

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 Authorised 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 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.

ACCIDENT STATEMENT

Date Of Report	09/05/2018 17:26
Date Of Accident	09/05/2018 08:05
Exact Location Of Accident	AYE NEAR JURONG ISLAND EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC3932G
Insured/Policyholder	
Name Of Registered Owner	CHEN WAY YEN
NRIC No	S7874786B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97634773
Alternative Phone No	HOME-97634773

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLT 1.5 A

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00000559-01
Cover Note Number	

Driver

Name of Driver	NG LAI YAM
NRIC No	S7878380Z
Date Of Birth	11/12/1978
Occupation	INDOOR
Date Of Driving Pass	24/11/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96973957
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	205 BT BATOK STREET 21 #03-48 SINGAPORE 650205
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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	PC3156J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	OOI ENG HOCK
NRIC/Passport Number	
Contact Number	91308382
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX1928Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG WEE KIAN
NRIC/Passport Number	
Contact Number	92980257
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YG5314D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TANKER
Name of Driver	ANG POH ANN
NRIC/Passport Number	
Contact Number	91554577
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG LAI YAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJC3932G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



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: PNPV2017-00000559-01 (Comprehensive - Classic Plan)

Car plate number: SJC3932G

Your name (As the policyholder): Chen Way Yen

Coverage start date: 15/02/2018

Coverage end date: 14/02/2019

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.

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

Issued on: 12/01/2018

Abhishek Bhatia
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.



YOUR CLASSIC CAR INSURANCE SUMMARY

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 or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2017-00000559-01

About this policy

Premium paid	: S\$485.42	Coverage start date	: 15/02/2018
(Inclusive of GST)		Coverage end date	: 14/02/2019
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: CLASSIC		

About you (As the policyholder)

Your name	: Chen Way Yen		
Address	: 205 Bukit Batok Street 21 03-48 Bukit Batok Green Singapore 650205		
Email	: chen@wayyen.com		
NRIC/FIN	: S7874786B	Date of birth	: 22/05/1978
Marital status	: Married	Gender	: Male
Current no claims discount	: 50%	Mobile Number	: 97634773
Years of driving experience	: Three or more	Certificate of merit	: Yes

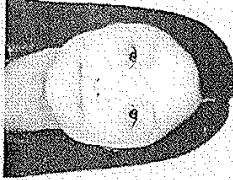
About your car

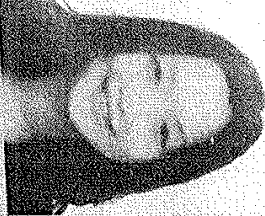
Car make and model	: MITSUBISHI COLT 1.5		
Car plate number	: SJC3932G	Year of first registration	: 2008
Issued on:	: 12/01/2018		

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

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

		REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7878380Z		
Name NG LAI YAM				
Race CHINESE				
Date of birth 11-12-1978		Sex F	S7878380Z	
Country of birth MALAYSIA				

		REPUBLIC OF SINGAPORE DRIVING LICENCE	
Name NG LAI YAM		Licence Number S7878380Z	
Birth Date 11 Dec 1978		Issue Date 24 Nov 2007	
		001546780K	

				8593545
NRIC No. S7878380Z				
Nationality MALAYSIAN				
Date of Issue 27-11-2003				
APT BLK 205 BUKIT BATOK STREET 21 #03-48 SINGAPORE 650205 NRIC No: S7878380Z Date: 21-12-2006 No: 5639480				

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES	
Class 2b Motorcycles <= 200 cc Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	PASS DATE 24 Nov 2007
	
Licence No: S7878380Z NP 428A	

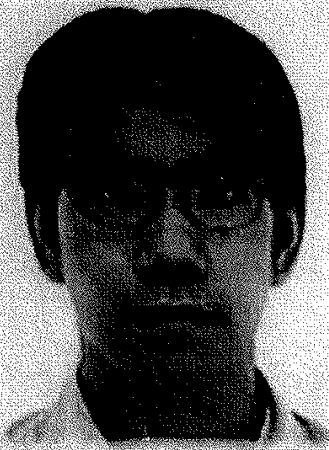
REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7874786B



Name

CHEN WAY YEN



曾 维 彦

Race

CHINESE

Date of Birth

22-05-1978

Sex

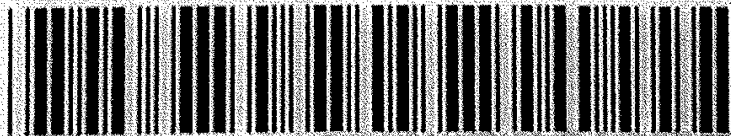
M

Country of Birth

MALAYSIA

S7874786B

8423219



NRIC No.

