

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	25/04/2019 17:34
Date Of Accident	24/04/2019 20:00
Exact Location Of Accident	TANGLIN RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD2329M
Insured/Policyholder	
Name Of Registered Owner	TAN CHANG SENG
NRIC No	S1419267J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97281856
Alternative Phone No	OFFICE-97281856

Vehicle Particulars

Manufacturer	RENAULT
Model	FLUENCE
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?	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	PNCV2018-00000112
Cover Note Number	

Driver

Name of Driver	TAN YONG NIAN GERALD
NRIC No	S8934761J
Date Of Birth	01/10/1989
Occupation	INDOOR
Date Of Driving Pass	12/08/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88662845
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 253 ANG MO KIO ST 21 #08-189
Postcode	560253
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
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)	4
Passenger 1	NAME: : RICHARD GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20190425/2103.

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	SHD8511Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B

Vehicle Category	TAXI
Name of Driver	KOH KIAN CHYE
NRIC/Passport Number	S1487292B
Contact Number	90288177
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

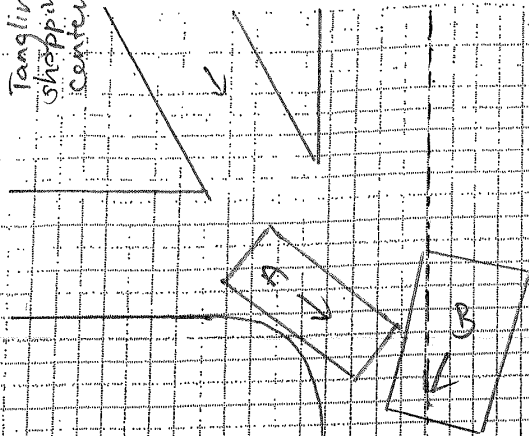
NRIC/FIN No.:

A: Renault Fluence (S&D 2329W)
 B: Taxi (SHD8511Z)

TOP PLAN

Tanglin Shopping Center

ORCHARD
 Renaissance Hotel



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report for description.

POLICE REPORT NO: T120190425/2103

DECLARATION

I 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/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190425/2103

1 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190425/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2019 15:06	Vide Report No.:	Station Diary No.: 87
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Informant's Particulars

Name of Informant: TAN YONG NIAN, GERALD			Address: APT BLK 253 ANG MO KIO STREET 21 #08-189 SINGAPORE 560253		
ID Type / ID No.: NRIC NO / S8934761J			Contact No.: Home/Office: Mobile: 88662845		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 01/10/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRED DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/04/2019 20:00	Type of Location: T-Junction
Location: Along Road 1 ORCHARD ROAD				
After exit of Orchard Rendezvous Hotel				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD8511Z	Car				Slightly Damaged	0
SKD2329M	Car				Slightly Damaged	3

Details of Person Involved

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



**SINGAPORE
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T/20190425/2103

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Tel No: 1800-2369999

Report No. T/20190425/2103

CONTINUATION OF REPORT

Driver			
Name	KOH KIAN CHYE		ID No. S1487292B
Related Vehicle	SHD8511Z (Car)		Contact No. 90288177
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	TAN YONG NIAN, GERALD		ID No. S8934761J
Related Vehicle	SKD2329M (Car)		Contact No. 88662845
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	24/04/2019	Date Discharge	24/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 24/04/2019 at about 2000hrs, I was driving Grab and was picking up 3 passengers from Orchard Rendezvous Hotel.

After picking up the passengers, I exited the hotel through Tanglin Road exit. As I approached the junction to exit through Tanglin Road, I stopped to ensure there were no oncoming traffic.

There was vehicle that exited Tanglin Shopping Centre onto Tanglin Road, the vehicle stopped and the driver signal to me to carry on, allowing me to exit onto Tanglin Road.

I proceeded to make a right turn onto lane 1 of Tanglin Road after checking clear of oncoming traffic. Suddenly, a Taxi (SHD8511Z) came into lane 1 causing the front of my vehicle to collide with the right side of his taxi. We stopped our vehicles and exchanged particulars.

On the same day, I felt some pain on my neck, shoulder and chest hence I went to consult a doctor at Mount Alvernia Hospital. I was given 5 days of MC from 25/04/2019

I wish to state that I have a in car camera which captured the accident.



