SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

aforesaid.	
A CONTRACTOR OF THE CONTRACTOR	ACCIDENT STATEMENT
Date Of Report	31/01/2018 13:49
Date Of Accident	30/01/2018 08:35
Exact Location Of Accident	OUTSIDE THE EXIT GANTRY OF YISHUN SAPPHIRE CONDO
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFE2231P
Insured/Policyholder	
Name Of Registered Owner	LIM CHWEE HWA
NRIC No	S6813564H
Email Address	SL@3PA.SG
Mobile Phone No	(LOCAL) +65-96573320
Alternative Phone No	OFFICE-63252158
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER 2.0XT CVT AWD SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00007'809
Cover Note Number	N.A.
Driver	
Name of Driver	LIM CHWEE HWA
NRIC No	S6813564H
Date Of Birth	07/04/1968
Occupation	INDOOR
Date Of Driving Pass	09/04/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96573320
Fax Number	
Contact Number	OFFICE-63252158
EMail Address	CL @3DA CC

SL@3PA.SG

APT BLK54 CANBERRA DRIVE Address

#01-28

Postcode 768440

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING SLOWLY AFTER THE CONDO, YISHUN SAPPHIRE EXIT GANTRY AND SAW A LORRY FAR AWAY MOVING DOWN THE NEW ROAD. I SLOWLY TURNED OUT AFTER ASCERTAINGING THE SAFE DISTANCE WHEN ALL OF SUDDEN THE LORRY KNOCKED ONTO THE RIGHT OF MY CAR AND SPED PAST ME. THERE WERE PEDESTRIANS JUST OUTSIDE THE CONDO (ON MY LEFT) AND STATIONERY VEHICLES ALONG THE ROAD. IN ORDER NOT TO KNOCK ONTO PEOPLE OR OTHER VEHICLES. I SWERVED TO MY VEHICLE TO THE RIGHT AFTER THE SUDDEN IMPACT, AND MOUNTED THE KERB AND HIT THE CONSTRUCTION BARRICADE ON THE OPPOSITE SIDE. I HAD MADE SURE THERE WAS NOBODY AND VEHICLE ON THE OPPOSITE ROAD. THE REFERRED LORRY DRIVER, MR LOW KIAN HUAT (LICENCE NO S1766457C) DRIVING LORRY NO GBB8927P) CARRYING FOREIGN WORKERS ONLY STOPPED HIS LORRY AFTER A SUBSTANTIAL DISTANCE- OUTSIDE 8COURTYARD

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB8927P

Vehicle Make/Model/Colour

TOYOTA/ DYNA/ WHITE

Details Of Properties

NA

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LOW KIAN HUAT

NRIC/Passport Number

S1766457C

Contact Number

NA

Address

NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM CHWEE HWA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SFE2231P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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 Information provided must be as truthful and accurate as possible. Any wiful inscrepresentation or withholding of material facts may nce companies to repudiate policy liability.
- 4 The series and acceptance of this form by insurance companies is not an admission of policy sability on the part of insurance companies.
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- 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 application by interested parties. If the leignement 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)
- Lunderstand, 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 (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or (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 (objectively 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured the context (all insurer(s) Insurers), the insurers lawyers law isms, 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 insurers) 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.

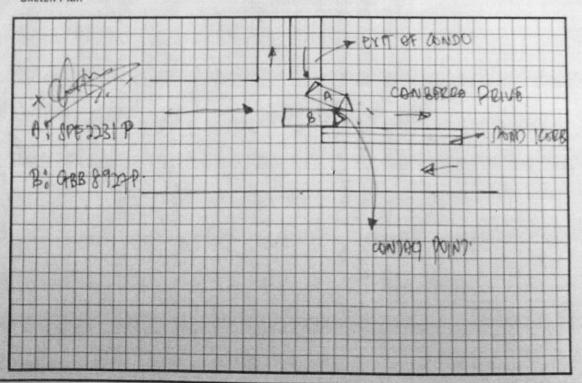
VERIFIED BY ALAX MARS REPORTING OFFICER

Hashim Kamari

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

Witnessed by Reporting Centre Personnel 310118.