S7874786B



Nationality

MALAYSIAN

Blood Group

Date of Issue

O+

29-10-2001

APT BLK 205 BUKIT BATOK STREET 21 #03-48
SINGAPORE 650205

I (Owner Name) CHEN WAY YEN i/c S7874786B
Owner of this car no. SJC3932G authorize
the driver (Name) NG LAI YAM i/c no. S7878380Z
to file accident report which happened on
(Accident Date) 9 May 2018 at
(Location) AYE near Jurong Island Exit.

Owner's Name: CHEN WAY YEN

Signature: ChenWayYen.

CONFIDENTIAL

Annex B

NOTICE OF REPORTING

This is to confirm that NG LAI YAM NRIC/FIN S7878380Z,
has reported to the Police a non-injury traffic accident which occurred along
AYE towards Tuas, Jurong Island exit, Exit 17 on 09/05/2018 at 0805hrs involving the
following vehicles:

- 1) SJC3932G, a Silver Mitsubishi Colt, driven by Ng Lai Yam, S7878380Z, HP: 96973957, Blk 205 Bukit Batok St 21 #03-48.
- 2) YG5314D, Fuel Tanker, driven by Ang Poh Ann, S7334039Z, HP: 91554577
- 3) SLX1928Z, driven by Ang Wee Kian, S7000036I, HP: 92980257
- 4) PC3156J, a Bus driven by Ooi Eng Hock, F7194052R, HP: 91308382

2 If this accident was reported to the Police within 24 hours of its occurrence, then
he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SS Edwin Chua

Date: 09/05/2018

Time: 1618hrs

S/D Ref: 61

Police Post/Unit: Bukit Batok NPC


BUKIT BATOK NPC
NO. 21 BUKIT BATOK EAST AVE
SINGAPORE 659840
TEL: 66659990

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

BUKIT BATOK MEDICAL CLINIC

BLK. 207, BUKIT BATOK ST. 21 #01-114
SINGAPORE 650207
TEL: 6560 3311

TO WHOM IT MAY CONCERN:

This is to certify that Ng Lai Yam

is unfit for duty/school for ONE day(s) from 09/05/18

to _____ inclusive.

requires light duty for _____ day(s) from _____

to _____ inclusive.

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Time In: _____

Time Out: _____

DATE: 09/05/18

DR. KWEK THIAM SOO
M.B., B.S. (S'PORE)
GRAD DIP FAMILY MEDICINE
GRAD DIP MENTAL HEALTH

Dr. Kwek Thiam Soo, M.B.B.S. (S'pore).



BUKIT BATOK MEDICAL CLINIC

BLK. 207, BUKIT BATOK ST. 21 #01-114, SINGAPORE 650207 TEL: 6560 3311

A No. 64603

OFFICIAL RECEIPT

Date: 09 MAY 2018

RECEIVED FROM Ng Lai Yam

THE SUM OF DOLLARS Fifty six only -

BEING PAYMENT OF consultation - \$3.500

para - 5.00

cholesterol test - 6.00

fish oil cream - 10.00

S\$ 56.00

CASH/CHEQUE No. _____

For BUKIT BATOK MEDICAL CLINIC
BUKIT BATOK MEDICAL CLINIC
207 BUKIT BATOK STREET 21
#01-114, SINGAPORE 650207
TEL: 6560 3311

SKETCH PLAN

		A) SJC 3932G
		B) PC 3156J
		C) SLX 1928Z
		D) YF 5314D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I drive on left lane at AYE towards two, the vehicle in front suddenly stop, I stop my car immediately, but the bus behind unable to stop. The bus hit my back of my car, which push my car to hit the car in front.

Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.	☒	- Reporting Only
	☐	- Claim OD
	☐	- Claim TP
	☐	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

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 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. 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 lodgment 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)**

(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.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(e) the information so collected under (d) above may be shared / disclosed:

- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

Reporting Centre Personnel's Signature
Name:
NRIC/ TIN No:

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	SJC3932G
Vehicle Type:	P10 - Passenger Motor Car
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	MITSUBISHI
Vehicle Model:	COLT 1.5A
Chassis No.:	JMYXSZ23A8Z000101
Propellant:	Petrol
Engine No.:	4A910045206
Engine Capacity:	1499 cc
Maximum Power Output:	77.0 kW (103 bhp)
Maximum Laden Weight:	1375 kg
Unladen Weight:	1080 kg
Year Of Manufacture:	2007
Original Registration Date:	15 Feb 2008
Lifespan Expiry Date:	-
COE Category:	A - Car (1600cc & below)
PQP Paid:	\$21,061.00
COE Expiry Date:	14 Feb 2023
Road Tax Expiry Date:	14 Aug 2018
Inspection Due Date:	14 Feb 2019
Intended Transfer Date:	17 May 2018
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

The current road tax expiry is 14 Aug 2018. You may renew the road tax from 15 May 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 14 Aug 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 15 Aug 2018 to 14 Feb 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	377.00	-	377.00
Total Amount Payable:			402.00

Amount Payable (From 15 Aug 2018 to 14 Aug 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	787.00	-	787.00
Total Amount Payable:			812.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

You may print this page for reference.

