

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	28/04/2018 10:03
Date Of Accident	21/04/2018 12:30
Exact Location Of Accident	JURONG ISLAND HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2801X
Insured/Policyholder	
Name Of Registered Owner	CHENG THAI LAI
NRIC No	S2506044Z
Email Address	JENNYCTL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96172238
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-2.0 L MIVEC (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	PNPV2018-00003183
Cover Note Number	

Driver

Name of Driver	TAN HONG YIAM
NRIC No	S1342786J
Date Of Birth	09/05/1959
Occupation	INDOOR
Date Of Driving Pass	06/11/1979
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97379559
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	63 CHESTNUT AVE #16-11
Postcode	679523
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO.T/20180421/2120.

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	GT8892B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GY4851U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category GOVERNMENT
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number XD575C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG SENG HENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? GT8892B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LAU MOOK KEONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? GY4851U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

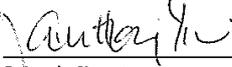
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (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.

x 

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

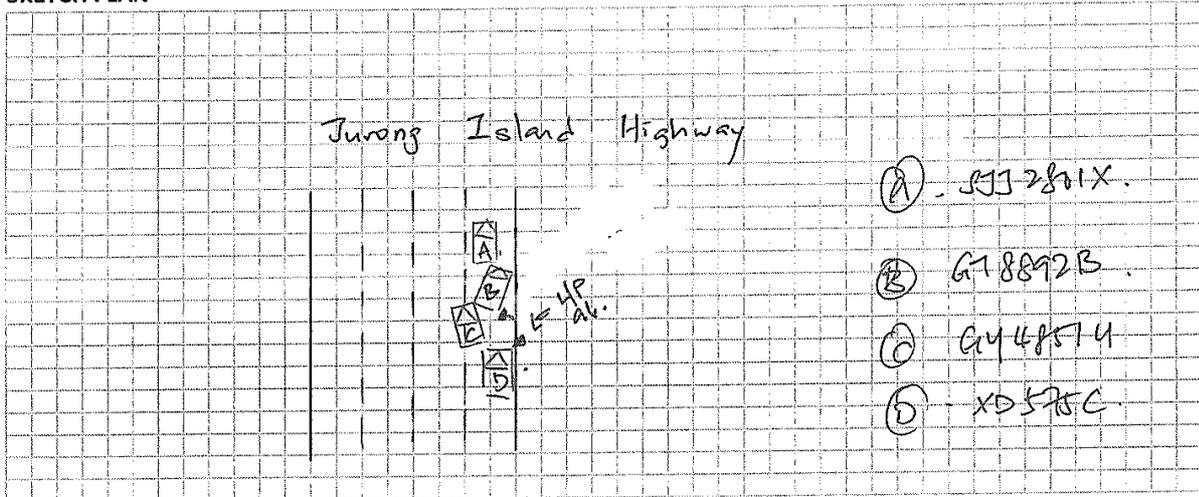


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

GIA/NIAC SketchPlanForm_V3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report No: 7/2018 0421/2120.

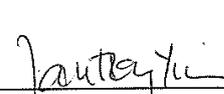
Claim own policy
 Claim third party
 Claim OD / TP at other works hop _____
 For record purpose
 Policy No. PNPV 2018 - 00003183
 Insurer FWD (C) Veh.No. SJJ 281X

DECLARATION

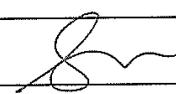
I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature

Date & Time:


 Driver's Signature
 (If driver is not the policyholder)

Date & Time:


 Reporting Centre Personnel's Signature

Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180421/2120

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4
Report No T/20180421/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2018 16:32	Vide Report No.: D/20180421/0069	Station Diary No. 122
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Informant's Particulars			
Name of Informant: TAN HONG YIAM		Address: 63 CHESTNUT AVENUE #16-11 SINGAPORE 679523	
ID Type / ID No.: NRIC NO / S1342786J		Contact No.: Home/Office: Mobile: 97379559	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 09/05/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ASSISTANT CONTRACTS		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 JURONG ISLAND HIGHWAY JURONG ISLAND HIGHWAY (SAKAR ROAD) LAMPOST 96 Lamp Post Number: 96				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Plate No.	Vehicle Type	Make	Model	Color	Damage	Count
GT8852B	PICK UP					0
GY4851U	SCDF VAN					0
SJJ2801X	Car	MINIBUS	Lancer EX	Red	Slightly Damaged	0
XD575C	Lorry					0

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180421/2120

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 4
Report No. T/20180421/2120

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	MR ONG SENG HENG	ID No.	NIL
Related Vehicle	GT8852B (PICK UP)	Contact No.	97732992
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
Name	MR LAU MOOK KEONG	ID No.	NIL
Related Vehicle	GY4851U (SCDF VAN)	Contact No.	96996025
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
Name	TAN HONG YIAM	ID No.	S1342786J
Related Vehicle	SJJ2801X (Car)	Contact No.	97379559
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20180421/2120

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 4
Report No. T/20180421/2120

CONTINUATION OF REPORT

Driver			
Name	MR MA RUI GANG	ID No.	NIL
Related Vehicle	XD575C (Lorry)	Contact No.	92708911
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 21/04/2018 about 1230hrs, I was driving along Jurong Island Highway (Sakar Road) Lampost 96. I was driving on the most right lane. As I was driving, I saw there was a lorry which was stationary as there were pieces of fallen tree trunk at the road.

Thus, I slowed down and came to a stop. Subsequently, I heard a bang and my car was being hit by a Nissan pick up vehicle, V2) GT8852B. It was a chain collision accident. In chronological order, V1 is my vehicle, V2) GT 8852B, followed by V3) GY 4851U (SCDF Van) and V4) XD 575C. V4 could not stopped in time and had bang onto V3 and subsequently, V3 bang onto V2 and V2 hit on my vehicle. V4 had also mount the grass patch kerb.

The driver of V2 and V3 was injured. V3 was being conveyed via ambulance. There is traffic police at scene. I do not have any in car camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180421/2120

Police Station Of Origin:
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1 Segar Road #01-05 SINGAPORE 677738
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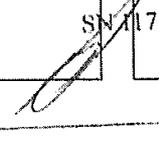
4 of 4
Report No. T/20180421/2120

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Sgt 3 MUHAMMAD FADZIL BIN ROHAIZAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2018 16:32
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP188 	Signature: 

18/04/2018

Singapore Police Force



T/20180428 2049

1 of 1

Report No. T/20180428 2049

Case Summary Form (CSF For NP168)

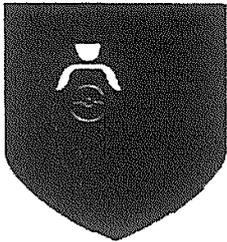
Manual NP168 Form Serial No T/20180421/2120
Report Number T/20180428/2049
Vide Report Number T/20180421/2120
Date/Time of Report Made 28/04/2018 11:24
Place Report Lodged Traffic Police Division HQ
Type of Informant Driver
Name of Informant Tan Hong Yiam
ID Type / ID No. NRIC NO / S1342786J
Home/Office
Mobile 97379559
Email
Type of Accident Injury / Attended by Police
Drink Drive No
Anyone conveyed by ambulance No
Date/Time of Accident 21/04/2018 12:30

Brief Facts.

Amendment to accident report T/20180421/2120:

"Pick Up" plate number was initially written as "GT8852B". However the correct plate number for the "Pick Up" will be "GT8892B".

That's all.



