#### 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 <u>truthful and accurate</u> 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.

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	ACCIDENT STATEMENT
Date Of Report	24/06/2019 12:11
Date Of Accident	22/06/2019 22:40
Exact Location Of Accident	TPE TWDS PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL9057Y
Insured/Policyholder	
Name Of Registered Owner	TAN KWONG BOON
NRIC No	S1447251G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90185918
Alternative Phone No	OFFICE-90185918
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 CVT
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	PNPV2019-00004048
Cover Note Number	
Driver	
Name of Driver	TAN KWONG BOON

NRIC No S1447251G

Date Of Birth 18/10/1960

Occupation INDOOR

Date Of Driving Pass 03/03/1986

Driving Experience 33 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90185918

Fax Number

Contact Number OFFICE-90185918

EMail Address NOEMAIL

Address BLK 429 PASIR RIS DRIVE 6

#07-13

Postcode 510429

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 Registration Number of Briver's Own

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 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20190623/7000.

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 SHD400M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver PHUA KOK SIONG

NRIC/Passport Number S7342534D Contact Number 85419767

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SGR6387S

Vehicle Make/Model/Colour TOYOTA WISH

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver CHEONG TECK MENG

NRIC/Passport Number S1839366B Contact Number 96771077

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SKF5285A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver KHOO PEI JIA
NRIC/Passport Number S8182739G
Contact Number 94790549

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name TAN KWONG BOON

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLL9057Y
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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.
- 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:
  - 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 malling 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")
- 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.
- 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**

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2:18 AM Sun 23 Jun

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SINGAPORE POLICE FORCE

T/20190623/7000

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

1 of 3 Report No. T/20190623/7000

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2019 02:18		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partice	ulars	Detroit St. Commission	NOT THE RESIDENCE OF THE PARTY.
Name of TAN KW	Informant: ONG BOO	N	Address: APT BLK 429 PASIR RIS DR 510429	IVE 6 #07-13 SINGAPORE
ID Type / ID No.: NRIC NO / S1447251G		51G	Contact No.: Home/Office:	Mobile: 90185918
National SINGAP	ity: ORE CITIZ	EN	Email: nicedtkb@gmail.com	and the state of the control of the anti-state state state.
Sex: Age: Date of Birth: Male 58 18/10/1960			Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Electrical engineer (general)		general)	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2019 22:40	Type of Location Flyover
Location: TAMPINES E Weather: Clear	XPRESSWAY	Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
the state of the s	ion:			Anyone conveyed by

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLL9057Y	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	White	Seriously Damaged	0

Details of Vehicle Insurance					
	Insurance Company	Insurance No	Effective	Expiry Date	
SLL9057Y	FWD Singapore Pte. Ltd	PNPV2019- 00004048	15/03/2019	14/03/2020	

2:19 AM Sun 23 Jun

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all @ 58% □



T/20190623/7000

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

2 of 3 Report No. T/20190623/7000

CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved		92.4039	de la la	STATE OF STREET
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL	Use of Ped	estrian	Cross	ing: NA
Driver				0,000	William Control of the Control
Name	TAN KWONG BOON		ID No		S1447251G
Related Vehicle	SLL9057Y (Car)		Conta	ct No.	90185918
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL
Date Treatment	23/06/2019 Date Dis		arge	23/06	/2019
No. of Days gran	ted Medical Leave 05	Degree of		Slight	

#### Brief Details.

On the stated time and time 22/06/2019 2240hrs

2240hrs
I was travelling along TPE towards PIE on lane 4
My car bearing SLL9057Y.
I stop my vehicle follow by the front car bearing SGR6387S Toyota wish
Suddenly I felt a huge impact from my rear , the impact was so huge that my vehicle move forward to collided the front car , I realise that there are 2 more cars involved in this accident
Car bearing ShD400M red taxi follow by the last Car bearing SKF5285S Mini Cooper 4 cars chain collision

We did exchange particulars and agreed to proceed insurance claim
I felt unwell after a while and proceed to see a Doctor. I was given 5days MC

2:19 AM Sun 23 Jun

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



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Report No. T/20190623/7000

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2019 02:18
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:













































