

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 liability.
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	08/10/2018 09:52
Date Of Accident	06/10/2018 15:15
Exact Location Of Accident	JUNCTION-THOMSON RD / WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM173K
Insured/Policyholder	
Name Of Registered Owner	COLIN TAN CHEQUE SUAN
NRIC No	S7636113D
Email Address	TAGORISTAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98008895
Alternative Phone No	OTHERS-96959545

Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6
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?	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	PNPV2018-00003684
Cover Note Number	30/03/2018 TO 29/03/2019

Driver

Name of Driver	ALICIA LEOW SU-YEN
NRIC No	S7675709G
Date Of Birth	11/10/1976
Occupation	INDOOR
Date Of Driving Pass	23/06/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96950545
Fax Number	
Contact Number	OTHERS-98008895
EEmail Address	ALICIALEOW@GMAIL.COM

Address	67 DYSON RD
Postcode	309400
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	COLLISION - MAJOR/MINOR RD
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH POLICE REPORT NO. T/20181006/2143

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	SMB3510K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	AHMAD BIN MOHAMED HANAFIAH
NRIC/Passport Number	S7621080B
Contact Number	84290132
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UNKNOWN PASSENGER FROM THE BUS
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SMB3510K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

FWD

Vehicle: - SKM
173K

[Signature] 08/10/18

Policyholder's Signature
Date & Time:

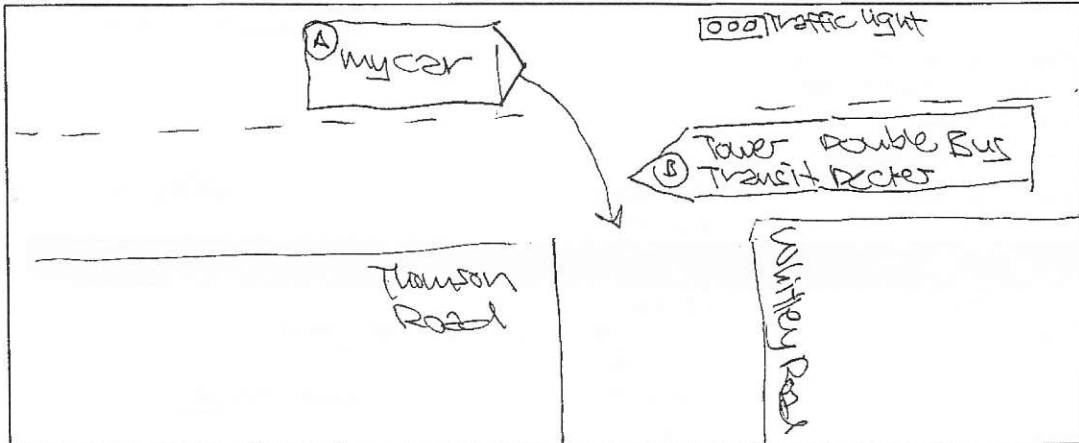
Driver's Signature
(If driver is not the policyholder)
Date & Time: 9.30am



Reporting Centre Personnel's Signature
Name: *Malik*
NRIC/FIN No.: 08/10/2018

Sketch Plan Pg. 2

Date of accident: 6 Oct 2018 Time: 15:15 Location: Junction between Thomson Road
 My Vehicle A: SKM 173K Vehicle B: ~~SMB3510K~~ SMB3510K Vehicle C: E Whitley Road
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : ALICIALEOW@GMAIL.COM

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

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

Vehicle: SKM

173K

Policyholder's Signature

Date & Time:

Driver's Signature

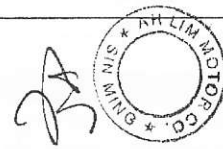
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Ma h

08/10/2018



**SINGAPORE
POLICE FORCE**



T/20181006/2143

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20181006/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2018 19:41	Vide Report No.: E/20181006/0181	Station Diary No.: 95
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Informant's Particulars				
Name of Informant: ALICIA LEOW SU-YEN		Address: 67 DYSON ROAD SINGAPORE 309400		
ID Type / ID No.: NRIC NO / S7675709G		Contact No.: Home/Office: Mobile: 96950545		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 41	Date of Birth: 11/10/1976	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Accountant		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/10/2018 15:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 THOMSON ROAD WHITLEY ROAD Traffic light junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKM173K	Car	BMW		Black	Seriously Damaged	0
SMB3510K	Bus/Coach/Mi nibus			Green		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20181006/2143

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20181006/2143

CONTINUATION OF REPORT

Driver			
Name	ALICIA LEOW SU-YEN	ID No.	S7675709G
Related Vehicle	SKM173K (Car)	Contact No.	96950545
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
Driver			
Name	AHMAD BIN MOHAMED HANAFIAH	ID No.	S7621080B
Related Vehicle	SMB3510K (Bus/Coach/Minibus)	Contact No.	84290132
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 06.10.2018 at about 3.15pm, I was travelling along Thomson Road and my intention was to turn into Whitley Road. I was travelling on the extreme right lane and before the said junction, there was some road works. When I was approaching the junction, I observed that the traffic on the opposite side had already slowed down. As such I decided to move on as I thought that the light is changing to my favor. When I was turning, a fast travelling bus moved forward and hit onto the left side of my vehicle. I did not suffer any injuries and is conscious throughout the ordeal. My vehicle was heavily damaged and had to be towed away. My vehicle does have any onboard camera. The Traffic Police came to the scene and I was advised to lodge a accident report.



**SINGAPORE
POLICE FORCE**



T/20181006/2143

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20181006/2143

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 /

SI KAMAL BIN KAMIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/10/2018 19:41

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

SINGAPORE
POLICE FORCE

SN 168

Authentication Stamp

NP168

SIGNATURE