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 wiful misrepresentation or witholding 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

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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 WELKAL

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 WELKAL

NRIC No

S8937214C

Date Of Birth

23/10/1989

Occupation

INDOOR

Date Of Driving Pass

Driving Experience

22/03/2008

10 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91521300

Fax Number

Contact Number

OFFICE-91521300

EMail Address

NOEMAIL

Page 1 of 14

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.

Number of Passengers (Including Driver)

NO

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 Name of Driver

PRIVATE CAR ANG SEE KIONG

NRIC/Passport Number

S1359124E

Contact Number

Page 2 of 14

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 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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)

Lunderstand, 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:
 - 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 mes
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disciosure 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 "Purcases")
- (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:
 - 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

Joc complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Vme: 23 -1 -1 9

10:1544

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

y Henen

Sketch Plan #2 Pg. 1

A = StG 344 P B SLG 12991 BESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 22 JAN 20 1994 10:30AM, I diving on wooplands CETTER ROAD TOLLARDS SURgapers autom. 1 Stop my vehicles due to traffic Jan Af at Lane 1 (Restreme hight art that time. When I Started to move methicle B SLG 12994 Sundamy hit my vehicle at rear partian. While 805 CG 12091) didn't giv any particular to me.	SKETCH PLAN		P. Carlotte and Advances in the Allertan
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We declare the foregoing particulars are true in every respect.	sear port	an . Which BC	1st my well cle at SCG 1299V) didn't gry
ite & Time: 23 -01-19 (If driver is not the policyholder) Name:	We declare the foregoing particulars	Driver's Signature	







1 of 4

Report No. T/20190123/2076

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 14:49	fade:	Vide Report No.:	Štation Diary No.: 52
Informa	nt's Partice	ulars		
Name of TAY WE	Informant: I KAI		Address: 28 JALAN SIMPANG BEDO	K SINGAPORE 488174
	/ ID No.: D / S89372	14C	Contact No.: Home/Office:	Mobile: 91521300
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 29	Date of Birth: 23/10/1989	Type of Informant: Driver	
Race: Chinese		A	Language:	Institution / School Name:
Occupat Executiv		=2	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2019 10:3	Type of Location Straight Road	
	S CENTRE ROAD s Woodlands Custo	m			
Weather: Roa		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traff		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance:		

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	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





/20190123/2076

2 of 4

Report No. T/20190123/2076

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of V	ehicle 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 Perso	n Involved			The Tribet	1200		
Any Pedestrian I	nvolved: No					y v	
No. of Pedestriar	ns Injured: NIL		Use of Pe	se of Pedestrian Crossing: NA			
Driver							
Name	TAY WEI KAI			ID No		S8937214C	
Related Vehicle	SKG344R (Car)			Conta	ct No.	91521300	
Hospital/Clinic	NORTHEAST (SIMEI) MEDICAL		AL CENTRE	Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	23/01/2019		Date Disc		_	- Committee of the Comm	
No. of Days gran	ted Medical Leave	03	Degree o	f Injury NIL			
Driver				melbla			
Name	ANG SEE KIONG		ID No	4	S1359124E		
Related Vehicle	SLG1299U (Car)		Conta	ct No.			
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f 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.





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Report No. T/20190123/2076

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

CONTINUATION OF REPORT





4 of 4

Report No. T/20190123/2076

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

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 1 LAM XUE TING	- UK
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2019 14:49
Officer In Charge Of Case DISAPOVE TP / AEIT / Sr Staff Sgt ONG YONG HOCK	Classification Of Case:

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.

CONTINUATION OF REPORT