

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	31/08/2018 13:04
Date Of Accident	30/08/2018 19:20
Exact Location Of Accident	ALG CTE BELOW ERP GANTRY BEF UPPER SERANGOON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL6119G
Insured/Policyholder	
Name Of Registered Owner	PHUA TIANG SOON
NRIC No	S1737163J
Email Address	TS_PHUA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-83818830
Alternative Phone No	OFFICE-83818830

Vehicle Particulars

Manufacturer	VOLVO
Model	S60 T2 A/T
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV201700008651
Cover Note Number	

Driver

Name of Driver	PHUA TIANG SOON
NRIC No	S1737163J
Date Of Birth	30/10/1966
Occupation	INDOOR
Date Of Driving Pass	29/10/1984
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83818830
Fax Number	
Contact Number	OFFICE-83818830
EEmail Address	TS_PHUA@YAHOO.COM

Address	22 YIO CHU KANG ROAD #03-05 SINGAPORE 545535
Postcode	
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 [OTHER]	POTONG PASIR NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO:T/20180830/2195 LODGED AT POTONG PASIR NPP. ON THE 30/08/2018 AT ABOUT 1920HRS, I WAS TRAVELLING IN MY VEHICLE (SGL6119G). MY VEHICLE WAS ALONG THE CTE BELOW THE ERP GANTRY BEFORE THE EXIT OF UPPER SERANGOON ROAD. I WAS TRAVELLING ALONG LANE 3 OF THE SAID ROAD AND THERE WAS ALSO A PRIVATE BUS (PC2616E) AHEAD OF ME. I WAS MOVING FORWARD BEHIND THE SAID BUS, WHEN IT HAD BRAKED SUDDENLY. AS SOON AS I SAW THE BRAKE LIGHTS CAME ON I STEPPED ON MY BRAKES AS WELL BUT IT WAS TOO LATE AND IT HAD COLLIDED ONTO THE REAR OF THE SAID BUS. NO ONE WAS INJURED DURING THIS ACCIDENT AND I HAD CHECKED MY VEHICLE FOR DAMAGES. I NOTICED THAT MY VEHICLE SUFFERED SERIOUS DENTS ON THE FRONT PORTION OF THE VEHICLE WHICH AFFECTED THE ENGINE. MY VEHICLE ALSO PROMPTED SAYING THAT THE SYSTEM PERFORMANCE WAS AFFECTED. THE OTHER BUS HAD SUFFERED SLIGHT DAMAGES TO ITS REAR BUMPER. I HAD TAKEN A PHOTO OF THE BUS DRIVER'S NRIC AS WELL. THE BUS DRIVER INFORMED ME THAT ANOTHER BUS WHICH WAS AHEAD OF HIM HAD BRAKED SUDDENLY AS WELL RESULTING IN THIS COLLISION. I DID NOT NOTICE IF THERE WAS CCTV AT THE SAID AREA. MY VEHICLE DOES NOT HAVE A FRONT IN-CAR CAMERA. I AM LODGING THIS REPORT FOR INSURANCE PURPOSES.

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	PC2616E
Vehicle Make/Model/Colour	GOLDEN DRAGON/XML6957J14B TURBO MANUAL 41 SEATER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE LAI SENG
NRIC/Passport Number	S1764294D

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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 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.
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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

