

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	21/11/2022 16:01 (SGT)
Reported by	Actual Driver
Date of Accident	18/11/2022 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STRATHMORE AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB810M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN PUAY KNG
NRIC No	S7806204E
Email Address	jerrytan1978@gmail.com
Mobile Phone No	(Phone) +65-93873489
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1461

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10481297R01

DRIVER

Name of Driver	WONG YAM WEI
NRIC No	S8542263D
Date Of Birth	28/12/1985
Occupation	Indoor

Date Of Driving Pass	23/03/2012
Driving experience	10 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90609742
Alt. Phone Number	-
Email Address	yenny.wongyw@gmail.com
Address	1 DUNDEE ROAD #35-07
Address complement	-
Postcode	149456
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	Collided into Motorcyclist
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?	Yes
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 SKETCH AND POLICE REPORT ATTACHED

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	FBR4224B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	AH CHUAN
Contact Number	(Phone) +65-90881976
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AH CHUAN
Gender	Male
Phone No	(Phone) +65-90881976
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO TP
Injured person in which vehicle?	FBR4224B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

VEHICLE NO:

DATE OF ACCIDENT:

SKB 810M
18/11/22IMPORTANT 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:

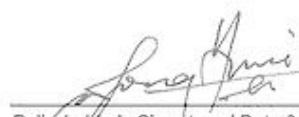
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



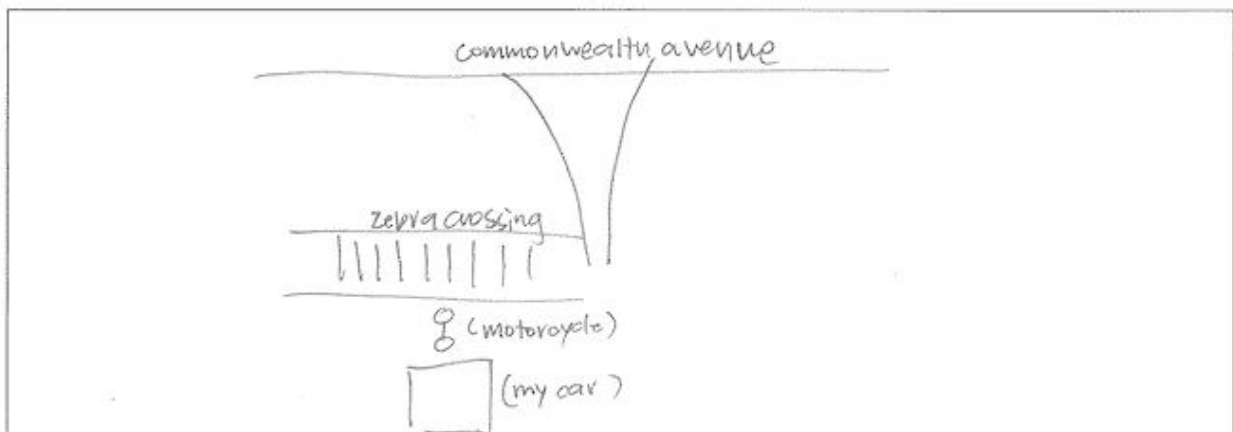
Policyholder's Signature / Date & Time

21/11/2022

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

Witnessed by Reporting Centre
Personnel

































**SINGAPORE
POLICE FORCE**



T/20221118/7068

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

1 of 3

Report No. T/20221118/7068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2022 22:20		Vide Report No.: D/20221118/0077		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG YAM WEI			Address: 1 DUNDEE ROAD #35-07 SINGAPORE 149456		
ID Type / ID No.: NRIC NO / S8542263D			Contact No.: Home/Office: Mobile: 90609742		
Nationality: SINGAPORE CITIZEN			Email: YENNY.WONGYW@GMAIL.COM		
Sex: Female	Age: 36	Date of Birth: 28/12/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/11/2022 19:00	Type of Location: Y-Junction
Location: STRATHMORE AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		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
SKB810M	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20221118/7068

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

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Report No. T/20221118/7068

CONTINUATION OF REPORT

Driver			
Name	WONG YAM WEI	ID No.	S8542263D
Related Vehicle	SKB810M (Car)	Contact No.	90609742
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was one of the vehicle waiting in line at the junction beside Queens Peak to turn out to Commonwealth Avenue. There was a zebra crossing so myself and the motorcycle in front waited until the pedestrian cleared before moving. Upon lifting my pedal to start the car, I bumped into the back of the motorcycle in front of me as he was very close. Upon bumping into the motorcycle, the motorcyclist lost his balance but was standing. After trying to balance for a couple more seconds, he lost balance and let go of his motorcycle which he left lying by the road. He then proceed to sit by the middle curb for a breather whilst I stopped the car, got out and checked if he was ok. However we were blocking the traffic and I told him I will make a turn and drive back to the scene to check on him. When I came back, the motorcyclist and I walked over to the roadside and sat there to exchange details. He took a photo of my NRIC and also my mobile number. He called the ambulance to check if there was any injuries and we sat at the curb side for the next 30min to wait for the ambulance. It was important to me to ensure he was ok. We chatted whilst waiting for the ambulance and he shared that he was Ah Chuan, about 45-48 years old, of Chinese ethnicity and was working as a Car Technician in Audi and he was on the way to a Chinese temple for a prayer session.

Subsequently the ambulance came with 4 medics who attended to Ah Chuan. They took his blood pressure, glucose level and also did a physical examination of his neck, back and waist. He claims to have pains in his waist. The medics helped to move his motorcycle to the side of the road and had taken our accounts before taking him away from the scene of the accident.

I left to visit my aunt who had broken her wrist and returned home at around 815pm where I saw Officer Abdullah parked at the scene. I decided to walk up to him to asked if he had received a report and shared with him that I was the driver of the incident and recounted the whole process as I did here.



**SINGAPORE
POLICE FORCE**



T/20221118/7068

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

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Report No. T/20221118/7068

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 / TPB /
MOHAMMED FERAZ BIN HUSSEN
Contact No.: 65476206

NP168

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

Date/Time:
18/11/2022 22:20

Classification Of Case: