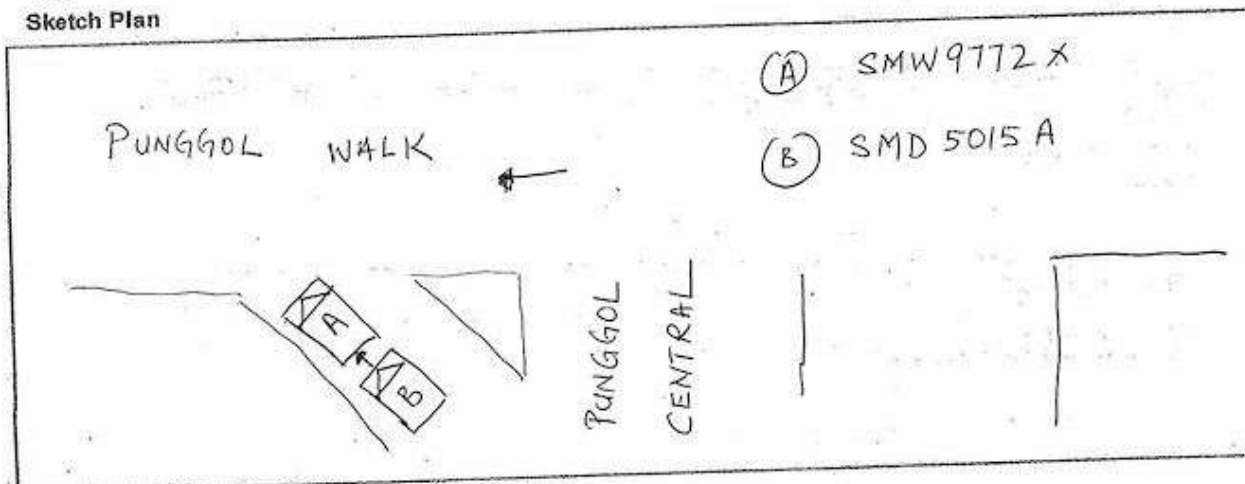
[Signature]

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/20230331/7072

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

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Report No. T/20230331/7072

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 31/03/2023 20:25 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: WANG ZONGYANG, KENNETH | | | Address: 271C PUNGGOL WALK #09-529 SINGAPORE 823271 | | |
| ID Type / ID No.: NRIC NO / S8401775B | | | Contact No.: Home/Office: Mobile: 87903234 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: KENNETHWANG09@GMAIL.COM | | |
| Sex: Male | Age: 39 | Date of Birth: 18/01/1984 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 30/03/2023 19:30 | Type of Location: Bend |
| Location: PUNGGOL WALK | | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: 50 Km/h |
| Traffic Flow: One Way | | Traffic Control: Pedestrian Crossing | | 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 | Conditio | No of |
|-------------|------|-----------|----------|-------|------------------|-------|
| SMD5015A | Car | SUBARU | Forester | White | Slightly Damaged | 0 |
| SMW9772X | Car | SSANGYONG | Tivoli | Blue | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20230331/7072

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

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Report No. T/20230331/7072

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMW9772X | DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. | MT/01141984 | 21/12/2022 | 20/12/2023 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | |
| Name | WANG ZONGYANG, KENNETH | ID No. | S8401775B |
| Related Vehicle | SMW9772X (Car) | Contact No. | 87903234 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 30/03/2023 | Date | 31/03/2023 |
| No. of Days granted Medical Leave | 07 | Degree of | Slight |

Brief Details.

On 30th March 2023 at about 19:30hrs I was traveling along Punggol Central opp Waterway Point exit left to Punggol Walk on the slip road in my way home.

While I giving way to right of way vehicles and my car came to a stationary stop, I felt an strong impact from the back of my car, due to the impact and my face crashes onto my steering wheel.

I came out from my vehicle and notice vehicle B SMD5015A has hit onto my Vehicle A SMW9772X rear portion.

The driver of Vehicle B had admitted it was his fault

I sustained some pain on my head, right eyes, right face, neck, back and my left leg during the course accident.

I went to Mount Alvernia Hospital around 2100hrs for medical checkup.

The doctors have intention to send me to ward after assessment but I was having a fever and flu at the that point and they transferred me to Sengkang Hospital for further medical treatment via ambulance.

The doctors conducted CT scan on my head and I was warded in the Sengkang Hospital until 31 March 2023 and was discharged from hospital and was given 7 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20230331/7072

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Report No. T/20230331/7072

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20230331/7072

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

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Report No. T/20230331/7072

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
31/03/2023 20:25

Classification Of Case: