

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	11/07/2023 13:33 (SGT)
Reported by	Actual Driver
Date of Accident	10/07/2023 16:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI (TOA PAYOH AVENUE 6)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5358P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DIPINGXIAN SERVICES
Company Reg No	5XXXX579J
Email Address	claims@miragemw.sg
Mobile Phone No	(Phone) +65-93897293
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc60
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	Private car
Transmission	Auto
CC	1969

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017662201

DRIVER

Name of Driver	WANG BILLY
NRIC No	SXXXX658C
Date Of Birth	19/08/1972
Occupation	Indoor

Date Of Driving Pass	10/07/2006
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-93897293
Alt. Phone Number	-
Email Address	claims@miragemw.sg
Address	APT BLK 491D TAMPINES STREET 45
Address complement	# 09-232
Postcode	523491
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	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)	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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNJ129U
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	WANG BILLY
Gender	Male
Phone No	(Phone) +65-93897293
Address	APT BLK 491D TAMPINES STREET 45
Address Complement	# 09-232
Post Code	523491
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SNA5358P
Were seat belts worn?	Yes
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.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.

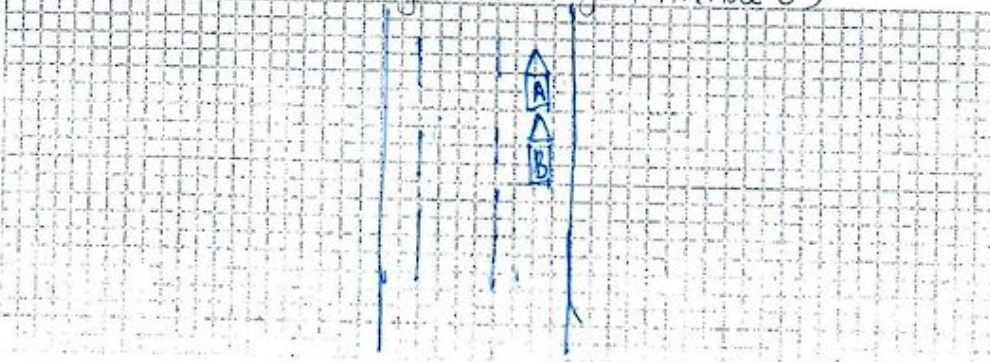


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan PIE towards Changi (Tua Payoh Avenue 6)



(A) SNA5358p

(B) SNJ 129U

Describe Circumstances of the Accident

I was Driving Along Pie towards Changi
 traffic condition was moving slowly
 at the point of time and suddenly
 SNJ 129U collide on to my Rear
 portion of my car.

Declaration

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

Witnessed by Reporting Centre Personnel 11/7/2023



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20230711/2107

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Report No. T/20230711/2107

CONTINUATION OF REPORT

Driver			
Name	WANG BILLY	ID No.	S7262658C
Related Vehicle	SNA5358P (Car)	Contact No.	93897293
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/07/2023	Date Discharge	11/07/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Ang Boon Kiat, Kelvin	ID No.	S9326535A
Related Vehicle	SNJ129U (Car)	Contact No.	87485421
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 the 10/7/23 at about 5pm, I was driving back home from work and was driving along PIE towards Changi Airport on the first lane. The traffic was heavy along the exit of Toa Payoh Ave 6 hence I slowed down my vehicle(SNA5358P). However while slowing down, another car(SNJ129U) suddenly collided onto the rear of my car.

After the collision, both drivers got out of the vehicle to inspect our respective vehicles and to exchange particulars as well. The impact resulted in dents to the rear bumper of my car. Thereafter, I continued with my journey back home. I did not feel any pain immediately after the accident as I was still in shock however later on that night on the same day, I felt pain on my neck and back.

I went to have a medical check up done the next day on the 11/7/23 where I was prescribed with topical and oral anaesthesia. I was also given 3 days of medical leave.


























**SINGAPORE
POLICE FORCE**


T/20230711/2107

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Report No. T/20230711/2107

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2023 18:23	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: WANG BILLY		Address: APT BLK 491D TAMPINES STREET 45 #09-232 SINGAPORE 523491	
ID Type / ID No.: NRIC NO / S7262658C		Contact No.: Home/Office: Mobile: 93897293	
Nationality: GUINEAN (BISSAU)		Email: privatebillyw@gmail.com	
Sex: Male	Age: 50	Date of Birth: 19/08/1972	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Business Consultant		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2023 17:00	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNA5358P	Car		XC60 T5	Brown	Slightly Damaged	0
SNJ129U	Car		Vezel 1.5X A	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



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Report No. T/20230711/2107

CONTINUATION OF REPORT

Driver			
Name	WANG BILLY		ID No. S7262658C
Related Vehicle	SNA5358P (Car)		Contact No. 93897293
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	11/07/2023	Date Discharge	11/07/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Ang Boon Kiat, Kelvin		ID No. S9326535A
Related Vehicle	SNJ129U (Car)		Contact No. 87485421
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.

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T/20230711/2107

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Report No. T/20230711/2107

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SR STAFF SGT MUHAMMAD
SAIFUL BAKHRI BIN RAZALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

Date/Time:
11/07/2023 18:23

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: SN09237B0004 Vehicle Registration No: SNA 5358P
 Name (as shown in NRIC): Wang Billy NRIC/FIN/Passport No: S7262658C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apt B1K 491D Tampines Street 45 # 09-232 Singapore (523491)
 Contact (Tel): _____ Mobile No.: 9389 7293
 Email Address: claims@mirage.mw.sg
 Date of Accident: 10/07/2023 Time of Accident: 16:40
 Place of Accident: PIE towards Changi (Toa Payoh Ave 6)
 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:

Add Police Report

Amend sketch plan



Policyholder / Actual Driver's Signature
Date:

Amurill 12/7/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: