

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	30/06/2018 11:20
Date Of Accident	29/06/2018 14:30
Exact Location Of Accident	ALONG CTE TWDS ORCHARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5901T
Insured/Policyholder	
Name Of Registered Owner	WANG HANXIONG
NRIC No	S8626631H
Email Address	SOLONAVI_ALVIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98567278
Alternative Phone No	OTHERS-98567278

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-2.0 R-S AWD (M)
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
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	PNPV2017-00009005
Cover Note Number	04/12/2017 - 03/12/2018

Driver

Name of Driver	WANG HANXIONG
NRIC No	S8626631H
Date Of Birth	27/09/1986
Occupation	INDOOR
Date Of Driving Pass	26/06/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98567278
Fax Number	
Contact Number	OTHERS-98567278
EEmail Address	SOLONAVI_ALVIN@HOTMAIL.COM

Address	BLK 547 ANG MO KIO AVE 10 #08-2236
Postcode	560547
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : JASON CHIN GENDER: : MALE
Passenger 2	NAME: : ALVIN POH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO OWN WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFS7800R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LEE KHEW SUM RICHARD
NRIC/Passport Number	S7325593G
Contact Number	98928126
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGL8492P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK SEOW HWA
NRIC/Passport Number	S7001753I
Contact Number	90268298
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHA9268K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAI CHOW KOON
NRIC/Passport Number	S0169053A
Contact Number	81124049
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WANG HANXIONG
Approximate Age	
Injuries Sustain	CHEST & NECK PAIN
Injured person in which vehicle?	
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

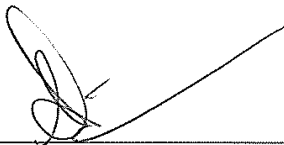
SKETCH PLAN

IMPORTANT NOTICE

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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.



Policyholder's Signature
Date & Time:

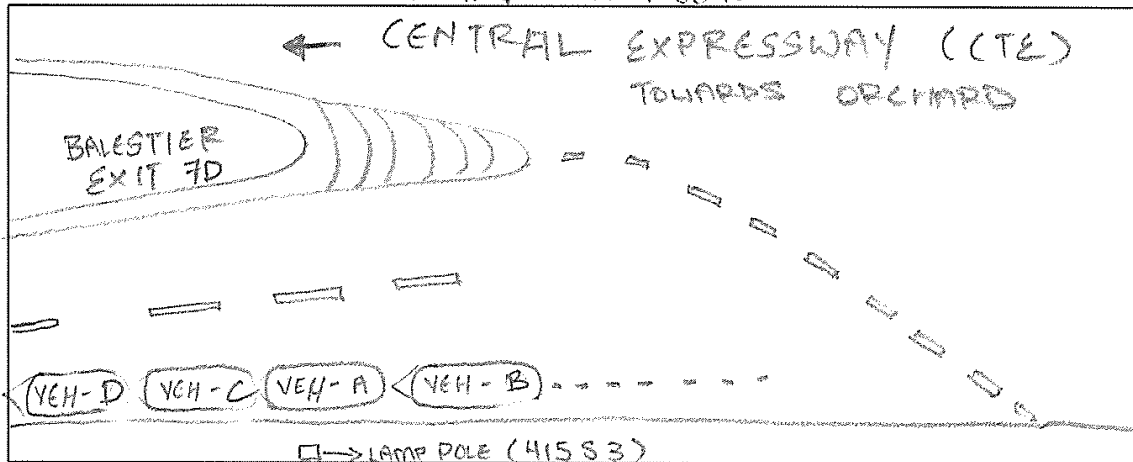
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

Date of accident: 29/06/18 Time: 2:30 Location: Along CTE towards Orchard
 My Vehicle A: SJT 5901 T Vehicle B: SFS 7800 R Vehicle C: SGL 8492 P
 SKETCH PLAN Vehicle B: SHA 9268 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DATE & TIME OF ACCIDENT : 29 JUNE 2018 , 2.30 pm
I was driving along CTE towards Orchard. I was going to conduct site survey at KK Hospital, Connexion & Faver Park. When I reached exit 7D (Balestier Road), there was a jam in front, hence I stopped my vehicle in the queue.
Suddenly VEH-B hit me from behind. The impact was huge and caused my vehicle (VEH-A - SJT 5901 T) to hit the car in front (VEH-C), and VEH-C hit VEH-D. My vehicle suffered damages at the front and rear. I have also hurt my chest and neck due to the impact.
VEHICLE A : WANG HANXIONG (S 8626631 H), White Subaru SJT 5901 T
VEHICLE B : LEE KHEW SUM (S 7325593 G), White Honda SFS 7800 R
VEHICLE C : QUEK SEOW HWA (S 7001753 J), Silver Ahtis SGL 8492 P
VEHICLE D : CHAI (HOW KOON (S 0169053 A), Yellow Citycab SHA 9268 K
Contact Number : (A) 98567278 , (D) 9892 8126 , (C) 9026 8298 , (B) 8112 4049
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input checked="" type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only
Remarks : Please forward a copy of my efile accident report to : My workshop : Email address : & myself : Email address :
Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

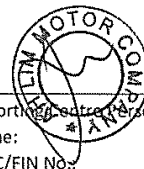
DECLARATION

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:

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



AH LIM MOTOR COMPANY

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180630/2010

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20180630/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2018 02:24		Vide Report No.:		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: WANG HANXIONG			Address: APT BLK 547 ANG MO KIO AVENUE 10 #08-2236 SINGAPORE 560547		
ID Type / ID No.: NRIC NO / S8626631H			Contact No.: Home/Office: Mobile: 98567278		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 27/09/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MARKETING EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2018 14:35	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE toward s AYE exits Balestier 7D (Lampost 415S3)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain Collusions				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFS7800R	Car					0
SGL8492P	Car					0
SHA9268K	Car					1
SJT5901T	Car	SUBARU	IMPREZA 5D 2.0 R-S AWD 5MT ABS	White		2



**SINGAPORE
POLICE FORCE**



T/20180630/2010

2 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180630/2010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT5901T	FWD Singapore Pte. Ltd	PNPV2017-00009005	04/12/2017	03/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LEE KHEW SUM RICHARD		ID No.	S7325593G
Related Vehicle	SFS7800R (Car)		Contact No.	98928126
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
Driver				
Name	QUEK SEOW HWA		ID No.	S7001753I
Related Vehicle	SGL8492P (Car)		Contact No.	90268298
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
Driver				
Name	CHAI CHOW KOON		ID No.	S0169053A
Related Vehicle	SHA9268K (Car)		Contact No.	81124049
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



**SINGAPORE
POLICE FORCE**



T/20180630/2010

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 4

Report No. T/20180630/2010

CONTINUATION OF REPORT

Driver			
Name	WANG HANXIONG		ID No. S8626631H
Related Vehicle	SJT5901T (Car)		Contact No. 98567278
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	30/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details:

On ~~29/05/2018~~ ^{29/6/18} at about 1435hrs, I was driving my car, SJT5901T, along CTE towards AYE exits Balestier 7D. While I was driving, there is a taxi, SHA9268K, collided and hit my rear portion of the vehicle. My car was at a complete stop and my car collided onto the car, SGL8492P. I then exit my car and realised that the car in front of me that I hit had collided on to another car, SFS7800R. Total of 4 cars is involve in the accident including my car. There are 2 passengers in my car however they did not suffer any injury. We then exchange particulars. There is an in car CCTV camera that record every scene.



**SINGAPORE
POLICE FORCE**



T/20180630/2010

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180630/2010

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 1 MUHAMMAD AQIL BIN MOHAMMAD TASRIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2018 02:24
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
 Singapore Police Force	



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 : PNPV2017-00009005

About this policy

Premium paid	: S\$1,505.59	Coverage start date	: 04/12/2017
(Inclusive of GST)		Coverage end date	: 03/12/2018
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: CLASSIC		

About you (As the policyholder)

Your name	: WANG HANXIONG		
Address	: 547 Ang Mo Kio Avenue 10 08-2236 Cheng San Green Singapore 560547		
Email	: solonavi_alvin@hotmail.com		
NRIC/FIN	: S8626631H	Date of birth	: 27/09/1986
Marital status	: Married	Gender	: Male
Current no claims discount	: 0%	Mobile Number	: 98567278
Years of driving experience	: Three or more	Certificate of merit	: No

