

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	23/06/2023 11:49 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2023 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (CITY) BRADDELL RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7626T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PUBLIC CITY DESIGN PTE LTD
Company Reg No	2XXXXX983N
Email Address	PHBMS@YAHOO.COM
Mobile Phone No	(Phone) +65-67489386
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ23-000431

DRIVER

Name of Driver	WANG MINGLONG
NRIC No	SXXXX333I
Date Of Birth	06/12/1981
Occupation	Outdoor

Date Of Driving Pass	23/12/2008
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91174980
Alt. Phone Number	-
Email Address	PHBMS@YAHOO.COM
Address	APT BLK 618A TAMPINES STREET 61
Address complement	#16-614
Postcode	521618
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

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	SNB4481S
Vehicle Manufacturer	Nissan
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	SKV59K
Vehicle Manufacturer	BMW
Vehicle Model	520i
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	WANG MINGLONG
Gender	Male
Phone No	(Phone) +65-91174980
Address	APT BLK 618A TAMPINES STREET 61
Address Complement	#16-614
Post Code	521618
Approximate Age Years Old	41
Injuries Sustained	KNEE&BACK PAIN.
Injured person in which vehicle?	GBF7626T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

Actual 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 Circumstances of the Accident

Refer to the police report No: T/20230622/7071

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

[Signature] 25/6/23

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230622/7071

1 of 3

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

Report No. T/20230622/7071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2023 19:04	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WANG MINGLONG			Address: 618A TAMPINES STREET 61 #16-614 SINGAPORE 521618		
ID Type / ID No.: NRIC NO / S8185333I			Contact No.: Home/Office: Mobile: 91174980		
Nationality: SINGAPORE CITIZEN			Email: IM_AYU@YAHOO.COM.SG		
Sex: Male	Age: 41	Date of Birth: 06/12/1981	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Company director			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/06/2023 14:20	Type of Location: Straight Road
Location: LORONG CHUAN				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
GBF7626T	Lorry	TOYOTA	DYNA	Silver	Seriously Damaged	0
SKV59K	Car	BMW	520i	Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230622/7071

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

2 of 3
Report No. T/20230622/7071

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNB4481S	Car	NISSAN		Black	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF7626T	EQ INSURANCE COMPANY LTD.	DMCPHQ23-000431	30/01/2023	06/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WANG MINGLONG		ID No.	S8185333I
Related Vehicle	GBF7626T (Lorry)		Contact No.	91174980
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	22/06/2023		Date	22/06/2023
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	Unknown Driver		ID No.	S8125955J
Related Vehicle	SNB4481S (Car)		Contact No.	NIL
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.

On 22/06/2023 at around 2.20pm, I was travelling along CTE (City) just after Ang Mo Kio Ave 1 Exit. I was travelling straight on the 4th lane when all of a sudden, Vehicle B (SNB4481S) hit onto the rear left portion of my vehicle (GBF7626T). My vehicle skidded to the left after being hit from the rear left side. There was another vehicle, Vehicle C (SKV59K) who hit onto Vehicle B. After the accident, I felt discomfort in my neck and back and sought medical treatment at Mount Alvernia Hospital where I was awarded 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20230622/7071

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

3 of 3

Report No. T/20230622/7071

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

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

Date/Time:
22/06/2023 19:04

Classification Of Case:

NP168



Serve all with Love

Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No: M230000120108

This is to certify that WANG MINGLONG, S8185333I, is granted Outpatient Sick Leave for 3 day(s) from 22-Jun-2023 to 24-Jun-2023.

Remark :

A & E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Co Melvin Emerson Sy
MCR 600658

22/06/2023

Date



820 THOMSON ROAD, SINGAPORE 574623
MAINLINE: 6347 6688 WEBSITE: www.mt.alvernia.sg
GST REGN NO: M4-0003321-8

Patient Name : WANG MINGLONG
ID No. : S8185333I
Account No. : 0230718036

Receipt No. : 230069963
Date : 22/06/2023
Page : 1 of 2

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	30	EA	13.20
ARCOXIA TAB 120MG	5	EA	20.50
KNEE (BOTH)	1	EA	80.00
LUMBAR SPINE	1	EA	84.00
OMEPRAZOLE 20MG CAP	5	EA	5.50
OUTPATIENT NURSING SERVICE	1	EA	24.00
PROCEDURE-NURSING	1	EA	20.00
RMO CONSULTATION FEE	1	EA	54.00
Total Charges			301.20
GST @ 8%			24.10
			325.30
Paid:			
VISA BY WANG MINGLONG			325.30
Mode of Payment : VISA			

A & E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

Reference No. : ---