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO. : D/20180421/0069
Traffic Accident along Jurong Island Highway,
involving vehicles: 4 vehicles,
on 4/4/18 at about _____ am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on _____
at about _____ am/pm to see the Investigation Officer to assist in the
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: Beifeng
Contact: 65476415

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



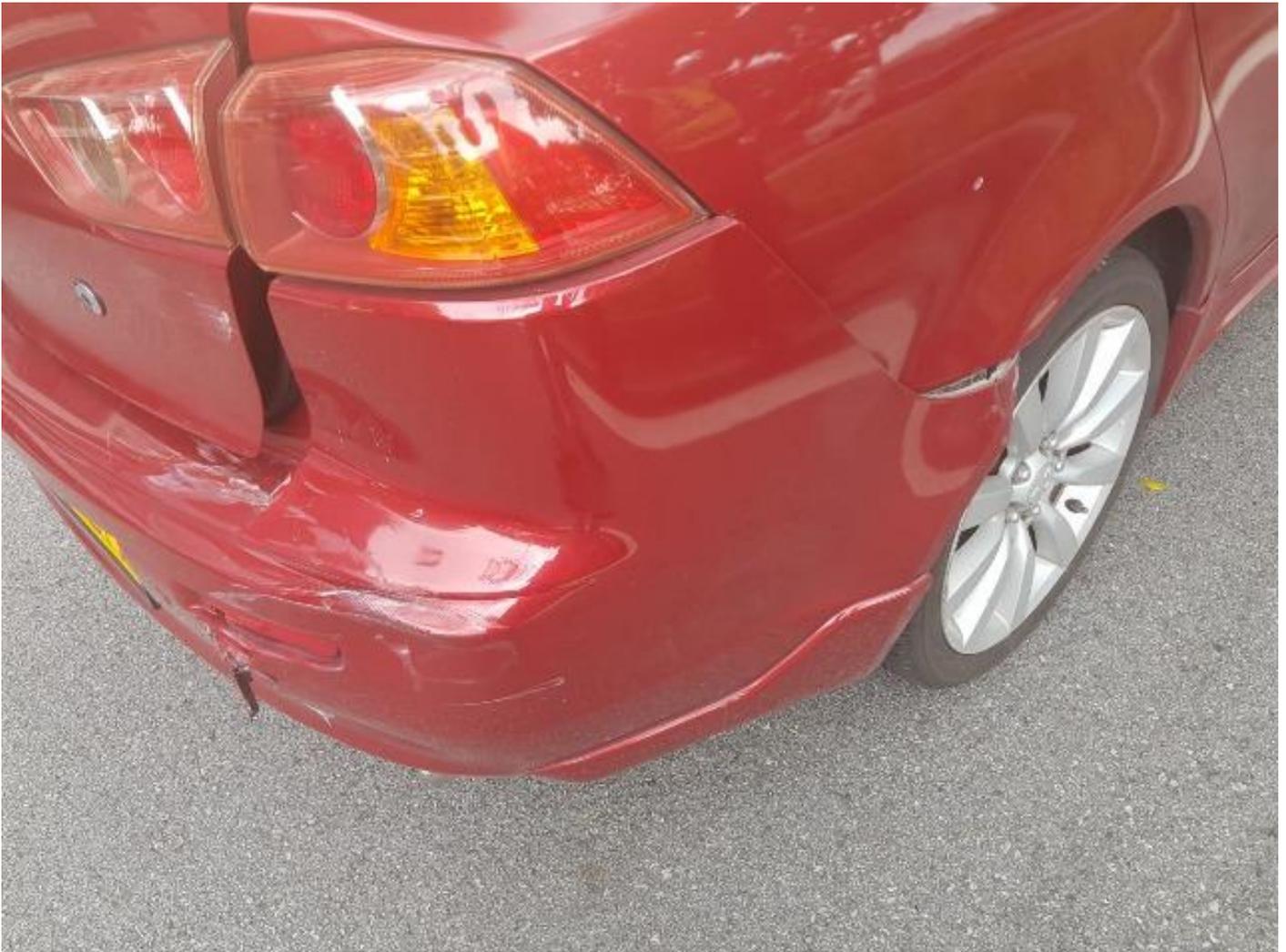
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



