

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	22/05/2023 14:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/05/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLANDS INDUSTRIAL PARK D STREET 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5588L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG KUM CHUEN
NRIC No	S7877587D
Email Address	KUMCHUEN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92997560
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Mobilio
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10150719R04

DRIVER

Name of Driver	WONG KUM CHUEN
NRIC No	S7877587D
Date Of Birth	03/09/1978
Occupation	Indoor

Date Of Driving Pass	04/06/2003
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92997560
Alt. Phone Number	-
Email Address	KUMCHUEN@HOTMAIL.COM
Address	245 PASIR RIS STREET 21, #08-81
Address complement	-
Postcode	510245
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	4
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)	6
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	WTG103
Vehicle Category	Private car

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	HELPER
Gender	Female

PASSENGER 3

Name	SON
Gender	Male

PASSENGER 4

Name	SON
Gender	Male

PASSENGER 5

Name	DAUGHTER
Gender	Female

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 POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFF1313M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN5261C
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	WTG103
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 -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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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

Hand-drawn sketch plan on a grid background showing four vehicles labeled A, B, C, and D. Vehicle D is at the top, followed by A, B, and C below it. To the right of the vehicles are four circled labels: (A) SKA 558RL, (B) SMNS261C, (C) WTG103, and (D) SFF1313M.

Describe Circumstance of the Accident

REFER TO POLICE REPORT

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

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

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**SINGAPORE
POLICE FORCE**



T/20230521/7001

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

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Report No. T/20230521/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2023 00:14	Vide Report No.: L/20230520/0077	Station Diary No.:
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Informant's Particulars

Name of Informant: WONG KUM CHUEN			Address: 245 PASIR RIS STREET 21 #08-81 SINGAPORE 510245		
ID Type / ID No.: NRIC NO / S7877587D			Contact No.: Home/Office: Mobile: 92997560		
Nationality: SINGAPORE CITIZEN			Email: KUMCHUEN@HOTMAIL.COM		
Sex: Male	Age: 44	Date of Birth: 03/09/1978	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/05/2023 13:30	Type of Location: Straight Road
Location: WOODLANDS INDUSTRIAL PARK D STREET 2				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFF1313M	Car		Mitsubishi	Brown	Slightly Damaged	2
SKD5588L	Car	HONDA	MOBILIO SV 1.5 CVT	White	Seriously Damaged	6
SMN5261C	Car		Honda Freed	Grey	Seriously Damaged	7



**SINGAPORE
POLICE FORCE**



T/20230521/7001

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

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Report No. T/20230521/7001

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
WTG103	Car	TOYOTA	Alphard	White	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD5588L	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10150719R04	30/03/2023	29/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LEA OMEGA WONG		ID No.	S7980130E
Related Vehicle	SKD5588L (Car)		Contact No.	92997561
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	WONG KUM CHUEN		ID No.	S7877587D
Related Vehicle	SKD5588L (Car)		Contact No.	92997560
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight

Brief Details.

Just before the bridge to Woodlands immigration. The traffic was heavy so my car was stationary. I have my wife, 3 kids and a helper in the car. Suddenly we felt a very strong hit from the back of our car and then our car hit the car in front of us and stopped. We were all startled and my wife, my son, my helper all had neck and head pain because of the impact that caused our head to knock against the head rest. The car behind us is a Honda Freed (SMN5261C) and they were hit by a Malaysian car (Toyota Alphard - WTF103). Our car in turn hit the car in front (Mitsubishi - S%1313M). There was injury sustained by the passengers in the car behind us caused by the hit from the Toyota Alphard.



**SINGAPORE
POLICE FORCE**



T/20230521/7001

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

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Report No. T/20230521/7001

CONTINUATION OF REPORT

I have provided my car cam for front and back micro SD card to the TP.
The TP has already taken pictures and reported, SCDF was also on site.



**SINGAPORE
POLICE FORCE**



T/20230521/7001

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

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Report No. T/20230521/7001

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

NP168

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

Date/Time:
21/05/2023 00:14

Classification Of Case:

