

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	15/02/2019 15:55
Date Of Accident	14/02/2019 18:25
Exact Location Of Accident	ALONG PIE(TUAS) SLIP ROAD OF EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC500C
Insured/Policyholder	
Name Of Registered Owner	ANG WEI SHAN
NRIC No	S8610068A
Email Address	ANG.WEISHAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91550409
Alternative Phone No	OFFICE-91550409

Vehicle Particulars

Manufacturer	BMW
Model	218I COUPE AT HID ABS NAV SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PNPV2019-00000741
Cover Note Number	

Driver

Name of Driver	ANG WEI SHAN
NRIC No	S8610068A
Date Of Birth	14/04/1986
Occupation	INDOOR
Date Of Driving Pass	19/07/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91550409
Fax Number	
Contact Number	OFFICE-91550409
EEmail Address	ANG.WEISHAN@HOTMAIL.COM

Address	NIL
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	CHAIN COLLISION
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	4
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 [OTHER]	MARINE PARADE NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190215/2022 LODGED AT MARINE PARADE NPC. ON 14/02/2019, I WAS TRAVELLING ON PIE TOWARD TUAS WAS TAKING THE EUNOS EXIT. AS THERE WAS A QUEUE TO EXIT, I SLOWED DOWN AND STOPPED MY VEHICLE ON THE LEFT LANE. SUDDENLY, I FELT AN IMPACT FROM THE REAR OF MY VEHICLE. MY VEHICLE THEN SURGED FORWARD. AT THAT POINT OF TIME, I WAS NOT SURE IF MY VEHICLE HAD HIT ANY OF THE VEHICLE IN FRONT. MYSELF AND THE DRIVER OF THE VEHICLE THEN ALIGHTED. I THEN NOTICED THAT A TAXI HAD COLLIDED WITH THE REAR OF MY VEHICLE AND THAT THERE WAS ANOTHER CAR INVOLVED BEHIND THE TAXI. WE TOOK PHOTOS OF THE ACCIDENT AND EXCHANGED PARTICULARS. ALL 3 VEHICLES THEN MOVED OFF. ONCE I WAS HOMED, I DOWNLOADED THE CLIPS FROM THE IN-VEHICLE CAMERA. I ALSO CALLED UP THE INSURANCE AND ARRANGEMENT WAS MADE TO MEET THEM TODAY. THEY WERE NOT ABLE TO SEND DOWN THEIR RESPONSE THEM DOWN LAST NIGHT AS IT WAS ALREADY LATE. AT ABOUT 2200HRS, I WENT TO PARKWAY EAST HOSPITAL AS I WAS FEELING PAIN AT THE NECK AND SHOULDER AREAS. I WAS ALREADY FEELING SOME NUMBNESS WHEN I FIRST ALIGHTED FROM THE VEHICLE AT THE ACCIDENT SITE. THE DOCTOR TOLD ME TO MONITOR FOR ABOUT A WEEK AND PROPOSED A MRI SHOULD THE PAIN DOES NOT SUBSIDE IN THIS WEEK. I WAS GIVEN 5 DAYS OF MEDICAL LEAVE. I WISH TO STATE AS I VIEWED THE CLIPS OF THE ACCIDENT. I NOTICED THAT WHEN MY VEHICLE SURGED FORWARD FROM THE IMPACT, IT SEEMS LIKE I HAD HIT ONTO THE MOTORCYCLE THAT WAS IN FRONT OF ME. HOWEVER, FROM THE CLIPS, I NOTICED THAT THE MOTORCYCLE JUST RODE OFF AND DID NOT STOP AND RETURN TO THE ACCIDENT SITE. THE DAMAGES TO MY VEHICLES ARE AS FOLLOWS: - DAMAGES TO THE REAR BUMPER AND BOOT (DENTED AND SCRATCHES) - DAMAGES TO FRONT BUMPER AND CAR PLATE (SCRATCHES) I AM NOT SURE OF THE ESTIMATED COST OF REPAIR AS I WILL ONLY BE SENDING MY CAR TO THE WORKSHOP LATER. I DO HAVE BOTH FRONT AND REAR RECORDING FROM THE IN-VEHICLE CAMERA.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2989Z
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7L CRDI AT ABS AIRBAG 4DR/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	AW SOON BEE
NRIC/Passport Number	S1434278H
Contact Number	91176006
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER 1 GENDER: : MALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBE2021B
Vehicle Make/Model/Colour	PIAGGIO/GILERA RUNNER ST 200
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN RIDER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKC967P
Vehicle Make/Model/Colour	B.M.W ./523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADRIAN NG KAH MING
NRIC/Passport Number	S7633172C
Contact Number	91111284
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER 1 GENDER: : MALE

DETAILS OF INJURED PERSON 1

Name	ANG WEI SHAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKC500C
Were seat belts worn?	YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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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.

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.
- (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.

