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 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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	20/03/2019 12:19
Date Of Accident	19/03/2019 17:00
Exact Location Of Accident	ALONG TAMPINES AVE 7
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJA584H
Insured/Policyholder	
Name Of Registered Owner	JUWAIDAH BINTE ADNAN
NRIC No	S8117295A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92377237
Alternative Phone No	OTHERS-92377237
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PNPV2018-00015855
Cover Note Number	
Driver	
Name of Driver	NORMAN BIN ABD AZIS
NRIC No	S7620993F
Date Of Birth	05/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	21/05/1998
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92377237
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 259C PUNGGOL FIELD #05-45
Postcode	823259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : JUWAIDAH BINTE ADNAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	**ROAD**: 21A TEBING LANE , **POSTCODE:** 828837 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190320/2008

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	SKB625G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IVY POH AI MEI
NRIC/Passport Number	S8319830C
Contact Number	91094765

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

DETAILS OF INJURED PERSON 1

Name	NORMAN BIN ABD AZIS
Approximate Age	
Injuries Sustain	BACK,NECK & SHOULDER
Injured person in which vehicle?	SJA584H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JUWAIDAH BINTE ADNAN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJA584H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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**.
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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. 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.
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.

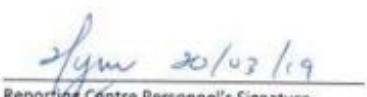
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:

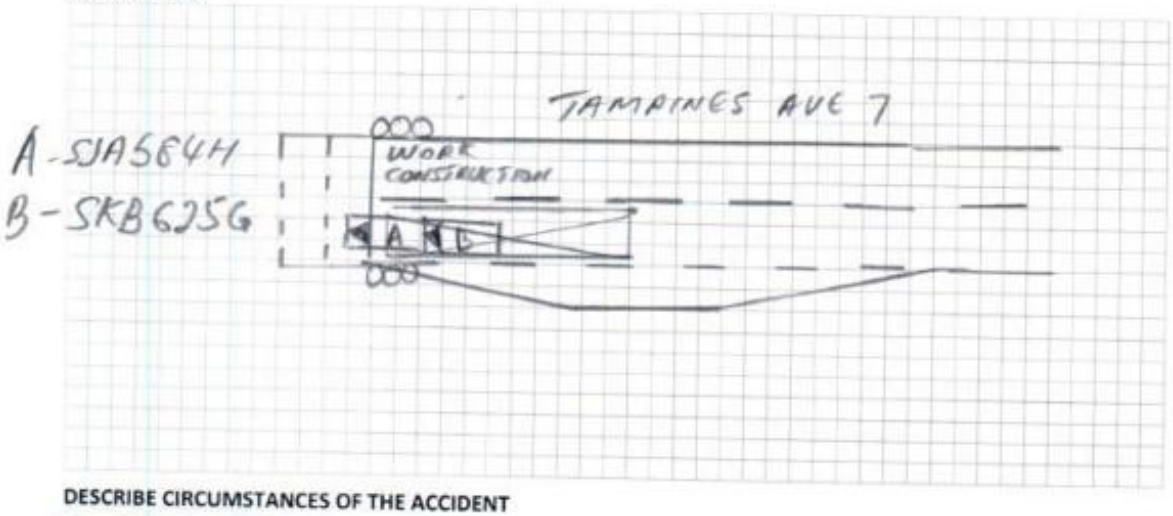
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190320/2008

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 20/03/19	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 20/03/19

SINGAPORE POLICE FORCE

T/20190320/2008

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Passenger					
Name	JUWAIDAH BINTE ADNAN			ID No.	S8117295A
Related Vehicle	SJA584H (Car)			Contact No.	97332365
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/03/2019		Date Discharge	19/03/2019	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Driver					
Name	NORMAN BIN ABD AZIS			ID No.	S7620993F
Related Vehicle	SJA584H (Car)			Contact No.	92377237
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight	
Driver					
Name	IVY POH AI MEI			ID No.	S8319830C
Related Vehicle	SKB625G (Car)			Contact No.	91094765
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 190/03/2019, at about 1700hrs, I was driving my vehicle, SJA584H, along Tampines Avenue 7. It is a two lane road however, the right lane had construction work done and as such, it was partially closed. As such, I was travelling on the left lane.

