

## 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	13/10/2018 11:02
Date Of Accident	12/10/2018 17:10
Exact Location Of Accident	PIE(CHANGI)B4 TOA PAYOH LOR 2 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5626H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW JUN MING
NRIC No	S8304847F
Email Address	JIMMY.LOW@NERA.NET
Mobile Phone No	(LOCAL) +65-91818912
Alternative Phone No	OTHERS-91818912

### Vehicle Particulars

Manufacturer	BMW
Model	318I
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	PNPV2018-00006800
Cover Note Number	

### Driver

Name of Driver	LOW JUN MING
NRIC No	S8304847F
Date Of Birth	07/02/1983
Occupation	INDOOR
Date Of Driving Pass	21/04/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91818912
Fax Number	
Contact Number	OTHERS-91818912
Email Address	JIMMY.LOW@NERA.NET

Address	BLK 212C COMPASSVALE DRIVE #15-107
Postcode	543212
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	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	
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)	2
Passenger 1	NAME: : GAN SUN KAI GENDER: : MALE

#### 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

PLS REFER TO THE POLICE REPORT: T/20181012/2136

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC6568T
Vehicle Make/Model/Colour	
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 SJU1757P  
Vehicle Make/Model/Colour  
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 LOW JUN MING  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLZ5626H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name GAN SUN KAI  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLZ5626H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### 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.
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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. 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.:

# Accident Sketch Plan

## SKETCH PLAN

A - SLZ 56264  
 B - SKC 6568T  
 C - SJU 1757P

PIE

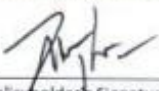
LOR 2  
 TON DAYAK  
 EXIT

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/2018/012/2136

## 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:

 13/10/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



## Individual Statement



**SINGAPORE  
POLICE FORCE**

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



T/20181012/2136

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Report No. T/20181012/2136

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ5626H	Car	BMW	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL	Grey		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ5626H	FWD Singapore Pte. Ltd	PNPV2018- 00006800	19/05/2018	25/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	LOW JUN MING	ID No.	S8304847F
Related Vehicle	SLZ5626H (Car)	Contact No.	91818912
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	12/10/2018	Date Discharge	12/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	GAN SUN KAI	ID No.	S8582807Z
Related Vehicle	SLZ5626H (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/10/2018	Date Discharge	12/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

## Brief Details.

On the 12/10/2018 at about 1710hrs, I was travelling along PIE > Changi before Lor 2 Toa Payoh Exit on the extreme right lane, vehicle(SJU1757P) in front of me slow down and came to a stop due to moderate traffic, therefore I also slow down and managed to stop in time, suddenly vehicle(SKC6568T) behind collided into my vehicle rear portion, which causes my vehicle to move forward and collided into the vehicle in front rear portion. All of the driver step out and exchanged particulars and left location. After which my passenger and I went to Mount Alvernia Hospital and both of us receive 3 days of MC.