**SINGAPORE
POLICE FORCE**



T/20190425/2103

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A 391 New Bridge Road Police Cantonment
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Tel No: 1800-2369999

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Report No. T/20190425/2103

CONTINUATION OF REPORT

Sketch Plan


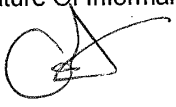


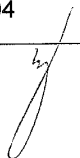
Informant is not able to provide sketch plan

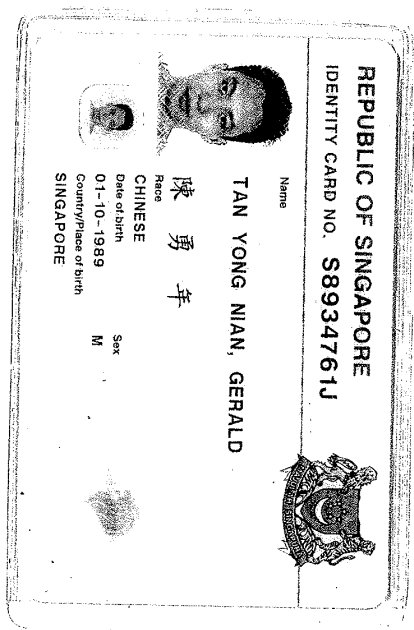
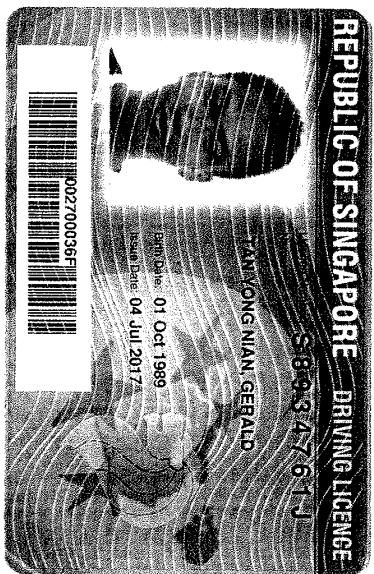
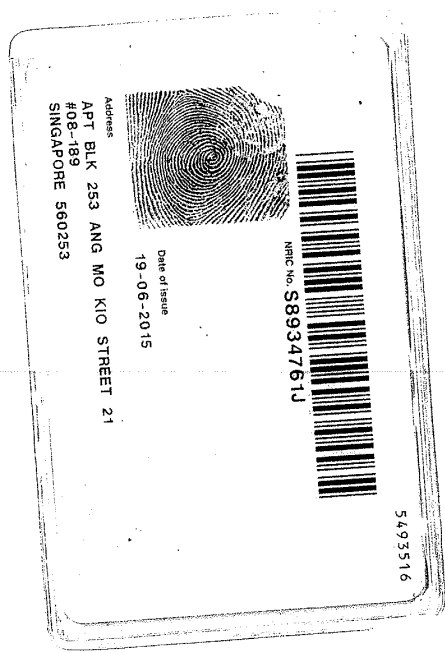
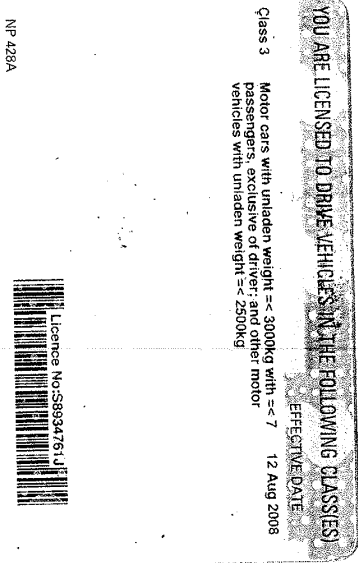


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T/20190425/2103

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: A / Sgt 2 CHOONG YAO FENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2019 15:06 
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case: 
Authentication Stamp NP168 	





CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2018-00000112

Car plate number: SKD2329M

Coverage start date: 10/05/2018

Coverage end date: 09/05/2019

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Tan Chang Seng

NRIC/FIN: S1419267J

Address: 253 Ang Mo Kio Street 21 08-189 Singapore 560253

Email: tancsdanny@gmail.com

Mobile Number: 97281856

Date of Birth: 08/07/1960

Gender: Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

About your car and policy

Car make and model: RENAULT FLUENCE 1.6

Year of first registration: 2011

Plan type: Comprehensive

Standard Excess: S\$1,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$1,390.22

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