Upon reaching the pedestrian crossing infront of Blk 401 Tampines Avenue 7, the traffic light turned red. As such, I stopped my vehicle. My vehicle was the first vehicle at the traffic light. Suddenly, there was a bang from the rear and my vehicle surged forward. I then alighted my vehicle and discovered that a vehicle, SKB625G, had hit my vehicle from the rear. The driver then alighted and we exchanged particulars.

Due to the impact, the rear bumper and boot was dented and my rear lights were damaged. My wife who

SINGAPORE POLICE FORCE

T/20190320/2008

Police Station Of Origin:
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21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

is about 5 and a half months pregnant felt some pain on her neck and her back while I felt some pain on my back, neck and shoulders. My wife and I then went to KKH to make a check on my wife where she was given 3 days MC however, she will be admitted due to the pregnancy. I will proceed to the doctor after I had settled my wife.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

Accident Photo

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Accident Photo

SINGAPORE POLICE FORCE

T/20190320/2008

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No: T/20190320/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
20/03/2019 00:38		8

Informant's Particulars

Name of Informant:			Address:	
NORMAN BIN ABD AZIS			APT BLK 259C PUNGGOL FIELD #05-45 SINGAPORE 823259	
ID Type / ID No.:			Contact No.:	
NRIC NO / S7620993F			Home/Office:	Mobile: 92377237
Nationality:			Email:	
SINGAPORE CITIZEN				
Sex:	Age:	Date of Birth:	Type of Informant:	
Male	42	05/07/1976	Driver	
Race:			Language:	Institution / School Name:
Malay				
Occupation:			Driving Licence Information:	
RAMP SUPERVISOR			Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	19/03/2019 17:00	

Location:
Along Road 1
TAMPINES AVENUE 7

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA584H	Car	MITSUBISHI	LANCER EX	Silver	Slightly Damaged	1
SKB825G	Car	JAGUAR		Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/201903202008

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21A Tebing Lane SINGAPORE 828837
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Report No: T/201903202008

CONTINUATION OF REPORT

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Related Vehicle	SJA584H (Car)	Contact No.	97332365
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/03/2019	Date Discharge	19/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver			
Name	NORMAN BIN ABD AZIS	ID No.	S7620993F
Related Vehicle	SJA584H (Car)	Contact No.	92377237
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B 2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Driver			
Name	IVY POH AI MEI	ID No.	S8319830C
Related Vehicle	SKB625G (Car)	Contact No.	91094765
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T/20190320/2008

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T/20190320/2008

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21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20190320/2008

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 85474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 3 NOORHIDAYAH BINTE MOHAMAD NOOR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

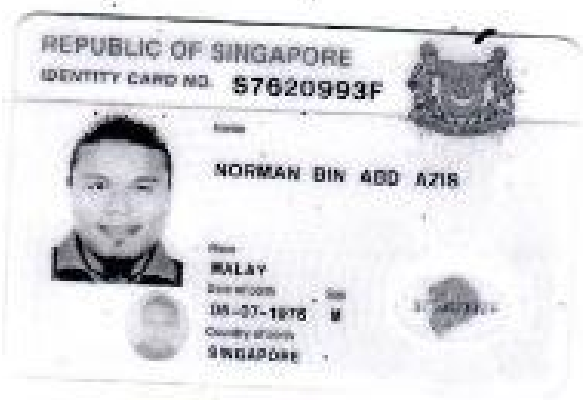
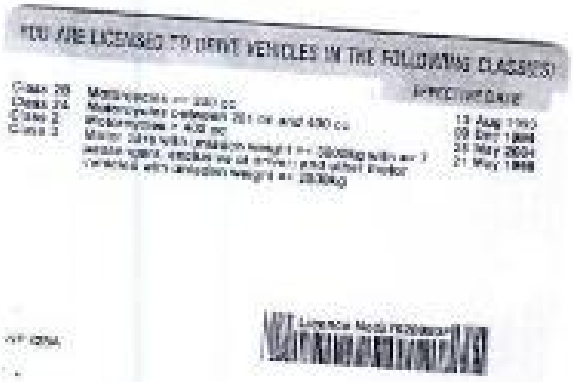
Date/Time:
20/03/2019 00:38

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No : 65476436

Classification Of Case:

Authentication Stamp
NPHSB

SN 085

Singapore Police Force

Identification Card