Sketch Plan



Sketch Plan #2

AS PER ATTACHED POLICE REPOR	T LODGED AT TRAFFIC POLICE DIV HQ.
/IDE REPORT T/20181030/7006.	TEODOLO ATTIMITION OLIOL DIVING.
Taxi Voucher No.:	
ECLARATION	
Ve declare that the above particulars & information pro-	vided above are true in every aspect
ERIFIED BY AJAX MARS REPORTING OFFICER -	7
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MARS Officer	DA M
	Registered Owner or Driver's Signature
MARS Officer	
MARS Officer bb Complete Date/Time 31 January 2018 at 10:45 AM	Registered Owner or Driver's Signature Date/Time:

POLICE REPORT



Police Station Of Origin: Traffic Police Division HQ 10 Ub: Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No. T/20180130/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time 30/01/201	e Report N 18 15:46	fade:	Vide Report No.: F/20180130/0088	Station Diary No.
informan	t's Partici	ulars		
Name of I	nformant EE HWA		Address APT BLK 54 CANBERRA DR	VE #01-28 SINGAPORE 768440
ID Type / NRIC NO	ID No.: / S681356	64H	Contact No.: Home/Office:	Mobile: 96573320
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: si@3pa.sg	
Sex: Female	Age: 49	Date of Birth: 07/04/1968	Type of Informant Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupatio			Driving Licence Information Class: 3A	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2018 08:35	Type of Location T-Junction
Location: CANBERRA just outside ti	DRIVE	apphire condomina	um	
Weather:		Road Surface: Dry		Road Speed Limit:
Clear				
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light

Vertical No.	Turk	Make	Model	Color	Condition	No of Dassages
SFE2231P	Car	SUBARU	Forester XT	Brown	Seriously	1

Details of V	anicia insurance /			
Verticie No	Insurance Company	Insurance No	Effective	Expiry Date
SFE2231P	FWD Singapore Pte, Ltd	PNPV2017- 00007809	07/11/2017	A STATE OF THE OWNER, THE PARTY OF THE PARTY

POLICE REPORT



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



2 of 3 Report No. 172018013077006

CONTINUATION OF REPORT

No. or redesing	ans Injured. NIL	I lea of Dod	estrian Cros	
Driver	TO SHE WAS DONE TO BE SHOUNDED.	STATE OF THE STATE	Detrial Grus	sing NA
Name	LIM CHWEE HWA		ID No.	S6813564H
Related Vehicle	SFE2231P (Car)		Contact No.	96573320
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	30/01/2018		arge 30/01	/20+0
No. of Days gran	ited Medical Leave 03	Degree of in	jury Stigh	12010
Passenger				
Name	Teo Hui Xi Serina	1	D No.	\$95149661
Related Vehicle	SFE2231P (Car)	- (Contact No.	94562879
Hospital/Clinic	NIL	L	Class of Driving Joence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	FORD AIR	
	ed Medical Leave NIL	Degree of In	M	

Brief Details.

I was driving slowly after the condo, Yishun Sapphire exit gantry and saw a lorry far away moving down the new road. I slowly turned out after ascertaining the safe distance when all of sudden the lorry knocked onto the right of my car and sped past me.

There were pedestrians just outside the condo (on my left) and stationery vehicles along the road.

In order not to knock onto people or other vehicles, i swerved to my vehicle to the right after the sudden impact, and mounted the kerb and hit the construction barricade on the opposite side. I had made sure there was nobody and vehicle on the opposite road. The referred lorry driver, Mr Low Kian Huat (Licence No. S1766457C) driving lorry no GBB8927P) carrying foreign workers only stopped his lorry after a substantial distance- outside 8courtyard.

POLICE REPORT



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



Report No. T/20180130/7006

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Signature Of Officer Recording The Report. Not applicable

Signature Of Interpreter: Not applicable

Officer in Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476232

Authentication Stamp NP168

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

Date/Time: 30/01/2018 15:46

Classification Of Case: