

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 First Submission	30/08/2024 16:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/08/2024 17:20 (SGT)
Exact Location of Accident	Near 25 Shenton Wy, Singapore 068812
Additional Location Information	OPEN AIR CARPARK P0013 BETWEEN SHENTON WAY & PRINCE EDWARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4602U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHIH CHIH-LUNG
NRIC No	SXXXX957J
Email Address	drewshih00@gmail.com
Mobile Phone No	(Phone) +65-96810787
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00000551-02

DRIVER

Name of Driver	DREW SHIH-YU SHIH
NRIC No	SXXXX676H
Date Of Birth	31/12/1991
Occupation	Indoor
Driving Pass Date	14/01/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96810787
Alt. Phone Number	-
Email Address	drewshih00@gmail.com
Address	41 BURGUNDY DRIVE
Address complement	-
Postcode	658838
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Parked Vehicle
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)	0
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

REFER TO SKETCH PLAN AND POLICE REPORT T/20240830/7061

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	QX5204T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

Describe Circumstance of the Accident

REFER TO POLICE REPORT T/2024-0830/706/

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

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

SKETCH PLAN**IMPORTANT NOTICE**

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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)

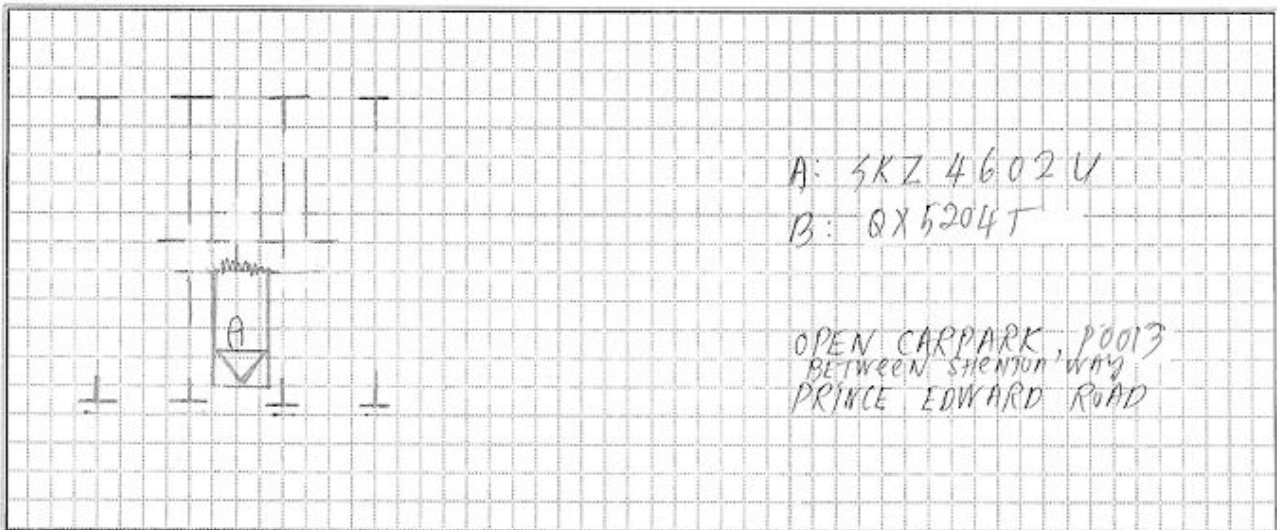
I understand, acknowledge, agree and consent that:

- (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)

