

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	23/01/2019 12:28
Date Of Accident	22/01/2019 10:30
Exact Location Of Accident	WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG344R
Insured/Policyholder	
Name Of Registered Owner	TAY WEI KAI
NRIC No	S8937214C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91521300
Alternative Phone No	OFFICE-91521300

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	PNPV2018-00001230
Cover Note Number	

Driver

Name of Driver	TAY WEI KAI
NRIC No	S8937214C
Date Of Birth	23/10/1989
Occupation	INDOOR
Date Of Driving Pass	22/03/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91521300
Fax Number	
Contact Number	OFFICE-91521300
Email Address	NOEMAIL

Address	28 JALAN SIMPANG BEDOK
Postcode	488174
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 (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)	3
Passenger 1	NAME: : KOO WANQI GENDER: : FEMALE
Passenger 2	NAME: : SUXIAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 22/01/2019 AT 10.30AM, I WAS DRIVING ON WOODLANDS CENTER ROAD TOWARDS SINGAPORE CUSTOM. I STOP MY VEHICLE DUE TO TRAFFIC JAM AT LANE 1 (EXTREME RIGHT) AT THAT TIME. WHEN I STARTED TO MOVE, VEHICLE B (SLG1299U) SUDDENLY HIT MY VEHICLE AT REAR PORTION, VEHICLE B (SLG1299U) DIDN'T GIVE PARTICULARS TO ME.

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	SLG1299U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SEE KIONG
NRIC/Passport Number	S1359124E
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY WEI KAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKG344R

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

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.

Policyholder's Signature

Date & Time: 23-1-19
10:15AM

Driver's Signature

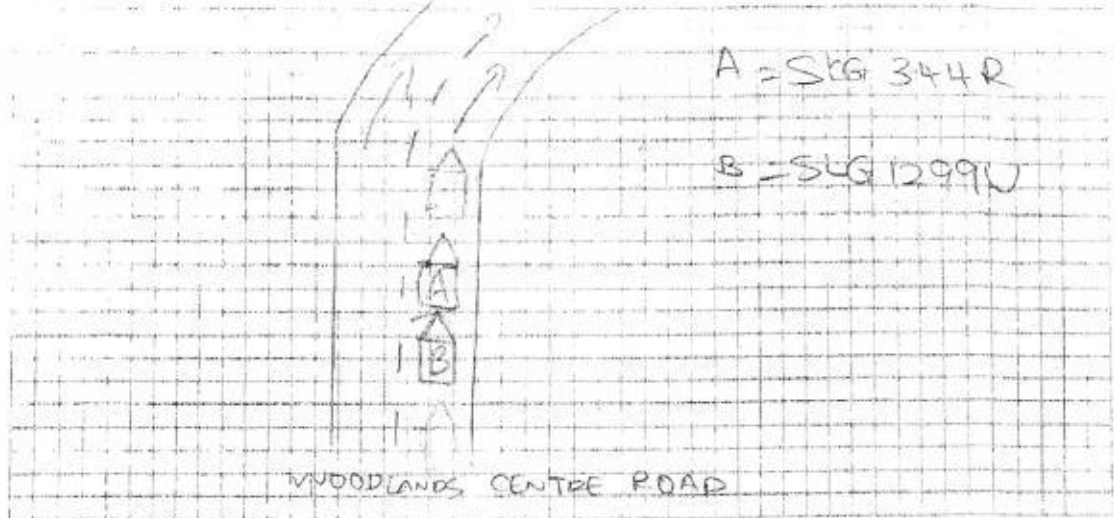
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

YI HONG

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22 JAN 2019 at 10:30AM, I driving on woodlands CENTRE ROAD TOWARDS Singapore custom. I stop my vehicle due to traffic jam at lane 1 (extreme right) at that time.

When I started to move, vehicle B SLG 1299U suddenly hit my vehicle at rear partlan. vehicle B (SLG 1299U) didn't give any particular to me.

DECLARATION

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

Policyholder's Signature

Date & Time: 23-01-19, 10:15AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





SINGAPORE POLICE FORCE



T/20190123/2076

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190123/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2019 14:49		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: TAY WEI KAI			Address: 28 JALAN SIMPANG BEDOK SINGAPORE 488174		
ID Type / ID No.: NRIC NO / S8937214C			Contact No.: Home/Office: Mobile: 91521300		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 23/10/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Executive			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2019 10:30	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS CENTRE ROAD Going towards Woodlands Custom				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SKG344R	Car	SUZUKI	SUZUKI SWIFT SPORT MANUAL	White	Slightly Damaged	2
SLG1299U	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190123/2076

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190123/2076

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG344R	FWD Singapore Pte. Ltd	PNPV2018-00001230	12/01/2018	25/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAY WEI KAI		ID No.	S8937214C
Related Vehicle	SKG344R (Car)		Contact No.	91521300
Hospital/Clinic	NORTHEAST (SIMEI) MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/01/2019		Date Discharge	23/01/2019
No. of Days granted Medical Leave	03		Degree of Injury	NIL
Driver				
Name	ANG SEE KIONG		ID No.	S1359124E
Related Vehicle	SLG1299U (Car)		Contact No.	-
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 23/01/2019 at around 1030hrs, I was driving my vehicle SKG344R along Woodlands Centre Road going towards Woodlands Custom. There was two lanes and one filter lane. I was driving on the most right lane.

As the traffic was quite heavy at the point of time, all the vehicles are slowly inching forward. This vehicle SLG1299U then could not stop in time and collided onto the rear of my vehicle.

Subsequently, we then exchanged particulars after I requested for it. The driver was unhappy but admitted that he could not stop in time.

Afterwards I felt stiffness on my neck and some shoulder strain die to the impact of the collision. I then went to Northeast Medical Group Clinic and was given three days of medical leave from 23/01/2019 to 25/01/2019.



**SINGAPORE
POLICE FORCE**



T/20190123/2076

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20190123/2076

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190123/2076

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190123/2076

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:

G /

Sgt 1 LAM XUE TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/01/2019 14:49

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE