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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/08/2019 09:45
Date Of Accident	29/08/2019 12:30
Exact Location Of Accident	AIRPORT CARGO RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC6430T
Insured/Policyholder	
Name Of Registered Owner	LOW GECK HUAY
NRIC No	S1642060C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91150845
Alternative Phone No	OFFICE-91150845
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A S/R
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	PNPV2017-00006374-02
Cover Note Number	
Driver	
Name of Driver	PANG ENG HENG
NRIC No	S1372396F

NRIC No S1372396F
Date Of Birth 06/06/1959
Occupation INDOOR
Date Of Driving Pass 05/07/1981

Driving Experience 38 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90924228

Fax Number

Contact Number OFFICE-90924228

EMail Address NOEMAIL

BLK 603 SENJA ROAD Address

#20-65 670603

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? YES

JSD3899 (COMMERCIAL VEHICLE) Foreign Vehicle Registration Number

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME: ٠ _

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-5852999 - FAX NO: 65855261 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190829/2130.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JSD3899

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

NIK SAFWAN BIN NIK BAHARUDIN Name of Driver

NRIC/Passport Number A40914197 Contact Number 84391197

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

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- 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 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:
 - 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 Personn

's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

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KETCH PLAN	1	
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	BIK	A: 506 6470T
//	18/	B: JSP3859
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ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Refor to place	18part-7/20190824/2020.	
DECLARATION		
I/We declare the foregoing part	iculars are true in every respect.	
	2	
	14.	- Land
Policyholder's Signature	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
Date & Time:	(If driver is not the policyholder) Date & Time:	NRIC/FIN No.:

Police Report





Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

1 of 3 Report No. T/20190829/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2019 16:27		/lade:	Vide Report No.:	96	
Informa	nt's Partic	ulars	CONTRACTOR OF STREET	· 是要 极 图图 《 图图 25 4 2	
Name of Informant: PANG ENG HENG			Address: APT BLK 603 SENJA ROAD #20-65 SINGAPORE 670603		
ID Type / ID No.: NRIC NO / S1372396F		96F	Contact No.: Home/Office:	Mobile: 90924228	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 60 06/06/1959			Type of Informant: Driver		
Race: Chinese		-1/11	Language: English	Institution / School Name:	
Occupation: MANAGER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Government Proper	ty Drink Drive: No	Date/Time of Accident: 29/08/2019 12:30	Type of Location Straight Road
	ARGO ROAD		43	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume: No Traffic	
		Hot commond		Anyone conveyed by

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
JSD3899	HEAVY VEHICLE					0
SJC6430T	Car				Slightly Damaged	1

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

Police Report





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 2 of 3 Report No. T/20190829/2130

Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver	THE CARPINE		DATE OF A PARTY DEL	Alle St.	MARKET AND ADDRESS OF THE PARTY AND ADDRESS OF	Later District	
Name	PANG ENG HENG		ID No		S1372396F		
Related Vehicle	SJC6430T (Car)		SJC6430T (Car)		Conta	ct No.	90924228
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	charge	NIL		
No. of Days granted Medical Leave NIL		Degree o		NIL			

Brief Details.

On 29/08/2019 at about 12.30pm, I was driving my vehicle bearing the registration number SJC6430T along the left lane of Airport Cargo Road. There was a heavy vehicle bearing the registration number JSD3899 on my right lane. As we were approaching a hump, we slowed down as it was a merging lane ahead. After I crossed the hump, I felt a strong impact coming from my rear right. Due to this, the left side of my vehicle hit a bollard on the left causing it to be slighted tilted. We then got out from our vehicle while an officer from custom came over to make a check. Subsequently, we were informed to lodge an accident report. I wish to add that the driver of the heavy vehicle informed that he did not see my vehicle and hence, collided into my vehicle.

I had one passenger onboard who was seated at the back, my passenger is Mr Seah, HP: 98384606. The heavy vehicle did not have any passenger. No one was injured at that point of time. No ambulance and Traffic Police was at scene. I have an in-car camera and it was recording at that point of time.

Due to this accident, the driver door and my rear right passenger door are damaged and are unable to lock now. On the left side of my vehicle, there are also dents on the top and bottom of the rear passenger door.

Particulars of the other driver: Nik Safwan Bin Nik Baharudin Passport number: A40914197

HP: 84391197

The company name indicated on his vehicle is Syabas Logistics Sdn Bhd

Tel: +607-5951331, +607-5951661

Police Report





2 -61

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 Report No. T/20190829/2130

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: G / Sgt 2 REGINA LUI YU TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2019 16:27
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	P































