

## 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	17/08/2018 18:28
Date Of Accident	16/08/2018 17:50
Exact Location Of Accident	SLE (TPE) BEFORE EXIT 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL4282U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWA KAM MOK
NRIC No	S1318322H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97549130
Alternative Phone No	OFFICE-97549130

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4 1.6HB AT
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	PNPV2018-00007844
Cover Note Number	

### Driver

Name of Driver	EDWARD KWA PENG RONG (KE PINRONG)
NRIC No	S9423494H
Date Of Birth	27/06/1994
Occupation	INDOOR
Date Of Driving Pass	03/08/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97549130
Fax Number	
Contact Number	OFFICE-97549130
Email Address	NOEMAIL

Address	BLK 746 WOODLANDS CIRCLE #05-732
Postcode	730746
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	3
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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	<b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180816/2153.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU5604J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR

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 SLF2087M  
Vehicle Make/Model/Colour HONDA ELANTRA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
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 EDWARD KWA PENG RONG (KE PINRONG)  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SJL4282U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## 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.

#### 2. 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 (a) 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:

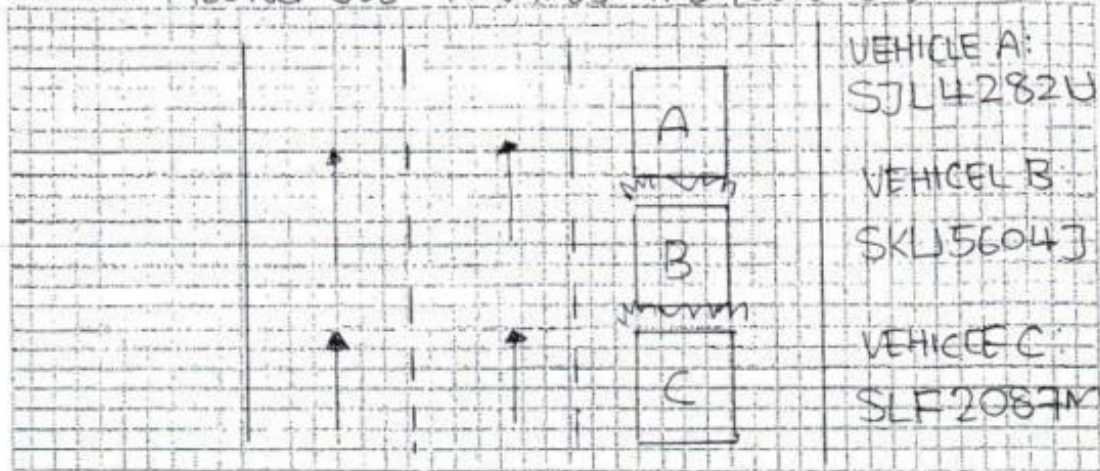
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN

ALONG SLE TOWARDS TPE BEFORE EXIT 9.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FOLLOW POLICE REPORT

## DECLARATION

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

Postyholder's Signature  
Date & Time:

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

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180816/2153

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20180816/2153

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2018 20:45	Vide Report No.:	Station Diary No.: 93
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### Informant's Particulars

Name of Informant: EDWARD KWA PENG RONG			Address: APT BLK 746 WOODLANDS CIRCLE #05-732 SINGAPORE 730746		
ID Type / ID No.: NRIC NO / S9423494H			Contact No.: Home/Office: Mobile: 97549130		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 27/06/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/08/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SELETAR EXPRESSWAY TAMPINES EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Chain	Anyone conveyed by ambulance: No			

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL4282U	Car	SUZUKI	SX4 1.6HB AT		Slightly Damaged	2
SKU5604J	Car	HONDA	VEZEL 1.5X CVT			1
SLF2087M	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT			0

# Police Report



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T/20180816/2153

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20180816/2153

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	EDWARD KWA PENG RONG	ID No.	S9423494H
Related Vehicle	SJL4282U (Car)	Contact No.	97549130
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ PUNGGOL DAMAI PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/08/2018	Date Discharge	16/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKU5604J (Car)	Contact No.	91124887
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
<b>Driver</b>			
Name	ROY	ID No.	NIL
Related Vehicle	SLF2087M (Car)	Contact No.	98436533
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 16/08/2018 at about 1800hrs, I was driving my car, white color Suzuki SX4, bearing registration plate no. SJL4282U, along SLE travelling towards TPE. The traffic volume was quite heavy at that time. Somewhere just before Exit 9, the car driving in front of me suddenly came to a stop. Therefore, I had to do an emergency brake and my car came to a stop. Few seconds later, I felt hard bump for twice. I came out of my car and discovered that it was a 3-car chain collision. The car which collided onto the rear of my car was a white color Honda Vezel, bearing registration plate no. SKU5604J, and the last car was a red color Hyundai Elantra, bearing registration plate no. SLF2087M.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180816/2153

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20180816/2153

### CONTINUATION OF REPORT

I took photos of the scene and recorded down both drivers mobile number but we did not exchange NRICs. My car sustained dents and scratches at the rear bumper. I felt pain on my neck and back after the accident, thus I went to the clinic to make a check. I was issued with a 3-day MC (16/08/2018 to 18/08/2018). My two passengers in my car did not complaint of any injuries or pain.



## Police Report



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T/20180816/2153

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Tel No: 1800-6049999

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Report No. T/20180816/2153

### 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:

F /

Sgt 2 MUHAMMAD HANAFI BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/08/2018 20:45

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH

Contact No.: 65476367

Classification Of Case:

Authentication Stamp

NP168

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

