

## 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	11/08/2018 13:39
Date Of Accident	10/08/2018 11:20
Exact Location Of Accident	CRANE RD JUNCTION ONAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCK9955S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEE KIM SAN
NRIC No	S2585483G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90035393
Alternative Phone No	OFFICE-90035393

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA200 (R18)
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	PNPV2018-00004609
Cover Note Number	-

### Driver

Name of Driver	TEE KIM SAN
NRIC No	S2585483G
Date Of Birth	09/03/1966
Occupation	INDOOR
Date Of Driving Pass	02/07/1991
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90035393
Fax Number	
Contact Number	OFFICE-90035393
Email Address	NOEMAIL

Address	3 LOR 28 GEYLANG ATRIUM RESIDENCES #07-05
Postcode	398408
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	COLLISION - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD9932G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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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.

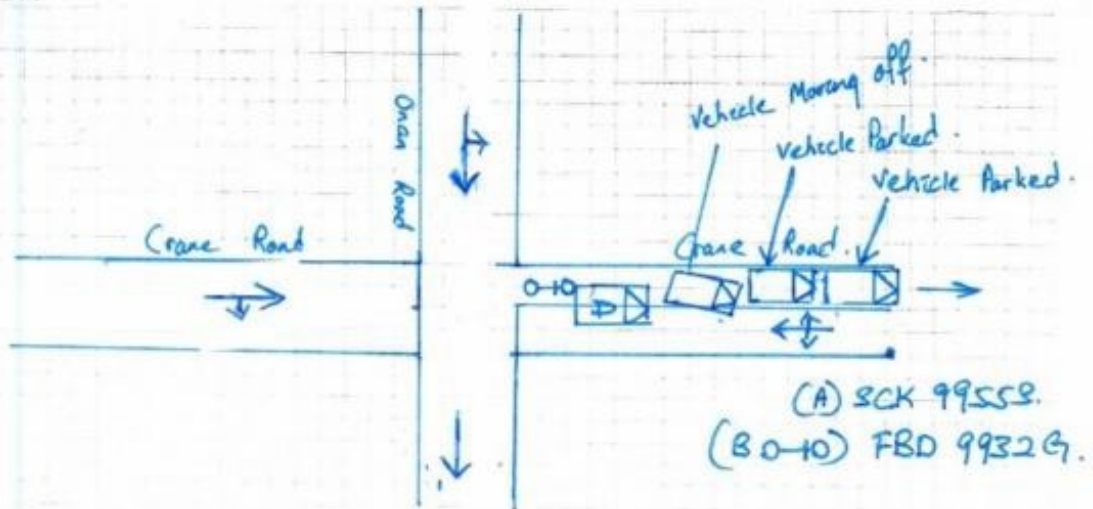
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report  
No : T/20180810/2078.

## 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.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180810/2078

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

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Report No. T/20180810/2078

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2018 14:50		Vide Report No.: G/20180810/0133		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEE KIM SAN			Address: APT BLK 3 LOR 28 GEYLANG #07-05 ATRIUM RESIDENCES SINGAPORE 398408		
ID Type / ID No.: NRIC NO / S2585483G			Contact No.: Home/Office: Mobile: 90035393		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 52	Date of Birth: 09/03/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SERVICE CONTROLLER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/08/2018 11:20	Type of Location:
Location: Along Road 1 CRANE ROAD BY ONAN ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD9932G	Motorcycle	PIAGGIO	GILERA RUNNER ST 200			0
SCK9955S	Car	MERCEDES BENZ	CLA200 (R18)	Purple		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180810/2078

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

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Report No. T/20180810/2078

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCK9955S	FWD Singapore Pte. Ltd	PNPV2018-00004609	04/04/2018	03/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEE KIM SAN	ID No.	S2585483G
Related Vehicle	SCK9955S (Car)	Contact No.	90035393
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 10/08/2018 AT ABOUT 1120 HRS AT SAID LOCATION, I WAS TRAVELLING ON A 1 LANE ROAD TOWARDS CRANE ROAD. AS I WAS TRAVELLING, A VEHICLE WHICH WAS PARK AT THE SIDE OF THE ROAD WANTED TO MOVE OFF, SO I STOP MY VEHICLE TO GIVE WAY. JUST WHEN THE VEHICLE WAS ABOUT TO MOVE OFF, I FELT AN IMPACT ON MY REAR AND SAW A MOTORCYCLE SQUEEZE FROM MY LEFT AND PROCEDDED FORWARD WITHOUT STOPPING. I THEN TRIED TO GAVE CHASE BUT LOST SIGHT OF HIM SHORTLY. I THEN CALLED FOR THE POLICE AND THEY ADVISED ME TO GO BACK TO THE SCENE AND WAIT FOR RESOURCE TO ARRIVE. MY VEHICLE SUFFERED CRACK ON THE REAR LEFT LAMP, DENTED BUMPER AND DAMAGE REAR SENSOR

# POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180810/2078

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

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Report No. T/20180810/2078

## 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:  
TP /  
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt ESTHER CHONG  
Contact No.: 65476368

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
10/08/2018 14:50

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: Aw



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

