

# 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 .....	28/04/2023 13:52 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/04/2023 18:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	UPPER PICKERING STREET TOWARDS CHURCH STREET
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU878G

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WONG JIA WEI , ERNEST (HUANG JIAWEI )
NRIC No .....	SXXXX766D
Email Address .....	ernest.jiawei.wong@gmail.com
Mobile Phone No .....	(Phone) +65-84446638
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Maserati
Model .....	GRANTURISMO
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 .....	4691

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00109612200

### DRIVER

Name of Driver .....	WONG JIA WEI , ERNEST (HUANG JIAWEI )
NRIC No .....	SXXXX766D
Date Of Birth .....	26/10/1989
Occupation .....	Indoor

Date Of Driving Pass .....	30/04/2014
Driving experience .....	9 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-84446638
Alt. Phone Number .....	-
Email Address .....	ernest.jiawei.wong@gmail.com
Address .....	APT BLK 736 WOODLANDS CIRCLE
Address complement .....	# 06-511
Postcode .....	730736
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 .....	Side Swipe
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 .....	LOH MENG TUCK
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 THE ATTACHED STATEMENT

#### 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 .....	SJU7848X
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 .....	WONG JIA WEI , ERNEST (HUANG JIAWEI )
Gender .....	Male
Phone No .....	(Phone) +65-84446638
Address .....	APT BLK 736 WOODLANDS CIRCLE
Address Complement .....	# 06-511
Post Code .....	730736
Approximate Age Years Old .....	-
Injuries Sustained .....	RIGHT KNEE AND NECK PAIN
Injured person in which vehicle? .....	SLU878G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LOH MENG TUCK
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODYPAIN
Injured person in which vehicle? .....	SLU878G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**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 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan upper pickering street towards church street


Veh A: SLN 8786  
Veh B: SDN 7848X


## Describes Circumstance of the Accident

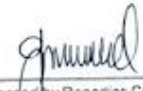
On the stated time & Date, I was driving my car along upper pickering st on lane 1 of 5 lanes. Suddenly a vehicle abruptly cutting across from the road (roughly around lane 3 or lane 4) entering the park Royal hotel on my right hence I slam my brake to prevent collision but it within short notice I can't stop in time as the distance is quite near. We alighted our vehicle exchange particular and left the scene shortly.

## Declaration

I/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

 28/4/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)













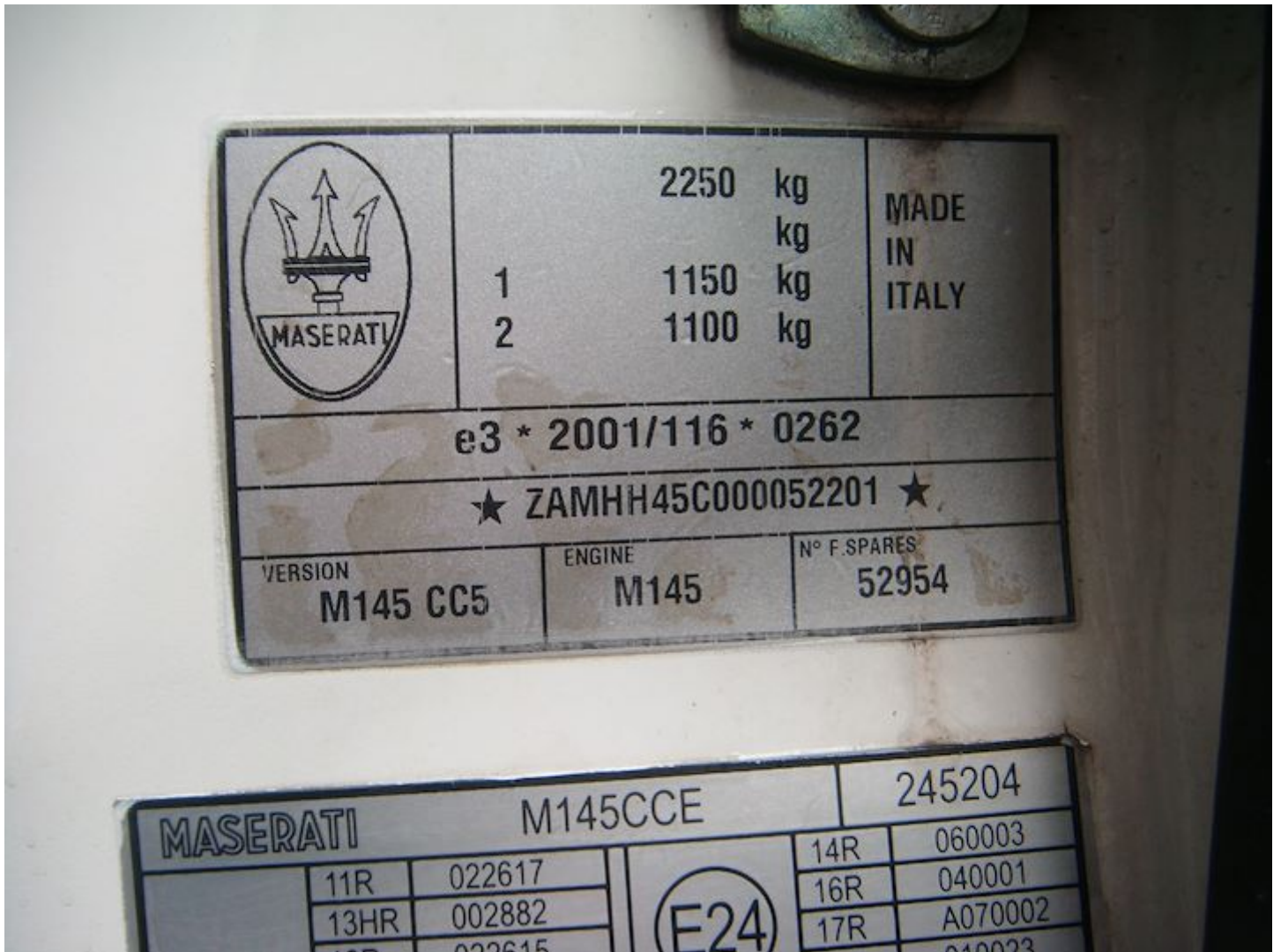














# SINGAPORE POLICE FORCE



T/20230428/7093

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

1 of 4

Report No. T/20230428/7093

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2023 21:19		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WONG JIA WEI, ERNEST			Address: 736 WOODLANDS CIRCLE #06-511 SINGAPORE 730736		
ID Type / ID No.: NRIC NO / S8940766D			Contact No.: Home/Office: Mobile: 84446638		
Nationality: SINGAPORE CITIZEN			Email: ERNEST.JIAWEI.WONG@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 26/10/1989	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Interior designer			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2023 18:00	Type of Location:
Location:  UPPER PICKERING STREET				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU878G	Car	MASERATI	GRANTURISMO S 4.7 A	White		1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU878G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001096 12200	28/04/2022	15/08/2023



**SINGAPORE  
POLICE FORCE**



T/20230428/7093

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

2 of 4

Report No. T/20230428/7093

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG JIA WEI, ERNEST		ID No. S8940766D
Related Vehicle	SLU878G (Car)		Contact No. 84446638
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 SLU878G with my friend, Loh Meng Tuck, as my front passenger.

I was travelling straight along Upper Pickering St towards Church St direction.

As I was approaching the carpark exit/entrance of Parkroyal on Pickering, I was checking on my right to see if there were any vehicles coming out from the right.

I noticed that there was a taxi approaching the exit of the hotel and said taxi had come to a stop at the stop line.

As such, I continued straight.

Just as I was approaching the yellow box, SJU7848X, suddenly appeared from the left travelling perpendicular to the road.

I was shocked as I would never have anticipated a vehicle coming from the left since the only lane which could turn right into the entrance of the carpark was the 1 I was travelling in.

I instinctively slammed onto my brakes as hard as I possibly could but it was to no avail as SJU7848X dashed out too abruptly and unexpectedly.

The front of my vehicle still hit onto the rear right portion of SJU7848X despite my desperate attempts to avoid the collision.

As my vehicle came to a stop, I checked on my passenger, who had been caught completely off guard as he was using his phone, and he informed that he had knocked his knees against the glove compartment of my vehicle when his body was thrown forward earlier despite being belted.

Later the same evening, my passenger complained that he had started to feel soreness



**SINGAPORE  
POLICE FORCE**



T/20230428/7093

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

3 of 4

Report No. T/20230428/7093

**CONTINUATION OF REPORT**

coming from his neck, shoulders, back and chest areas. The pain in his knees were also getting worse.

The following morning, I also woke up with aches in my right knee, neck and back areas as well.

As such, my passenger and I sought treatment at my family doctor Norwood Medical Clinic and were each given 5 days MC 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/20230428/7093

4 of 4

Report No. T/20230428/7093

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

Signature Of Informant:

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

Date/Time:  
28/04/2023 21:19

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09234 S0003 Vehicle Registration No: SLW 878 G  
 Name (as shown in NRIC): WONG JIA WEI ERNEST NRIC/FIN/Passport No: S8940766 D  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: APT BLK 736 WOODLANDS CIRCLE # 06-511 Singapore ( 730736 )  
 Contact (Tel): 8444 6638 Mobile No.: -  
 Email Address: ERNEST.JIAWEI.WONG@GMAIL.COM  
 Date of Accident: 27/4/2023 Time of Accident: 1800 HRS  
 Place of Accident: UPPER PICKERING ST. TWOS CHURCH ST  
 Insurance Company: CHINA TAIPING

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

PLEASE KINDLY HELP TO ADD POLICE REPORT T/20230428/7093

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

x

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

3/5/2023  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:

GENERAL Insurance Association