OK

Print

Accident Photo



Accident Photo



Accident Photo



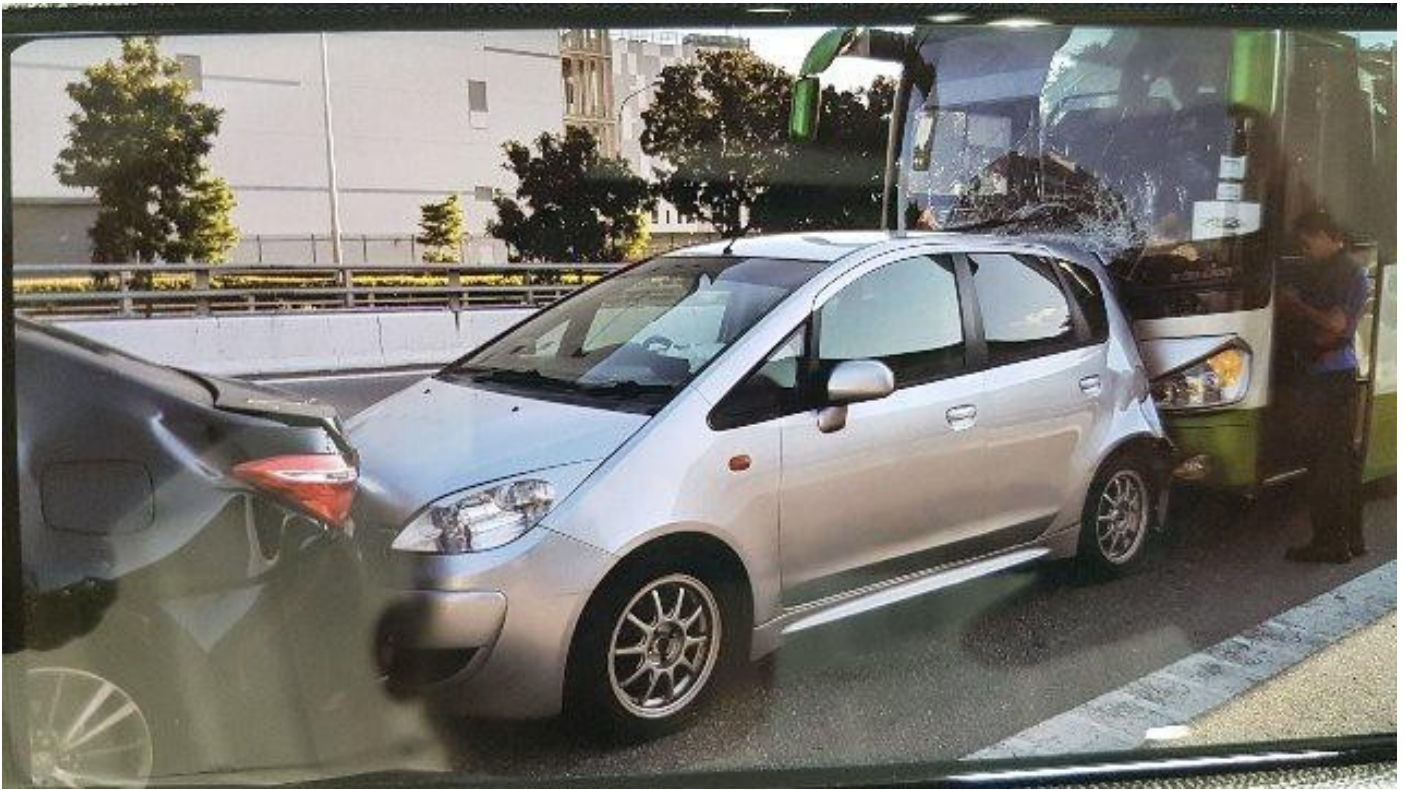
Accident Photo



Accident Photo



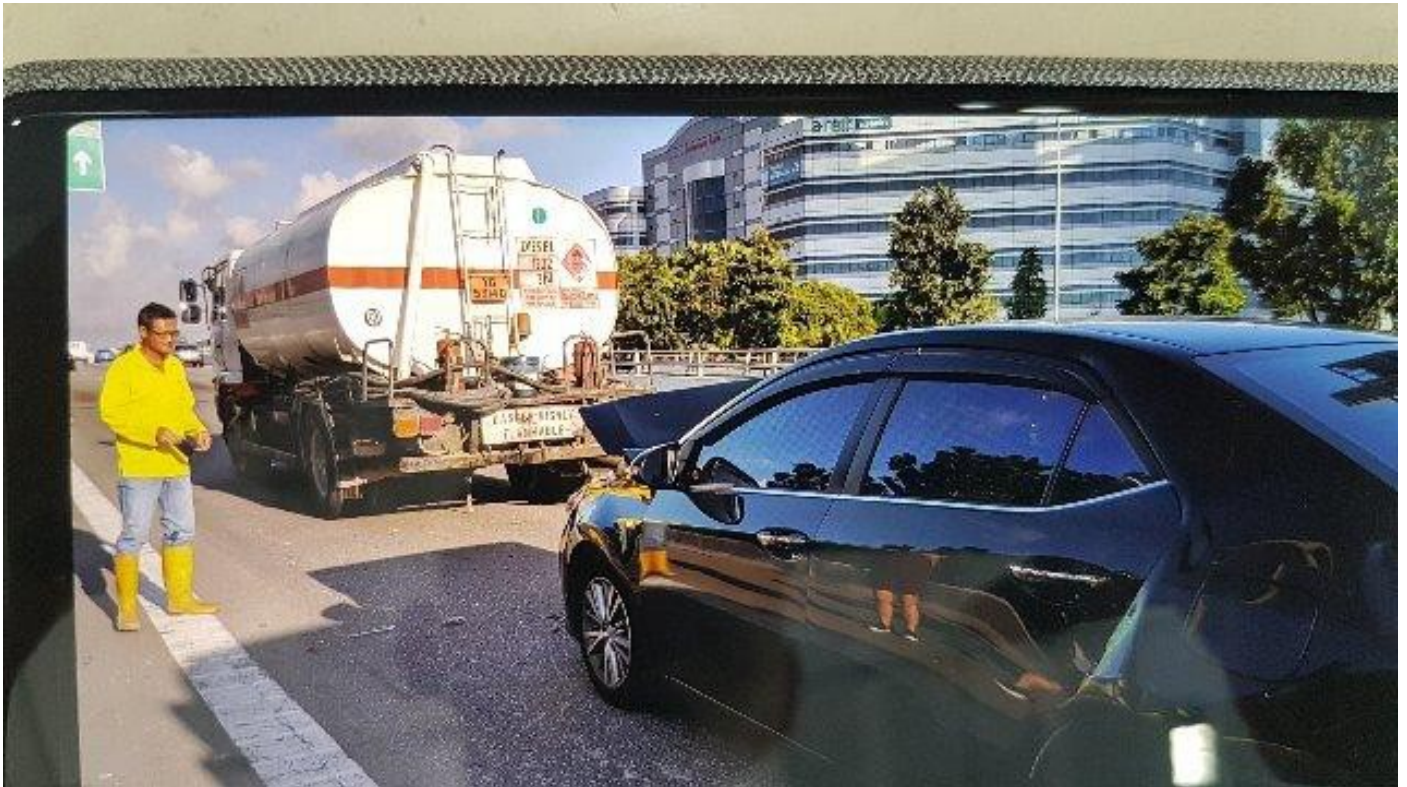
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Accident Photo



