

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	28/01/2019 13:19
Date Of Accident	25/01/2019 08:10
Exact Location Of Accident	JUNCTION OF WDLS AVE 3 TURNING TOWARDS BKE/PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1431C
Insured/Policyholder	
Name Of Registered Owner	YEO CHING SOON
NRIC No	S7320594H
Email Address	RODOLFO_7@YAHOO.COM
Mobile Phone No	(LOCAL) +65-84994944
Alternative Phone No	OTHERS-84994944

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO 1.8X 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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00015521
Cover Note Number	

Driver

Name of Driver	YEO CHING SOON
NRIC No	S7320594H
Date Of Birth	21/05/1973
Occupation	INDOOR
Date Of Driving Pass	17/11/1995
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84994944
Fax Number	
Contact Number	OTHERS-84994944
Email Address	RODOLFO_7@YAHOO.COM

Address	BLK 582 WOODLANDS DRIVE 16 #12-472
Postcode	730582
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	PMK6818 (PRIVATE CAR)
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?	YES
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	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , 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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TO SUBMIT UPON REQUEST
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PMK6818
Vehicle Make/Model/Colour	PERODUA MYVI / WHITE
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	YEO CHING SOON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJZ1431C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 582 WOODLANDS DRIVE 16 #12-472
Postcode	730582

Sketch Plan

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: 22/01/2019

13 19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/01/2019

12 19

Reporting Centre Personnel's Signature

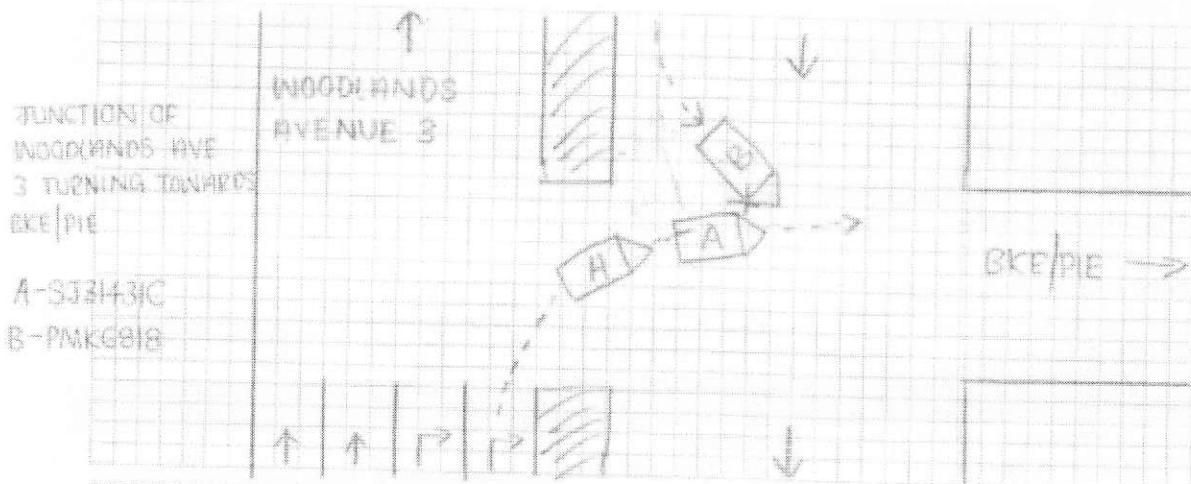
Name:

NRIC/FIN No.:



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 7/20/19 0126/1051

DECLARATION

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

Policyholder's Signature

Date & Time: 26/01/2019

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 3/8/01/2017

Date & Time: 25/01/2017

[illegible]

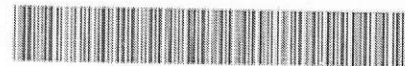
Reporting Centre Personnel's Signature:
Name:
NRIC/FIN No.:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190126/2051

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20190126/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2019 11:29		Vide Report No.:		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: YEO CHING SOON			Address: APT BLK 582 WOODLANDS DRIVE 16 #12-472 SINGAPORE 730582		
ID Type / ID No.: NRIC NO / S7320594H			Contact No.: Home/Office: Mobile: 84994944		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 21/05/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Programme Manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 25/01/2019 08:10	Type of Location: Bend
Location: Along Road 1 WOODLANDS AVENUE 3				
Along Woodlands Avenue 3 about to turn right onto highway from Kranji MRT heading towards Marsiling MRT direction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PMK6818	Car	PERODUA	Myvi	White		0
SJZ1431C	Car	TOYOTA	PREMIO 1.8X A	Silver	Totally Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190126/2051

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20190126/2051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJZ1431C	FWD Singapore Pte. Ltd	PNPV2018-00015521	25/11/2018	24/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	PMK6818 (Car)		Contact No.	NIL
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
Driver				
Name	YEO CHING SOON		ID No.	S7320594H
Related Vehicle	SJZ1431C (Car)		Contact No.	84994944
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2019		Date Discharge	26/01/2019
No. of Days granted Medical Leave		07	Degree of Injury	Slight

Brief Details.

On 25/01/2019 around 0810rs, I was driving my vehicle bearing registration plate number (SJZ1431C) along Woodlands Avenue 3 about to turn onto the highway from Kranji MRT towards Marsiling MRT direction. The light was green however I did not carry on to move on because there are still on-coming cars. I waited till there was enough safety distance before moving off. Suddenly, a car bearing registration plate number (PMK6818) from the on-coming direction suddenly speed up and his vehicle swerved onto my direction colliding onto the left side of my vehicle while I was turning into the highway. Subsequently, after the collision, I managed to get out of my vehicle after a few minutes and went to the other party's vehicle to take a look as I see no response from there.

The other party's window was quite tinted and I managed to peek through and see a guy crouching down in the front passenger side of the vehicle. I then called for SCDF and police assistance as the other guy was not responsive at all. SCDF and Traffic police came and managed got the other party's fellow out however he mentioned that he was not the driver of that vehicle. I was then conveyed to KTPH for treat my injuries and was given a total of 7 days mc and was only discharge today. No government property

Police Report



**SINGAPORE
POLICE FORCE**



T/20190126/2051

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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20190126/2051

CONTINUATION OF REPORT

was damaged.

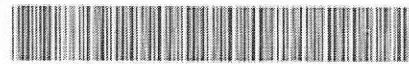
I only got discharged today on 26/01/2019 and I suffered a cut on my right toe and a contusion on my right chest and some bruises here and there.

My TP IO is IO Rashida, TP/IP/0453/2019.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190126/2051

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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20190126/2051

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:

L /

Sgt 1 DAVID NG BOON



Signature:

Singapore Police Force

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

26/01/2019 11:29

Classification Of Case:

Authentication Stamp

NP168