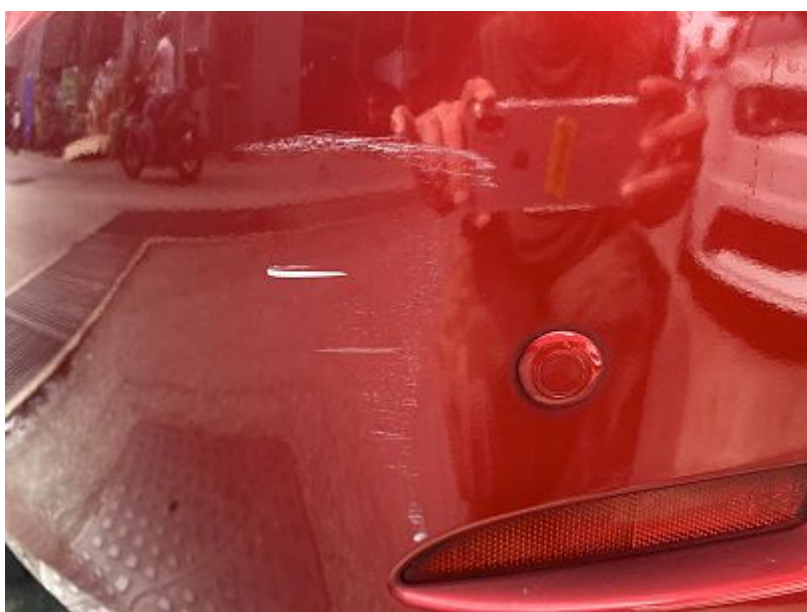
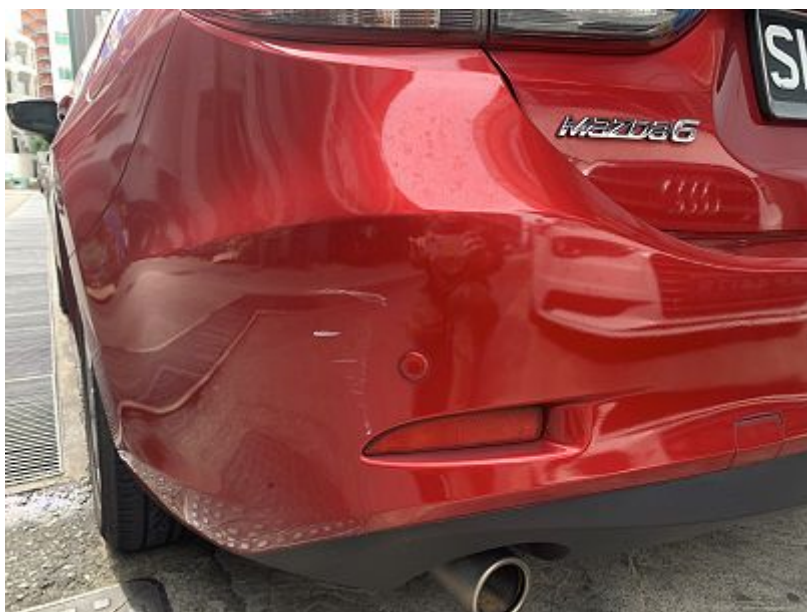
Sketch Plan















**SINGAPORE
POLICE FORCE**



T/20240830/7061

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

1 of 3

Report No. T/20240830/7061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2024 15:01		Vide Report No.: F/20240829/0122		Station Diary No.:	
Informant's Particulars					
Name of Informant: DREW SHIH-YU SHIH			Address: 41 BURGUNDY DRIVE SINGAPORE 658838		
ID Type / ID No.: NRIC NO / S9148676H			Contact No.: Home/Office: Mobile: 96810787		
Nationality: SINGAPORE CITIZEN			Email: drewshih00@gmail.com		
Sex: Male	Age: 32	Date of Birth: 31/12/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Policy manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 29/08/2024 17:20	Type of Location: Car Park
Location: PRINCE EDWARD ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: my car was parked and I did not witness the collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ4602U	Motor car					0
	Motor car					0

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



**SINGAPORE
POLICE FORCE**



T/20240830/7061

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

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Report No. T/20240830/7061

CONTINUATION OF REPORT

Driver			
Name	DREW SHIH-YU SHIH	ID No.	S9148676H
Related Vehicle	SKZ4602U (Motor car)	Contact No.	96810787
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

At about 2pm on 29 Aug 2024, I parked my car at carpark P0013 between Shenton Way and Prince Edward Road, and walked to my office nearby.