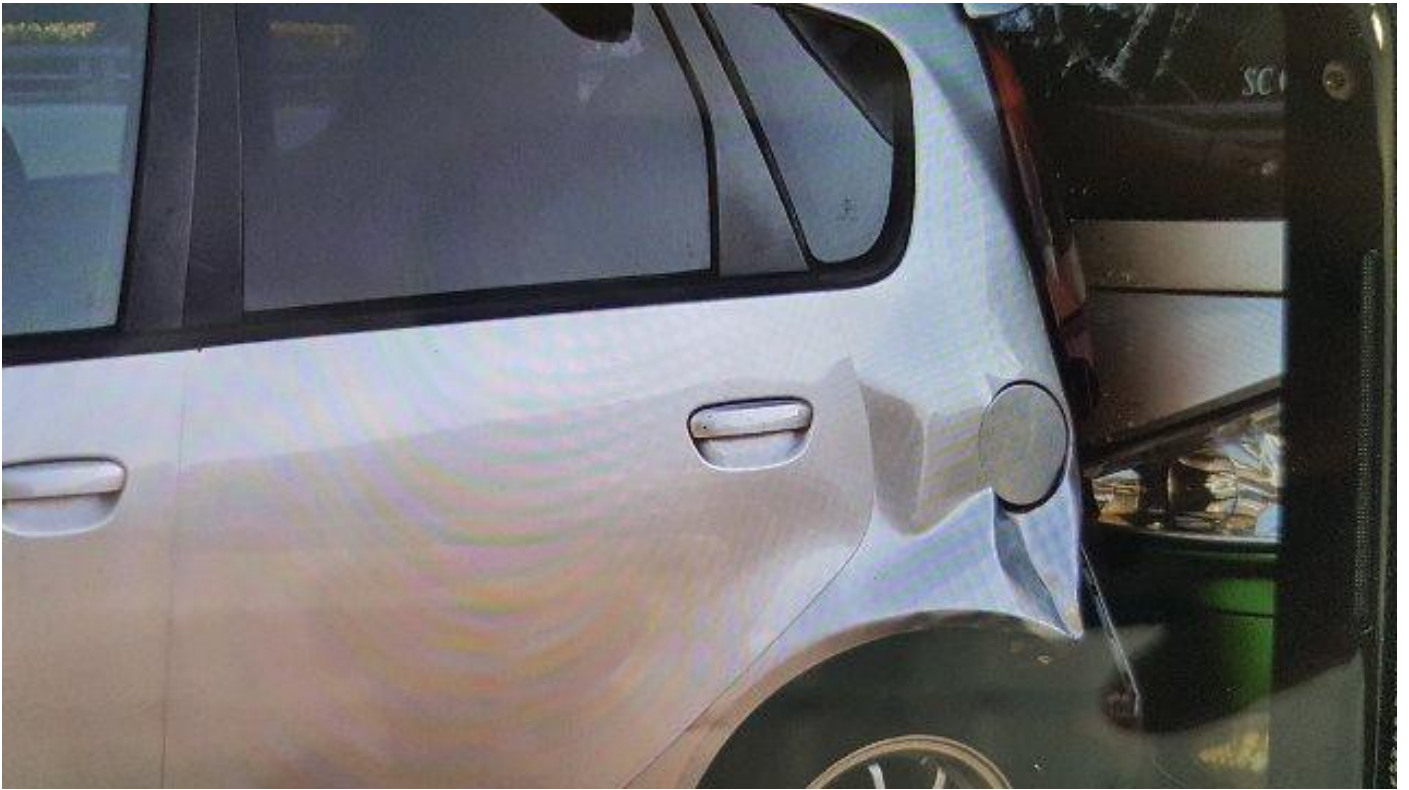
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

- IMPORTANT NOTE:** Please submit the completed Addendum form to the **same** Authorized Reporting Centre
With whom you submitted the Original Report.

ADDENDUM

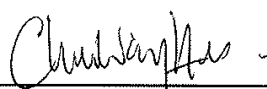
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MOR118060648 Vehicle Registration No: SJC3932G
Name (as shown in NRIC) CHEN WAY YEN NRIC/FIN/Passport No: S7874786B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 205 BT BATOK STREET 21 #03-48 Singapore (650205)
Contact (Tel): Mobile No. : 97634773
Email Address:
Date of Accident: 09/05/2018 Time of Accident: 08:05 HRS
Place of Accident: AYE NEAR JURONG ISLAND EXIT
Insurance Company: FWD SINGAPORE PTE. LTD.

(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:

REVISE TYPE OF CLAIM: FROM OWN DAMAGE CLAIM TO THIRD PARTY CLAIM



Policyholder / Driver's Signature
Date:

Hasbullah


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: