

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	08/04/2019 16:29
Date Of Accident	06/04/2019 21:30
Exact Location Of Accident	SLIP RD CANBERRA WAY TWDS YISHUN AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5475R
Insured/Policyholder	
Name Of Registered Owner	LIEW HUI SHAN VALERIE
NRIC No	S8540245E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87829862
Alternative Phone No	OFFICE-87829862

Vehicle Particulars

Manufacturer	FIAT
Model	PUNTO EVO 1.4A DYNAMIC
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	PNPV2017-00005660-01
Cover Note Number	

Driver

Name of Driver	CHENG CHYE SHEN (ZHENG ZAISHENG)
NRIC No	S8139361C
Date Of Birth	26/11/1981
Occupation	INDOOR
Date Of Driving Pass	26/01/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87829682
Fax Number	
Contact Number	OFFICE-87829682
Email Address	NOEMAIL

Address	BLK 455 YISHUN STREET 41 #06-37
Postcode	760455
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)	3
Passenger 1	NAME: : LIEW HUI SHAN VALERIE GENDER: : FEMALE
Passenger 2	NAME: : CHENG SHU YU VERNICE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190408/2009.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN3306G
Vehicle Make/Model/Colour	AVANTE
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 CHENG CHYE SHEN (ZHENG ZAISHENG)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW5475R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIEW HUI SHAN VALERIE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW5475R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name CHENG SHU YU VERNICE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJW5475R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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 statement 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 (a) 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

Veh A: SJW5475R

Veh B: SJN3306G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated at police report

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:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190408/2009

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20190408/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2019 09:15	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: CHENG CHYE SHEN			Address: APT BLK 455 YISHUN STREET 41 #06-37 SINGAPORE 760455	
ID Type / ID No.: NRIC NO / S8139361C			Contact No.:	Mobile: 87829682
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 37	Date of Birth: 26/11/1981	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2019 21:30	Type of Location: Bend
Location: Along Road 1 CANBERRA ROAD Canberra Way -> Yishun Ave 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle into Stationary Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN3306G	Car					0
SJW5475R	Car				Slightly Damaged	2

Details of Person Involved

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

Police Report



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569784
Tel No: 1800-4849999

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Report No. T/20190408/2009

CONTINUATION OF REPORT

Passenger			
Name	Cheng Shu Yu Vernice	ID No.	T1038268D
Related Vehicle	SJW5475R (Car)	Contact No.	NIL
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	CHENG CHYE SHEN	ID No.	S8139361C
Related Vehicle	SJW5475R (Car)	Contact No.	87829682
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Liew Hui Shan Valerie	ID No.	S8540245E
Related Vehicle	SJW5475R (Car)	Contact No.	87829862
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

On 06/04/2019 at 2129hrs, I was driving my car along Canberra Way. I was then at the slip road turning into Yishun Ave 2 and had slowed down as there were oncoming traffic. I had then made a stop before the dotted lines. I wish to state that once my vehicle came to a full stop, a car from the rear then collided into my car. I wish to state that I had 2 passengers with me at the point of time. I had then alighted from my vehicle to make a check and exchanged particulars. I am unable to confirm the damages on my vehicle as I have yet to have my car checked by a workshop.

I wish to state that I have seek medical attention and have been given 3 days of medical leave. My passengers were also given medical leave.

Police Report



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T/20190408/2009

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569784
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Report No. T/20190408/2009

CONTINUATION OF REPORT

Police Report



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POLICE FORCE**

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569784
Tel No: 1800-4849999



T/20190408/2009

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Report No. T/20190408/2009

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:

F /

Staff Sgt MOHAMED SHA'ARI BIN MOHAMED
AYOB

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

08/04/2019 09:15

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