Upon returning to my car at around 7pm, I saw a note attached to my windscreen. The note had the header "Police Department" and claimed to be from the "Traffic Police". The note said that my car had been involved in an accident at 29 Aug 2024 1720HRS, and requested for me to lodge a "police accident report". I have a photo of this note.

At 29 Aug 2024 1720HRS, my car was parked and I was at my office so I did not witness the accident and am unsure how it occurred.



**SINGAPORE
POLICE FORCE**

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



T/20240830/7061

3 of 3

Report No. T/20240830/7061

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476232

NP168

Signature Of Informant:

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

Date/Time:
30/08/2024 15:01

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: SW0E248U0003 Vehicle Registration No: SKZ 46024
 Name (as shown in NRIC): SHIH CHIH-LUNG NRIC/FIN/Passport No: SXXXX 957J
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 29/08/2024 Time of Accident: 17:20 HRS
 Place of Accident: OPEN AIR CARPARK POOL3 BETWEEN SHENSON WAY & PRINCE EDWARD ROAD
 Insurance Company: FWD

(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:

- (1) TO AMEND THIRD PARTY VEHICLE REGISTRATION NUMBER
 FROM UNKNOWN TO QX5204T & CATEGORY
- (2) TO AMEND SKETCH PLAN.
- (3) TO INCLUDE POLICE VERDICT.

Policyholder / Actual Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card): SUZANA BIE EDROS
 Date: 27.11.2024



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fwd.com.sg

Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency Assistance
if your car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

Policy number: PNPV2022-00000551-02 (Comprehensive - Executive Plan)

Car plate number: SKZ4602U

Your name (As the policyholder): SHIH CHIH-LUNG

Coverage start date: 25/01/2024

Coverage end date: 24/01/2025

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive :

(a) You; and

(b) Anyone with a valid driving license who you give permission to drive your car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to drive your car understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if your car is being used for non-commercial activities in accordance with your contract.

Finance company:

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 24/01/2024

Adrian Vincent
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6820-8888**
or email us at **contact.sg@fwd.com** if any details
in this Certificate of Insurance need to be changed.

POLICE DEPARTMENT

OFFICE NOTES

OWNER OF SKZ4602U.

On 29/08/24, 1720 HRS YOUR VEHICLE
HAS BEEN INVOLVE IN AN ACCIDENT.

PLEASE LODGE A POLICE ACCIDENT REPORT
AT ANY POLICE STATION.

YOU CAN ALSO LODGE ONLINE:

[HTTPS://ESERVICES1.POLICE.GOV.SG/PHUB/ESERVICES/
HOMEPAGE](https://eservices1.police.gov.sg/phub/eservices/homepage)

INCIDENT NO.

F/20240829/0122

-TRAFFIC POLICE

NP 364(94)



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

Our Ref: TP/IP/25365/2024

Date: 05/11/2024

000017

SHIH CHIH-LUNG
41 BURGUNDY DRIVE

SINGAPORE 658838

TRAFFIC POLICE
SINGAPORE POLICE FORCE
10 UBI AVENUE 3
SINGAPORE 408865
<https://eservices.police.gov.sg>

Dear Sir

TRAFFIC ACCIDENT INVOLVING SKZ4602U AND QX5204T ALONG PRINCE EDWARD ROAD ON 29/08/2024 AT ABOUT 4.23 PM

I refer to the above accident.

2 We have completed our investigation into the case. Action has been initiated against the driver of **QX5204T** for the offence of **DRIVING WITHOUT DUE CARE AND ATTENTION UNDER SEC 65(1)(a) OF THE RTA**.

3 Please be informed that our decision does not preclude you from pursuing insurance / civil claims.

4 If you have any clarification, you may contact the Investigation Officer, Muhammad Farhan Bin Sairi at office number: 96632150.

Yours faithfully,
SR STAFF SGT MUHAMMAD FARHAN BIN SAIRI
IO (FATAL INVESTIGATION)
SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION