

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	06/02/2023 12:37 (SGT)
Reported by	Driver
Date of Accident	06/02/2023 07:50 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	SERANGOON ROAD SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6555P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JF FOUNDATION PTE. LTD.
Company Reg No	200706729G
Email Address	ACCJF@JFFFOUNDATION.COM.SG
Mobile Phone No	(Phone) +65-67429092
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Every
Variant	SUZUKI / EVERY JOIN TURBO 660 AUTO
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	Commercial vehicle
Transmission	Auto
CC	658

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ22-003968

DRIVER

Name of Driver	WONG SHI LI
NRIC No	S9173426E
Date Of Birth	16/05/1991
Occupation	Outdoor

Date Of Driving Pass	19/11/2011
Driving experience	11 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91852168
Alt. Phone Number	-
Email Address	RENEESL09@HOTMAIL.COM
Address	BLK 20 ST. MICHAEL'S ROAD 05-02 SINGAPORE 327979
Address complement	-
Postcode	327979
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	PAX 1
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNG3963Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KAH GUAN ELISE
NRIC No	S1459861H
Contact Number	(Phone) +65-96653779
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

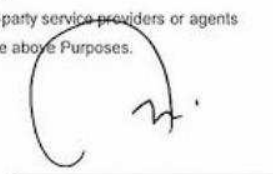
(collectively the "Purposes")

(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

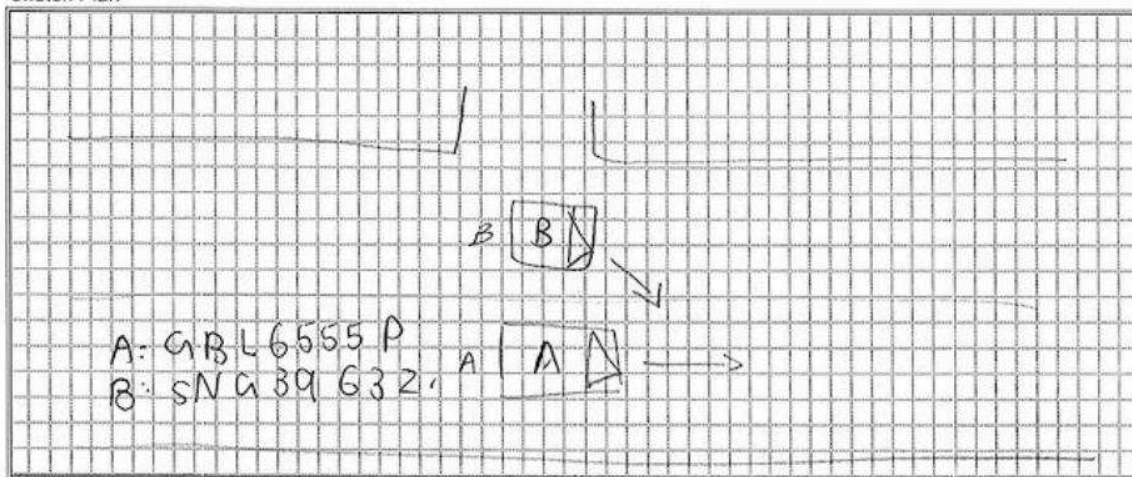
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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



Describe Circumstance of the Accident


REFER TO POLICE REPORT

Declaration

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

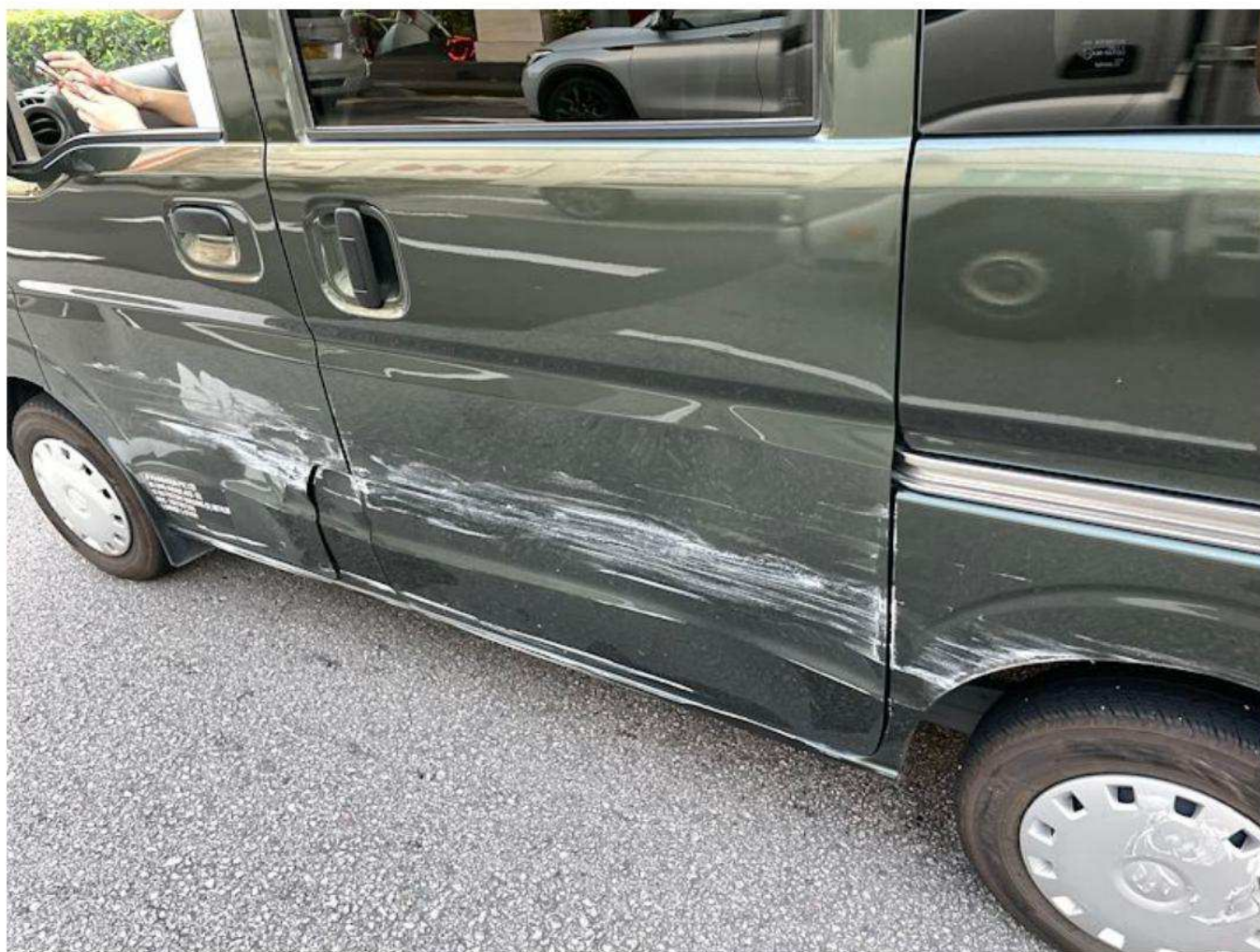
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 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)