Muhammad Faizal

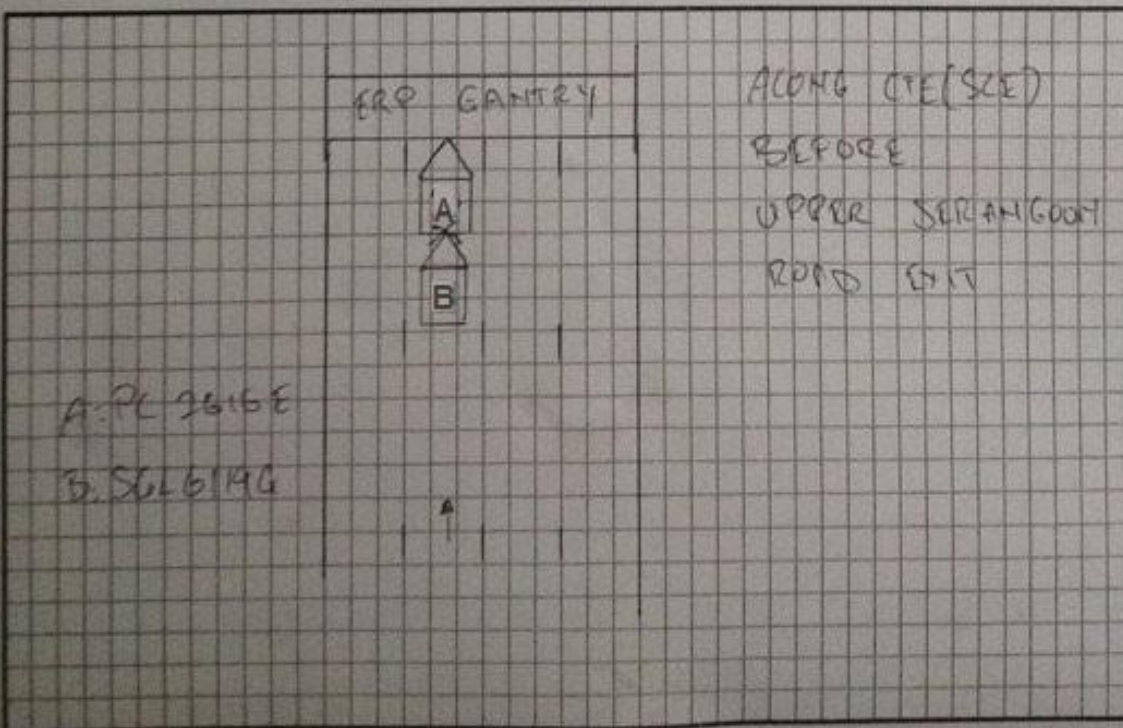
Bin Pabla

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180830/2195

1 of 3

Report No. T/20180830/2195

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2018 20:51	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars

Name of Informant: PHUA TIANG SOON	Address: 22 YIO CHU KANG ROAD #03-05 SINGAPORE 545535		
ID Type / ID No.: NRIC NO / S1737163J	Contact No.: Home/Office: Mobile: 83818830		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 51	Date of Birth: 30/10/1966	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Company director	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/08/2018 19:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE below the ERP gantry before Upper Serangoon Exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicle against Stationary Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2616E	Bus/Coach/Minibus				Slightly Damaged	2
SGL6119G	Car	VOLVO	S60 T2 A/T	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL6119G	FWD Singapore Pte. Ltd	PNPV2017-00008651	16/12/2017	15/12/2018

POLICE REPORT



**SINGAPORE
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Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999



T/20180830/2195

Material facts may
be obtained from the
companies.
2 of 2 Association
Report No. T/20180830/2195
the report

CONTINUATION OF REPORT

and/or
by
the

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE LAI SENG	ID No.	S1764294D
Related Vehicle	PC2616E (Bus/Coach/Minibus)	Contact No.	NIL
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	PHUA TIANG SOON	ID No.	S1737163J
Related Vehicle	SGL6119G (Car)	Contact No.	83818830
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 the 30/08/2018 at about 1920hrs, I was travelling in my vehicle (SGL6119G). My vehicle was along the CTE below the ERP gantry before the exit of Upper Serangoon road. I was travelling along lane 3 of the said road and there was also a private bus (PC2616E) ahead of me. I was moving forward behind the said bus when it had braked suddenly. As soon as I saw the brake lights came on I stepped on my brakes as well but it was too late and it had collided onto the rear of the said bus. No one was injured during this accident and I had checked my vehicle for damages. I noticed that my vehicle suffered serious dents on the front portion of the vehicle which affected the engine. My vehicle also prompted saying that the system performance was affected. The other bus had suffered slight damages to its rear bumper. I had taken a photo of the bus driver's NRIC as well. The bus driver informed me that another bus which was ahead of him had braked suddenly as well resulting in this collision. I did not notice if there was CCTV at the said area. My vehicle does not have a front in-car camera. I am lodging this report for insurance purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180830/2195

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20180830/2195

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:
E /
Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/08/2018 20:51

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE POLICE FORCE	SN 057
 SIGNATURE	

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1737163J



Name
PHUA TIANG SOON

潘 添 順

Race
CHINESE

Date of birth
30-10-1966

Sex
M

Country of birth
SINGAPORE



Identification Card



Driving License



Driving License



Addendum Sheet Pg. 1



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: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18112953 Vehicle Registration No: SGL6119G
Name(as shown in NRIC) : PHUA TIANG SOON NRIC/FIN/Passport No : S1737163J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 83818830
Email Address : ts_phua@yahoo.com
Date of Accident : 30/08/2018 Time of Accident : 19:20
Place of Accident : ALG CTE BELOW ERP GANTRY BEF UPPER SERANGOON 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:

Attached picture

Policyholder / Driver's Signature
Date:

Xian Chern
Reporting Centre Personnel's Signature
Name: Chin Xian Chern
NRIC/FIN No.: G8577824U
Date: 1 SEPT 2018