

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	10/01/2019 09:44
Date Of Accident	09/01/2019 18:20
Exact Location Of Accident	SLE TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3177G
Insured/Policyholder	
Name Of Registered Owner	TEO REN JIE DERRICK
NRIC No	S8618183E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96315921
Alternative Phone No	OFFICE-96315921

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X A
Exact Purpose for which vehicle was being used at time of accident	

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	PVPN2018-00012912
Cover Note Number	

Driver

Name of Driver	TEO REN JIE DERRICK
NRIC No	S8618183E
Date Of Birth	25/06/1986
Occupation	INDOOR
Date Of Driving Pass	07/05/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96315921
Fax Number	
Contact Number	OFFICE-96315921
Email Address	NOEMAIL

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TEO REN JIE DERRICK

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLT3177G

Were seat belts worn?

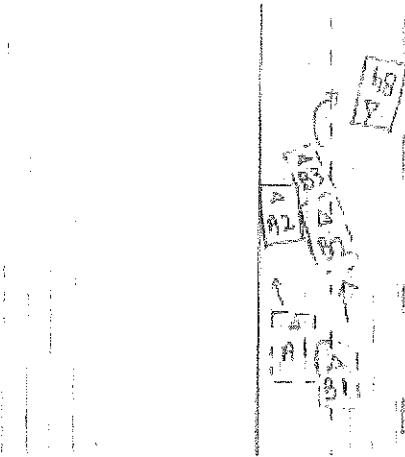
Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan #2

SKETCH PLAN



V.A) SGT 31776


V.B) SHC 51153

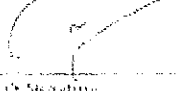
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane, all out of sudden I felt a right huge impact on my vehicle rear portion, the impact caused my vehicle to hit and graze against the railings and bushes on my left. Vehicle 'B' then came instant on my right and went drifting to the third lane. My front, left and right portion was so badly damaged due to this accident.

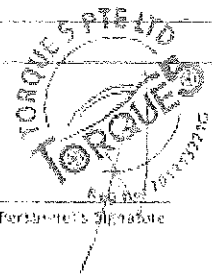
DECLARATION

(We declare the foregoing particulars are true in every respect.)


Policeholder's Signature
Date & Time:


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


Resolving Centre Person's Signature
Name:
NRIC/ID No:



police report



SINGAPORE
POLICE FORCE



1201901097026

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No: T/20190109-2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2019 23:32	Vide Report No. L/20190109/0111	Station Diary No.
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Informant's Particulars

Name of Informant: TEO REN JIE, DERRICK			Address: APT BLK 679C PUNGGOL DRIVE #10-850 SINGAPORE 823679	
ID Type / ID No.: NRIC NO / S8618183E			Contact No. Home/Office: Mobile: 96315921	
Nationality: SINGAPORE CITIZEN			Email: trj.derrick@gmail.com	
Sex: Male	Age: 32	Date of Birth: 25/06/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: HR			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: 09/01/2019 18:20	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5115J	TAXI	RENAULT	LATITUDE	Red	Seriously Damaged	0
SLT3177G	Car	HONDA	VEZEL HYBRID	Brown	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT3177G	FWD Singapore Pte. Ltd	PNPV2018-00012912	25/10/2018	24/10/2019

police report



SINGAPORE
POLICE FORCE



T2015011597096

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

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Report No: T2015011597096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEREIRA DENNIS	ID No.	S1728170D
Related Vehicle	SHC5115J (TAXI (TRANSCAB))	Contact No.	84982571
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	TEO REN JIE, DERRICK	ID No.	S8618183E
Related Vehicle	SLT3177G (Car)	Contact No.	96315921
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	Slight

Brief Details.

On the stated date & time, I was travelling along SLE towards CTE (2.6km mark). Vehicle B (SHC5115J) skidded and hit onto my right portion, pushing me to hit the safety barrier on my left. I have sent the video footage to Inspector Jeya, Office No. 65476232; have sent him the video recordings.

police report



SINGAPORE
POLICE FORCE



T/2019/109/7020

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

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Report No: T/2019/109/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required

Signature Of Interpreter:
Not applicable

Date/Time:
09/01/2019 23:32

Officer In Charge Of Case
TP / TP1B /
LEE GUANG HUI
Contact No.: 65476138

Classification Of Case

Authentication Stamp
NP185

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

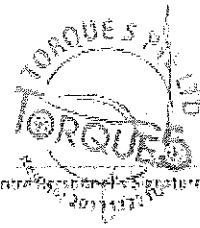
I understand, acknowledge, agree and consent that:

- (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 firm, 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 firm, 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 firm), 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 Agent's Signature
Name:
NRIC/FIN No.:



Address	679C PUNGGOL DRIVE #10-850 S83679
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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 attached

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5115J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	