Wafiq

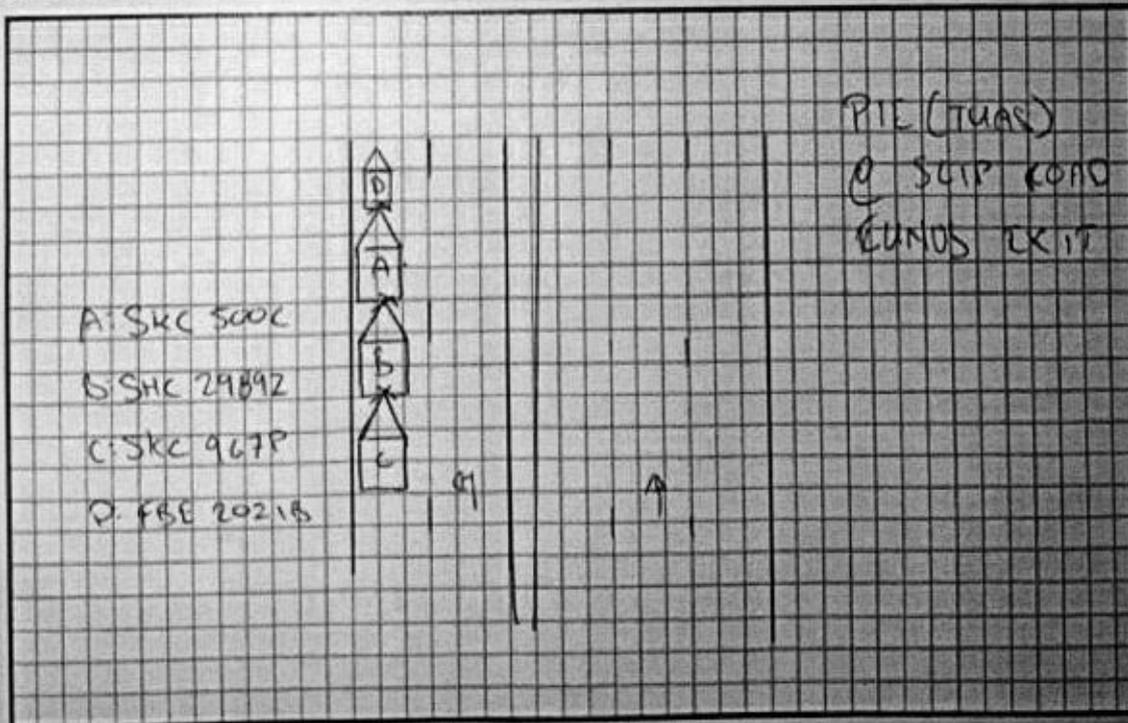
**VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizal
Bin Pabita**

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20190215/2022

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Report No. T/20190215/2022

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2019 10:08	Vide Report No.:	Station Diary No. : 25
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Informant's Particulars

Name of Informant: ANG WEI SHAN		Address: 66 MARINE PARADE ROAD #22-10 SINGAPORE 449300	
ID Type / ID No. : NRIC NO / S8610068A		Contact No. : Home/Office:	Mobile: 91550409
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 32	Date of Birth: 14/04/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: manager		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: 14/02/2019 18:25	Type of Location: Slip Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Tuas, at the Slip Road of Eunps Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	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
SHC2989Z	TAXI				Slightly Damaged	1
SKC500C	Car	BMW	218I COUPE AT HID ABS NAV SR	Black	Slightly Damaged	0
SKC967P	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20190215/2022

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Report No. T/20190215/2022

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC500C	FWD Singapore Pte. Ltd	PNPV2019-00000741	03/01/2019	02/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	AW SOON BEE		ID No.	S1434278H
Related Vehicle	SHC2989Z (TAXI)		Contact No.	91276006
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	ANG WEI SHAN		ID No.	S8610068A
Related Vehicle	SKC500C (Car)		Contact No.	91550409
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/02/2019		Date Discharge	14/02/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	ADRIAN NG KAH MING		ID No.	S7633172C
Related Vehicle	SKC967P (Car)		Contact No.	91111284
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

**SINGAPORE
POLICE FORCE**

T/20190215/2022

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Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190215/2022

CONTINUATION OF REPORT**Brief Details.**

On 14/02/2019, I was traveling on PIE toward Tuas and was taking the Eunus Exit. As there was a queue to exit, I slowed down and stopped my vehicle on the left lane. Suddenly, I felt an impact from the rear of my vehicle. My vehicle then surged forward. At that point of time, I was not sure if my vehicle had hit any of the vehicle in front.

Myself and the driver of the vehicle then alighted. I then noticed that a taxi had collided with the rear of my vehicle and that there was another car involved behind the taxi. We took photos of the accident and exchanged particulars. All 3 vehicles then moved off.

Once I was homed, I downloaded the clips from the in-vehicle camera. I also called up the insurance and arrangement was made to meet them today. They were not able to send down their response team down last night as it was already late.

At about 2200hrs, I went to Parkway East Hospital as I was feeling pain at the neck and shoulder areas. I was already feeling some numbness when I first alighted from the vehicle at the accident site. The doctor told me to monitor for about a week and proposed a MRI should the pain does not subside in this week. I was given 5 days of medical leave.

I wish to state as I viewed the clips of the accident, I noticed that when my vehicle surged forward from the impact, it seems like I had hit onto the motorcycle that was in front of me. However, from the clips, I noticed that the motorcycle just rode off and did not stop and return to the accident site.

The damages to my vehicles are as follows:

- Damages to the rear bumper and boot (dented and scratches)
- Damages to front bumper and car plate (scratches)

I am not sure of the estimated cost of repair as I will only be sending my car to the workshop later.

I do have both front and rear recoding from the in-vehicle camera.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190215/2022

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20190215/2022

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 3 NUR AMERA KHAIRYANI BINTE ALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/02/2019 10:08

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No. 65476404

Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE
POLICE FORCE

SIGNATURE