

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	14/03/2019 04:07
Date Of Accident	13/03/2019 13:50
Exact Location Of Accident	ALG TANJONG KATONG RD TWD SIMS AVE LAMP POST NUM8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ660C
Insured/Policyholder	
Name Of Registered Owner	LIM BENG BENG
NRIC No	S7224932A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96363210
Alternative Phone No	OFFICE-96363210

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00001074
Cover Note Number	

Driver

Name of Driver	LEONG YOKE YUE
NRIC No	S0535992I
Date Of Birth	26/04/1932
Occupation	INDOOR
Date Of Driving Pass	22/10/1965
Driving Experience	53 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96363210
Fax Number	
Contact Number	
Email Address	TSELILEONG@YAHOO.COM.SG

Address	NI;
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	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)	2
Passenger 1	NAME: : LEE SAW KING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	10 UBI AVENUE 3
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO T/20190313/2131 LODGE AT 10 UBI AVENUE 3 ON THE ABOVE MENTIONED DATE AND TIME AND LOCATION. I WAS TRAVELLING ALONG THE SAID LOCATION, I WAS AT THE LEFT LANES OF 2 LANES BEHINDS THE MOTORCYCLE OF FBL205P, WHEN SUDDENLY THE MOTORCYCLE SUDDEN BRAKE AND CAUSING ME COLLIDED ONTO THE REAR OF THE MOTORCYCLE. HE DID NOT FALL FROM THE IMPACT AFTER A FEW SECONDS THE RIDER START TO FALL TO THE GROUND. THAT'S ALL

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	FBL205P
Vehicle Make/Model/Colour	YAMAHA YBR125
Details Of Properties	NA
Vehicle Category	MOTORCYCLE
Name of Driver	NA
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL205P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

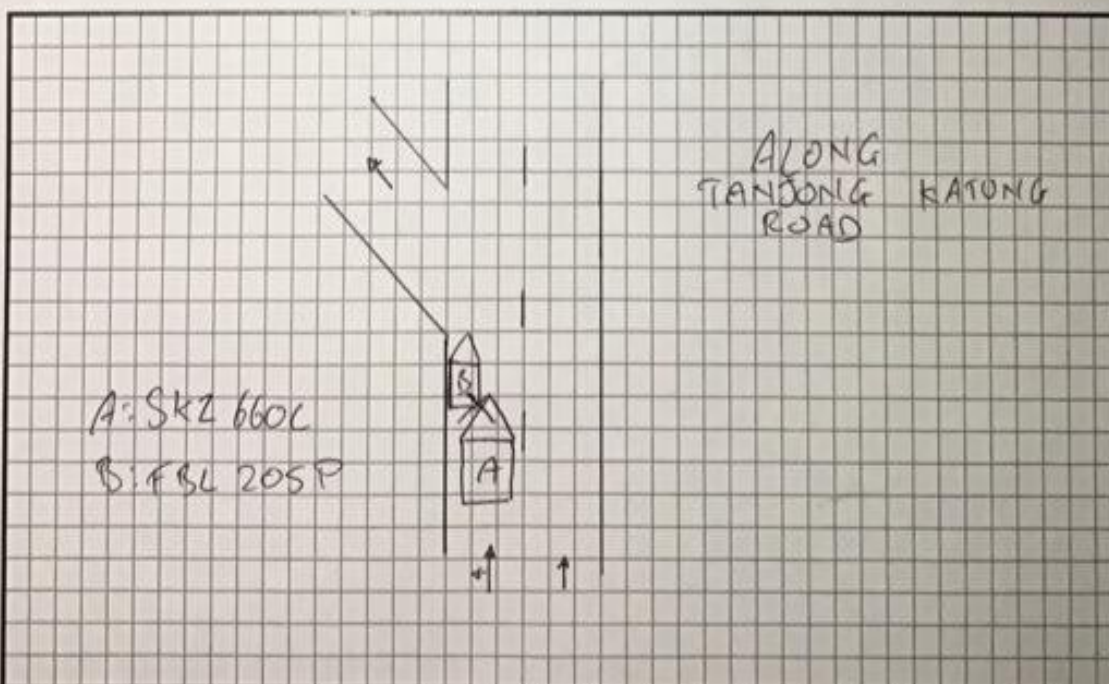
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available application by interested 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.
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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizal
Bin Pabila
Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190313/2131

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

1 of 3

Report No. T/20190313/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2019 17:11	Vide Report No.: G/20190313/0095	Station Diary No.:
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Informant's Particulars

Name of Informant: LEONG YOKE YUE	Address: 55 LORONG 40 GEYLANG #05-15 THE WATERINA SINGAPORE 398079		
ID Type / ID No.: NRIC NO / S05359921	Contact No.:	Mobile: 96363210	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 86	Date of Birth: 26/04/1932	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Retiree	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2019 13:50	Type of Location: Straight Road
Location: TANJONG KATONG ROAD TANJONG KATONG ROAD TWDS SIMS AVENUE Lamp Post Number: 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL205P	Motorcycle	YAMAHA	YBR125	Black		0
SKZ660C	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Black		1

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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



T/20190313/2131

Report No. T/20190313/2131

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS TRAVELLING ALONG THE SAID LOCATION. I WAS AT THE LEFT LANES OF 2 LANES
BEHIND THE MOTORCYCLE OF (FBL205P), WHEN SUDDENLY THE MOTORCYCLE SUDDEN
BRAKE AND CAUSING ME COLLIDED ONTO THE REAR OF THE MOTORCYCLE. HE DID NOT FALL
FROM THE IMPACT AFTER A FEW SECONDS THE RIDER START TO FALL TO THE GROUND.
THAT'S ALL.

POLICE REPORT

SKETCH P

IMPORT

1. Pp

2. Police Station Of Origin:
Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

SINGAPORE
POLICE FORCE



T/20190313/2131

3 of 3

Report No. T/20190313/2131

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:
TP /
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/03/2019 17:11

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



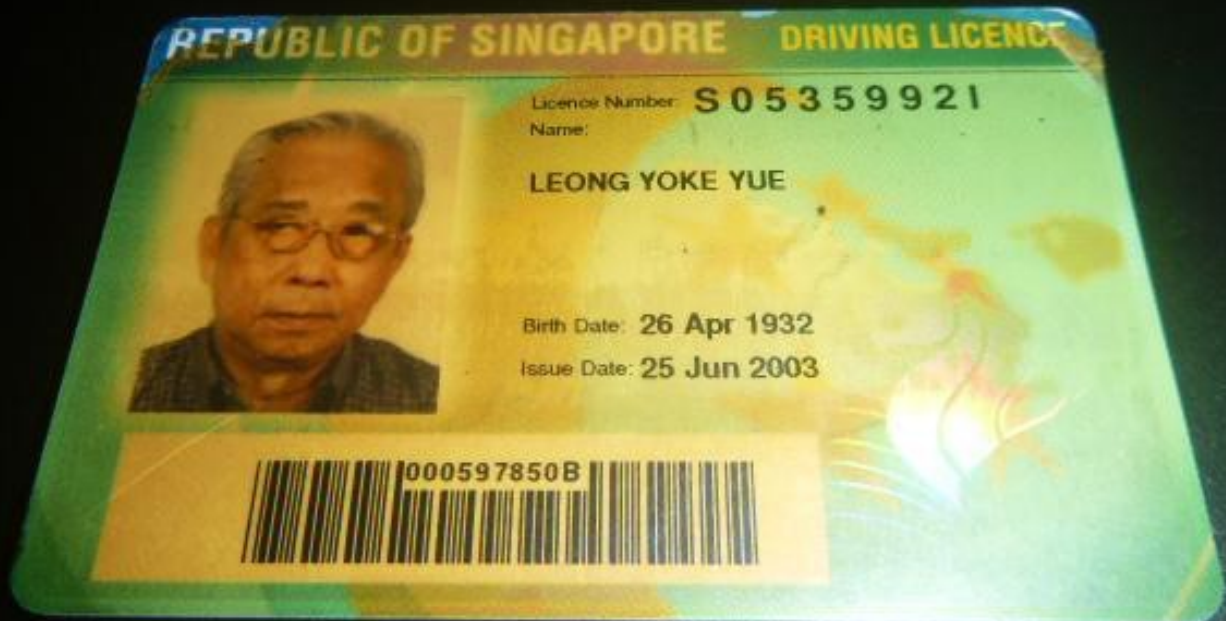
Accident Photo



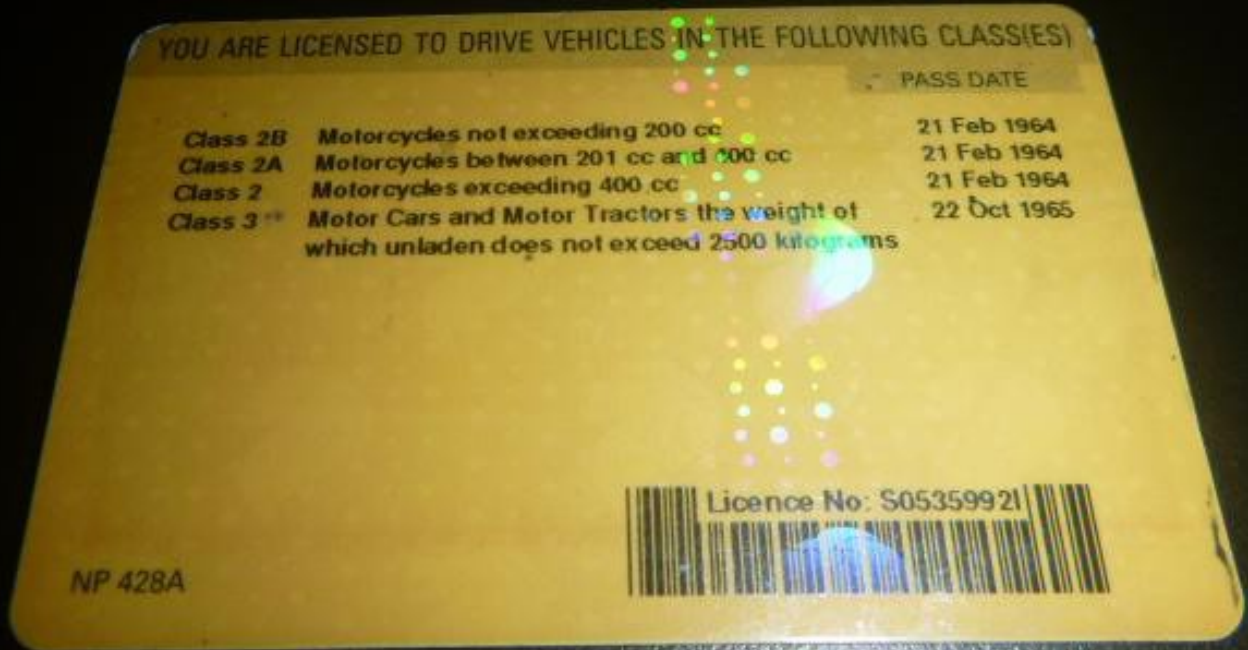
Accident Photo



Driving License



Driving License



Identification Card



Identification Card