About your car

Car make and model	: SUBARU IMPREZA 2.0 R-S		
Car plate number	: sjt5901t	Year of first registration	: 2009

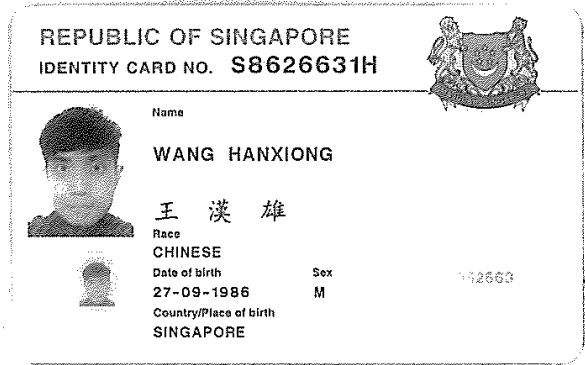
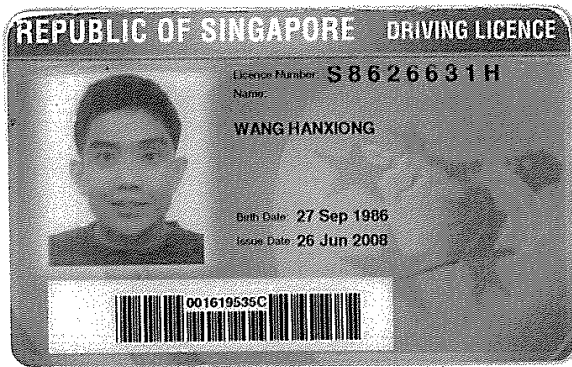
Issued on: : 30/11/2017

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.

Sketch Plan Pg. 8



Wang Hanxiong

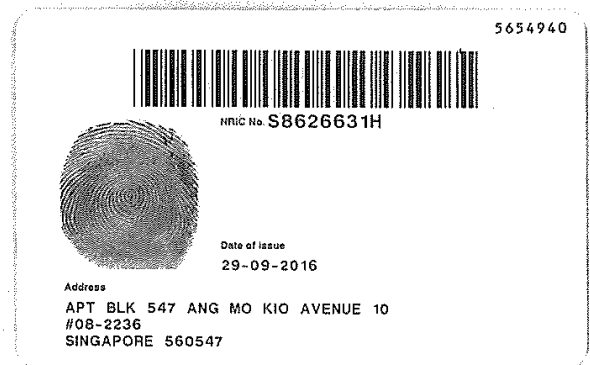
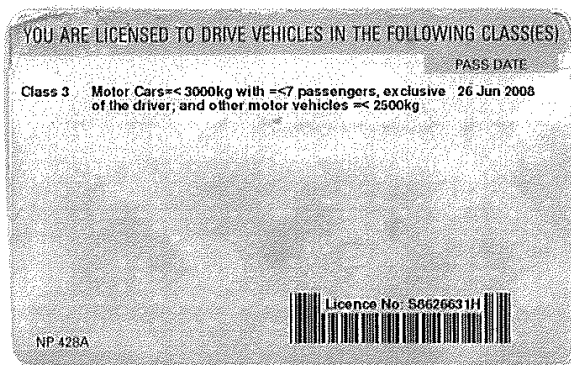
Mjany - chest pain 3
NCE

Workshop - rider.

3px.

Jason Chin - male

Alvin Poh - male



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



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: 566550020G / GST Reg. No.: M400017735

ADDENDUM

Original Report No : MAUN18084224 Vehicle Registration No: SJT 5901 F

Name(as shown in NRIC): WANG HANXIONG NRIC/FIN/Passport No: S862863114

Address : _____ Singapore()

Contact (Tel) : 99567278 Mobile No. :

Email Address :

Date of Accident : 29/06/18 Time of Accident : 14:30

Place of Accident : ALONG CTE TOWARDS ORIENTAL

Insurance Company: FLD Singapore

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Type enr. Vehicle No plate should be SJ7530.7.

Policyholder / Driver's Signature
Date:

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