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



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo

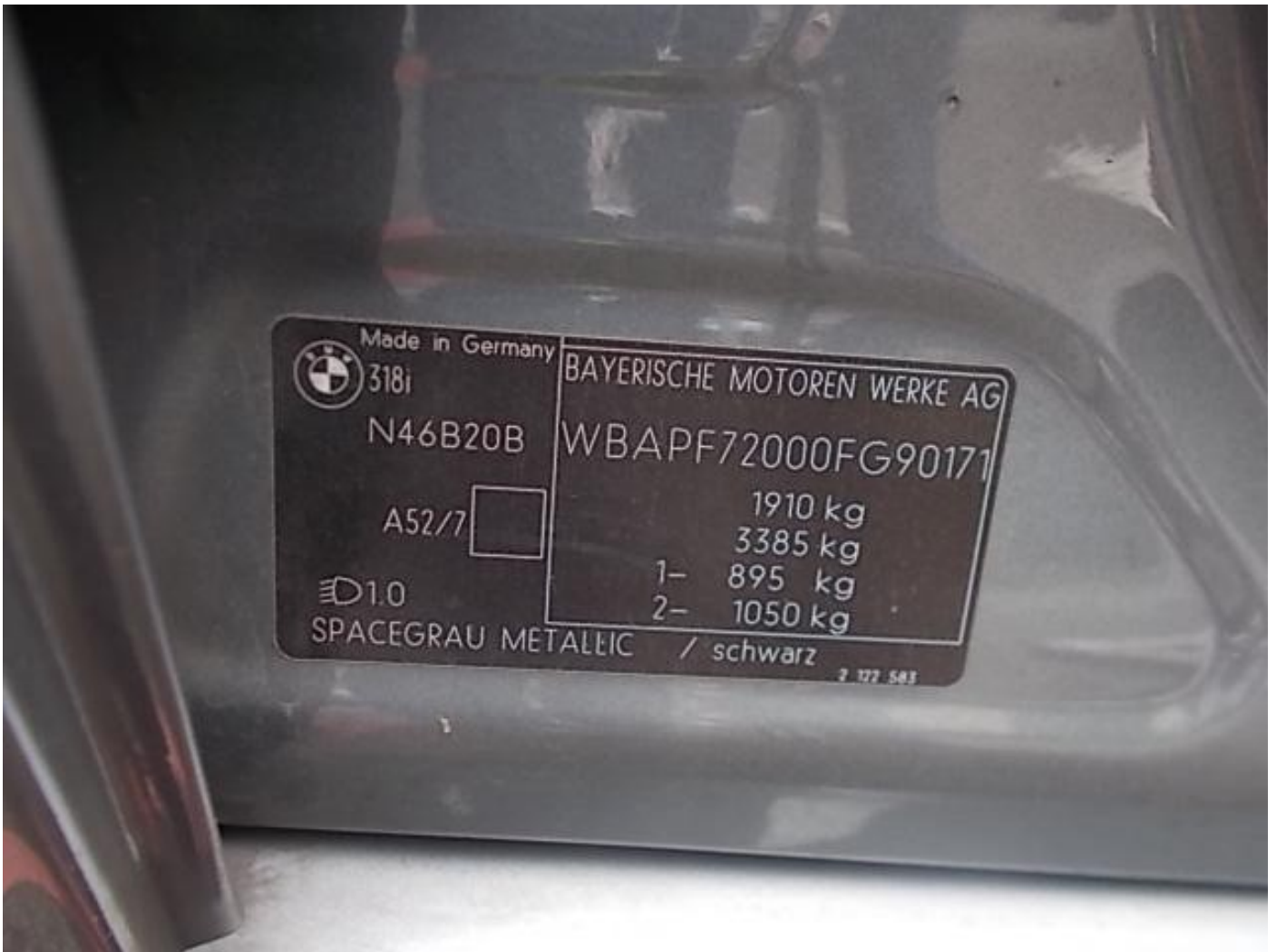


Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181012/2136

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

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Report No. T/20181012/2136

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2018 19:19		Video Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: LOW JUN MING		Address: APT BLK 212C COMPASSVALE DRIVE #15-107 COMPASSVALE PEARL SINGAPORE 543212	
ID Type / ID No.: NRIC NO / S8304847F		Contact No.: Home/Office: Mobile: 91818912	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 07/02/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SENIOR PROJECT MANAGER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

## General Information of the Accident

Type of Accident: Non-Injury	Drink Driver: No	Date/Time of Accident: 12/10/2018 17:10	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE > CHANGI BEFORE TOA PAYOH LOR 2 EXIT			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU1757P	Car	TOYOTA	VIOS E AUTO	Silver		0
SKC6568T	Car	KIA	CERATO FORTE KOUP 1.6 AT SX ABS D/AB 3R	Green		0

# Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20181012/2136

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Report No. T/20181012/2136

## CONTINUATION OF REPORT

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Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408065  
Tel No: 65470000



T/20181012/2136

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Report No. T/20181012/2136

CONTINUATION OF REPORT

That's all.

Police Report



SINGAPORE  
POLICE FORCE

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



T/20181012/2136

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Report No. T/20181012/2136

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 /  
TONG HWEE SIONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/10/2018 19:19

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

Classification Of Case:

Authentication Stamp  
NP165

SINGAPORE  
POLICE FORCE

Signature:



# Identification Card

