

MCCC19091376 / Charn's Customcraft - HQ
 ENTRY DATE & TIME: 12/07/2019 18:12
 SUBMITTED BY: Kerk Ker Seng

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	12/07/2019 18:12
Date Of Accident	11/07/2019 16:10
Exact Location Of Accident	PIE TWRD CHANGI AFT JLN BAHAR EXIT LP 1790
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH371T
Insured/Policyholder	
Name Of Registered Owner	MOK SHAO WEI
NRIC No	S8240132F
Email Address	MOKSHAOWEI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92712217
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	AUDI
Model	A4-2.0 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00009479
Cover Note Number	

Driver

Name of Driver	MOK SHAO WEI
NRIC No	S8240132F
Date Of Birth	21/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2003

Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92712217
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	MOKSHAOWEI@GMAIL.COM
Address	1A ONE TREE HILL #08-03
Postcode	248669
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	-
	-
	-
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	5
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SUBMIT TO FWD DIRECTLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC4573S
Vehicle Make/Model/Colour	HONDA SHUTTLE - WHITE
Details Of Properties	

Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 9666 3194
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD2373E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver FANG TIONG PENG
NRIC/Passport Number S7102282Z
Contact Number 9694 9377
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YK3300K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver VEERADEVAN RAJAGURU
NRIC/Passport Number G5463208N
Contact Number 8356 5807
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1 Name: : UNKNOWN
Gender: : Male

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number XE737Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMC4573S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? YK3300K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

SJH 371 T
11/07/19 @ 16:10 hrs.

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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.

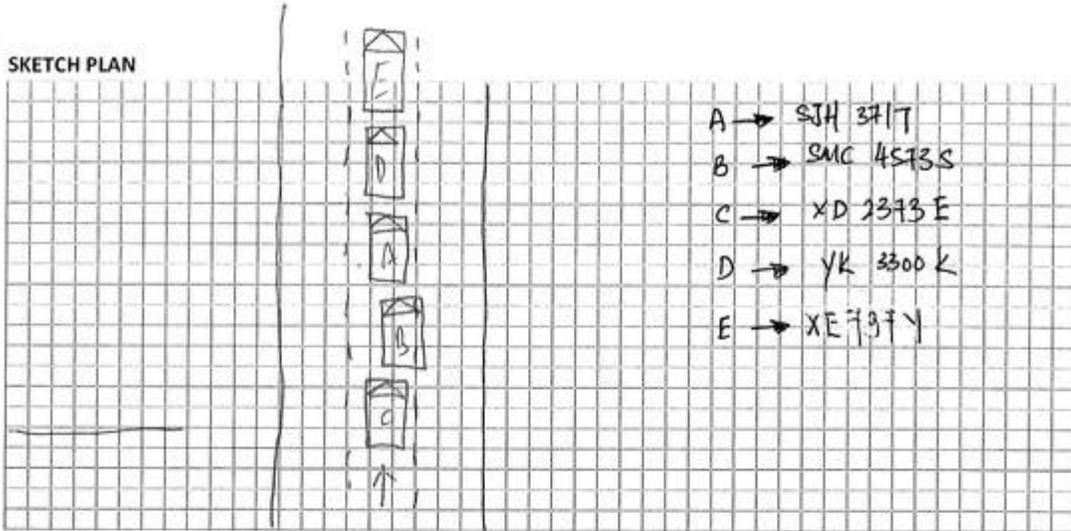
 Policyholder's Signature
 Date & Time: 12/7/19 12:04:25

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

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



Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Changi, after Jalan Khatib exit, on 11/7/19 at 1610 hrs. I came to a complete stop behind vehicle YK 3300K in lane 2.

I was then involved in a chain collision. Vehicle SMC4573S collided into my rear after it was hit by vehicle XD2373E. My vehicle moved forward and hit vehicle YK3300K, which moved to ~~the~~ ~~right~~ ~~lane~~.

DECLARATION

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



Policyholder's Signature
 Date & Time: 12/7/19 12:01:25

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



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

Sketch Plan #3



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: 3/20190711/0082

I, SSS 705270 MOHAMMAD SANI
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of YAPU
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 01 898 MICRO SD CARD.
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from MOK SHAO WEI i/c: 88240132F
(Name, NRIC or Passport No. / Rank and No.)

of 1A ONE TREE HILL #08-03 S 248669.
(Address / Police Station / NPC / NPP)

on 11/7/19 at 1720
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)
MOK SHAO WEI 88240132F
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)
SSS 705270 MOHD SANI
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: _____

Sketch Plan #4

 **TRAFFIC INVESTIGATION BRANCH**
TRAFFIC POLICE
 10 UBI AVENUE 3
 SINGAPORE 408865
 Fax: 65474749

CASE CARD

REPORT NO. : J/20190211/0082

Traffic Accident along PIECAPS 35.8km

involving vehicles: 1 TRUCK, 2 CAR, 1 COFFY, 1 MOTORCYCLE

on 11/7/2019 at about 1621 am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on _____
 at about _____ am/pm to see the Investigation Officer to assist in the investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: EMMY

Contact: 65476367

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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