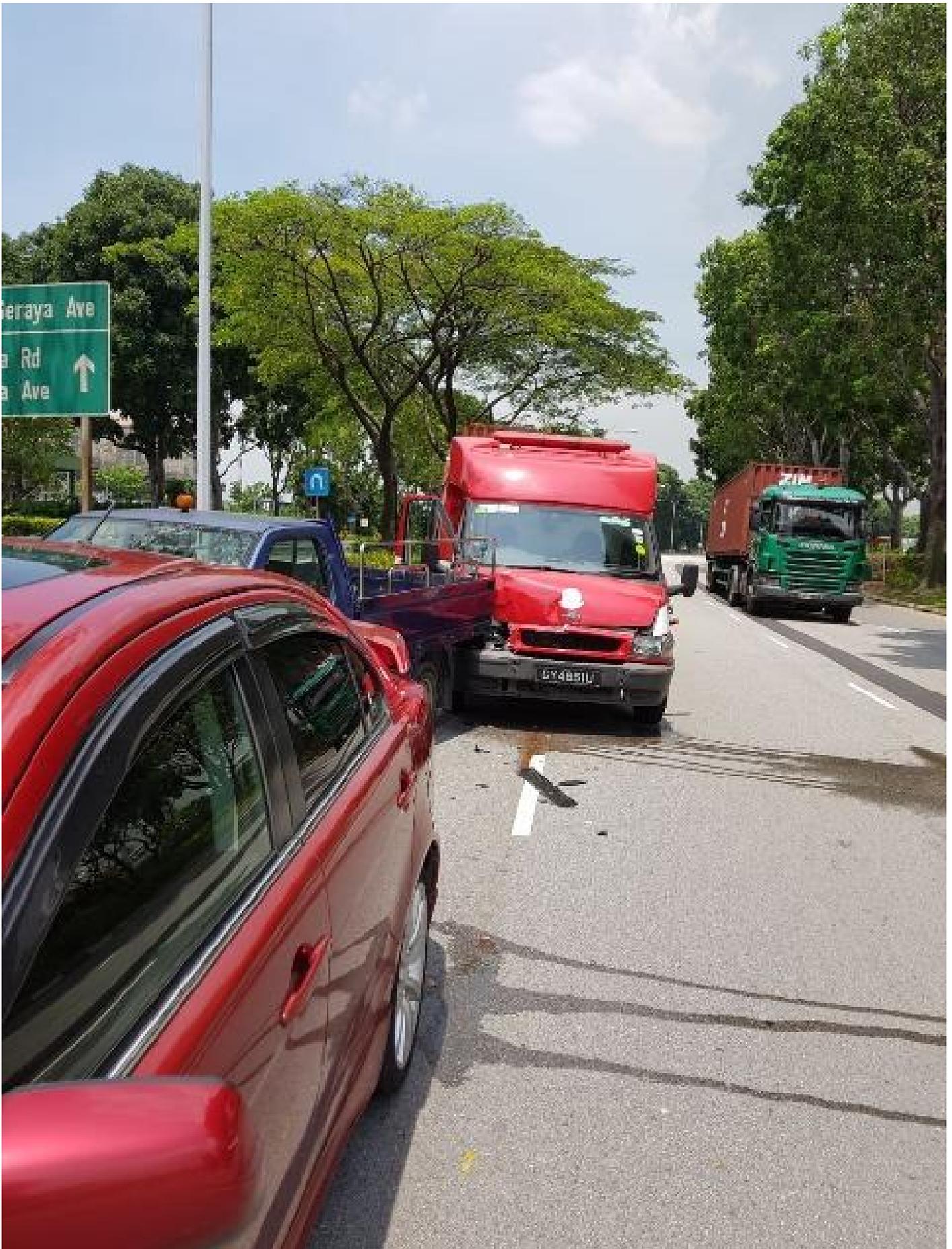
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