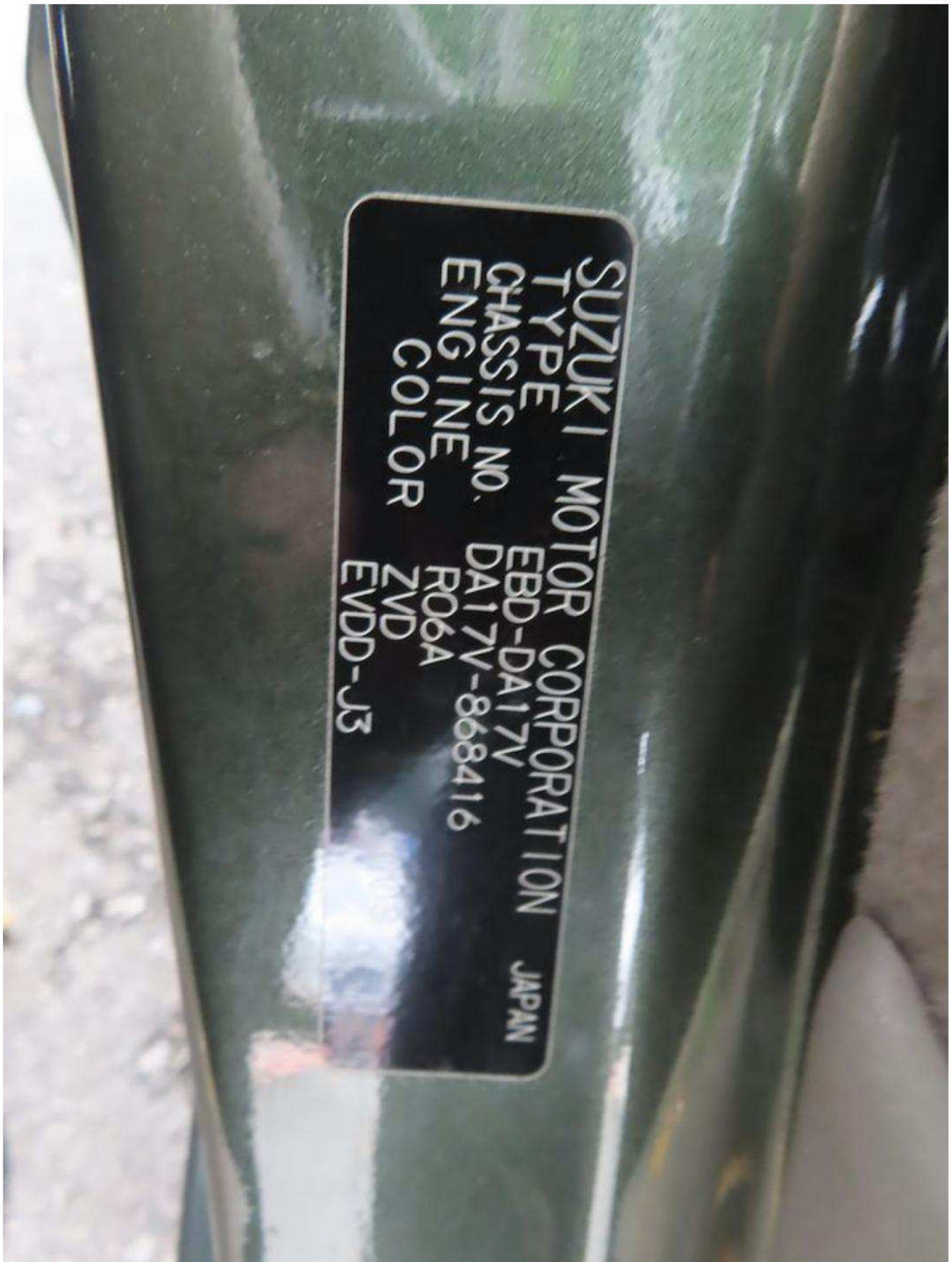








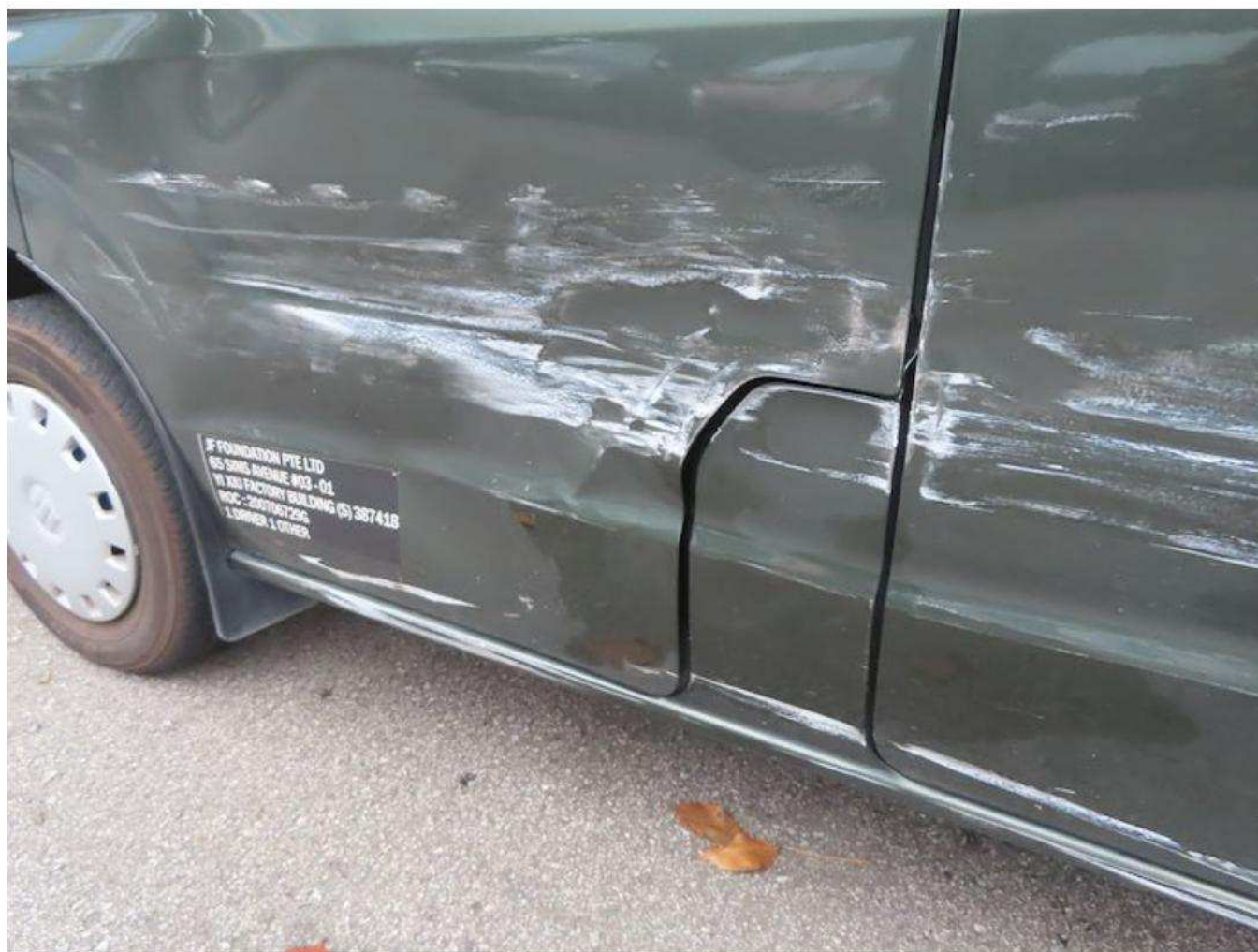




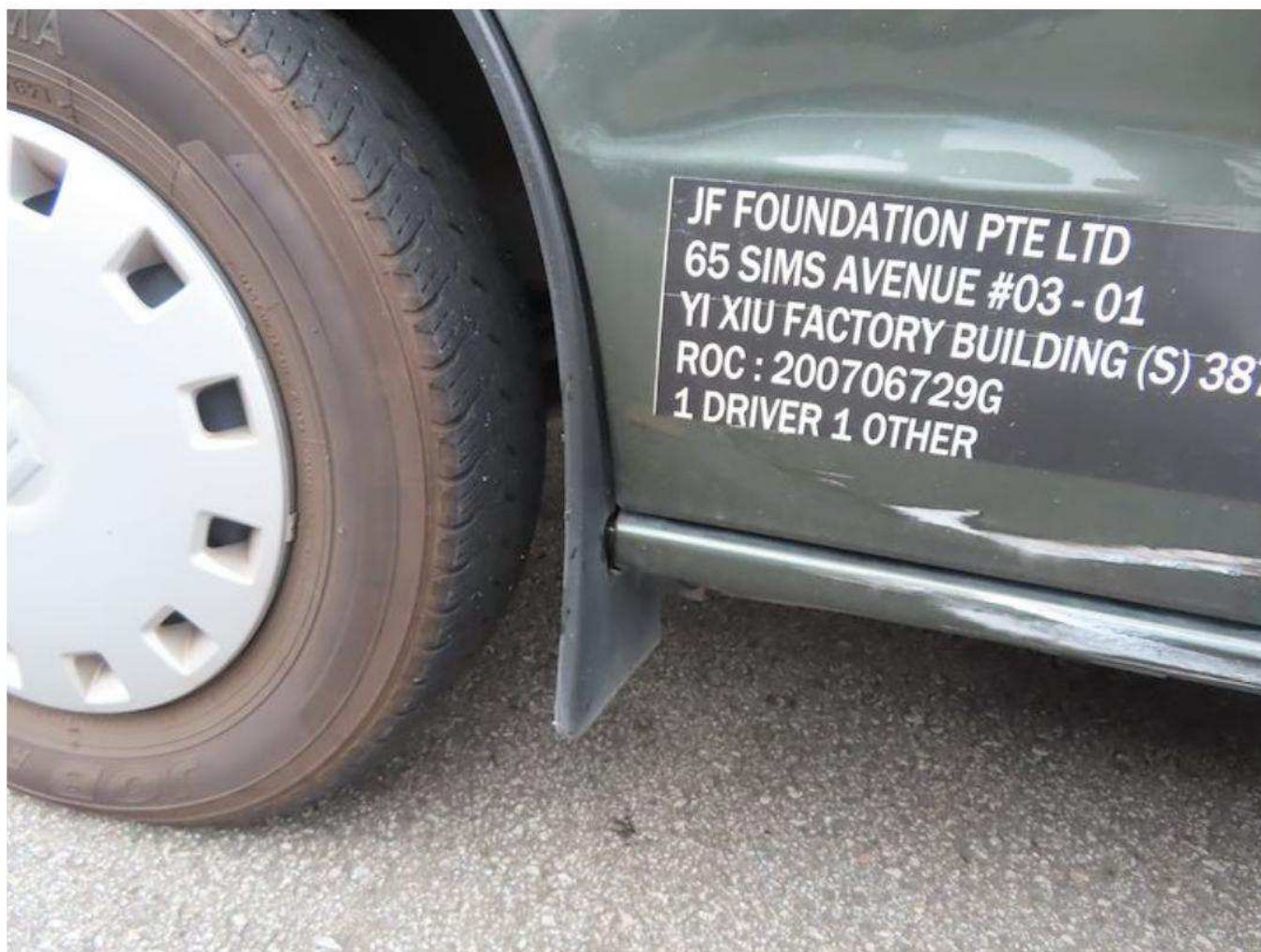


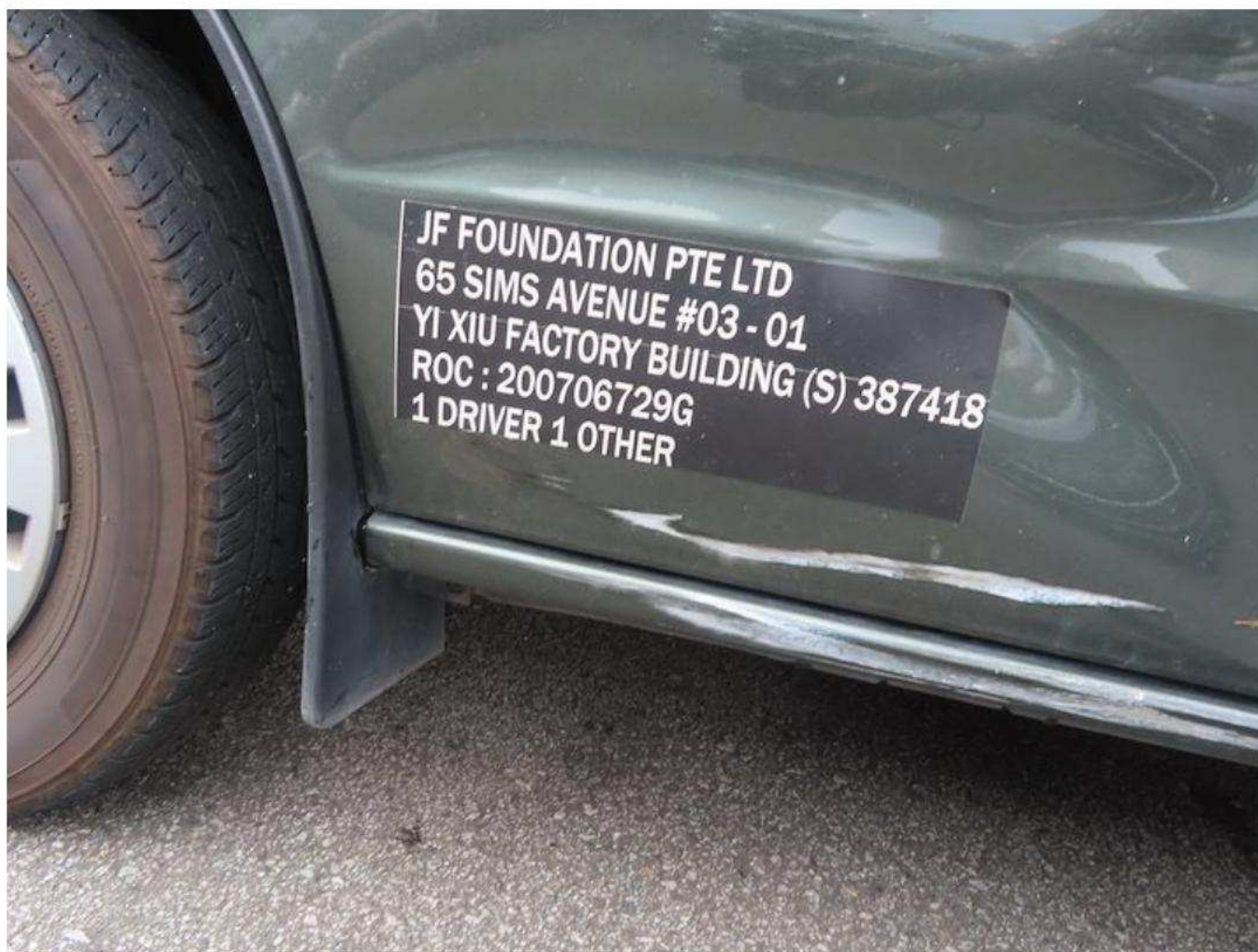




















**SINGAPORE
POLICE FORCE**



T/20230206/2019

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3
Report No. T/20230206/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2023 08:37	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: WONG SHI LI			Address: 20 ST. MICHAEL'S ROAD #05-02 SINGAPORE 327979		
ID Type / ID No.: NRIC NO / S9173426E			Contact No.: Home/Office: Mobile: 91852168		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 31	Date of Birth: 16/05/1991	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PURCHASING EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/02/2023 07:50	Type of Location: Straight Road
Location: SERANGOON ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit: .	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL6555P	Van	SUZUKI	EVERY JOIN TURBO 660 AUTO	Green	Slightly Damaged	1
SNG3963Z	Car	MAZDA	MAZDA3 4DR 1.5 AT M-HYBRID CLASSIC I2	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230206/2019

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20230206/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG SHI LI	ID No.	S9173426E
Related Vehicle	NIL	Contact No.	91852168
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/02/2023 at around 7:50am, I was travelling along Serangoon Road and on the way to my workplace at 65 Sims Avenue. I was travelling at around 40km/h to 50km/h along that road.

I was travelling on the right most lane and the other party was travelling in the middle lane. The other party did a quick signal and cut into my lane, hence causing the other party's car to graze against the left side of my van. We then stopped our vehicles and got off to exchange details. I also informed my boss about the accident as it involved a company car. My boss then told me to make a traffic accident report for record purposes.

My van had the left side grazed and the paint on the vehicle was also damaged. The other party's car had the front right side of the bumper slightly grazed.

The other party's details are:
Name: Tan Koh Guan, Elise
Contact No: 96653779

The other party also admitted that it was her fault to have hit my van.



**SINGAPORE
POLICE FORCE**



T/20230206/2019

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Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20230206/2019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
G /
SGT 2 TAN JIN XUAN, GINA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/02/2023 08:37

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168

