

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	02/10/2018 15:29
Date Of Accident	02/10/2018 08:40
Exact Location Of Accident	OPEN CARPARK OF BLK 102 HOUGANG AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM814B
Insured/Policyholder	
Name Of Registered Owner	WILLIAM GROVER ASHLOCK
NRIC No	S2767109H
Email Address	K2FROGGY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85225038
Alternative Phone No	OFFICE-85225038

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GTS-278CC SUPER
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNMC2018-0002502
Cover Note Number	

Driver

Name of Driver	LEE YI XIAN
NRIC No	S7925295F
Date Of Birth	26/08/1979
Occupation	INDOOR
Date Of Driving Pass	04/04/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92340986
Fax Number	
Contact Number	
Email Address	PANDA7925@GMAIL.COM

Address	BLK 106 HOUGANG AVENUE 1 #03-1209
Postcode	530106
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , 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 TRAFFIC ACCIDENT REPORT NO. T/20181002/2097 ATTACHED

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	SJU1531Z
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	SCRATCHES ON FRONT BUMPER
Vehicle Category	PRIVATE CAR
Name of Driver	JASMINE PANG
NRIC/Passport Number	
Contact Number	81893228
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE YI XIAN
Approximate Age	39
Injuries Sustain	SPRAINS ON ANKLE AND HANDS
Injured person in which vehicle?	FBM814B
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 106 HOUGANG AVENUE 1 #03-1209
Postcode	530106

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 upon application by interested parties.
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 #2

SKETCH PLAN

Open Carpark Bk 102 Honggang Ave 1.

Diagram illustrating a carpark layout on grid paper. The layout shows a horizontal line at the top, labeled "Open Carpark Bk 102 Honggang Ave 1.". Below this line, there are six vertical lines representing parking spaces. The third space from the left contains a rectangular box labeled "B" with a downward-pointing arrow. Below box "B" is a rectangular box labeled "A" with a rightward-pointing arrow.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Accident Report NO. T(20181002)2097 attached.

DECLARATION

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

Policyholder's Signature
Date & Time:

葉飛

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

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



**SINGAPORE
POLICE FORCE**



T/20181002/2097

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No. T/20181002/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2018 14:45	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: LEE YI XIAN		Address: APT BLK 106 HOUGANG AVENUE 1 #03-1209 SINGAPORE 530106	
ID Type / ID No.: NRIC NO / S7925295F		Contact No.: Home/Office: Mobile: 92340986	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 39	Date of Birth: 26/08/1979	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: WEB DESIGNER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/10/2018 08:40	Type of Location: Car Park
Location: Along Road 1 HOUGANG AVENUE 1				
Open carpark of Blk 102 Hougang Avenue 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM814B	Motorcycle				Slightly Damaged	0
SJU1531Z	Car				Slightly Damaged	0



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114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20181002/2097

CONTINUATION OF REPORT

Brief Details.

On 02/10/2018 at about 0840hrs, I was driving one green Vespa motorcycle (FBM814B) in the open carpark of Blk 102 Hougang Avenue 1.

While I was riding forward, one blue Hyundai (SJU1531Z) came out from the lot and collided into the left side of my motorcycle. Due to the collision, I fell on my right and suffered some sprains on my ankle and hands. The collision resulted in the car sustaining some scratches on the bottom right bumper while my motorcycle sustained scratches on the left side. I only managed to get the driver's name and contact number, Jasmine Pang (HP: 81893228).

I then went to Mount Alvernia Hospital to seek medical treatment and was granted five (5) days of medical leave from 02/10/2018 to 06/10/2018.



**SINGAPORE
POLICE FORCE**



T/20181002/2097

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20181002/2097

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 LIM ENJIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2018 14:45
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168 Signature:	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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