

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	29/08/2019 11:19
Date Of Accident	29/08/2019 07:20
Exact Location Of Accident	ALONG DEPOT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4974T
Insured/Policyholder	
Name Of Registered Owner	TAN SEOW NGEE
NRIC No	S7836406H
Email Address	SHAOYI1978@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91722110
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (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
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Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00016288
Cover Note Number	

Driver

Name of Driver	TAN SEOW NGEE
NRIC No	S7836406H
Date Of Birth	18/11/1978
Occupation	INDOOR
Date Of Driving Pass	20/04/1999

20 YEARS AND 4 MONTHS

MALE

(LOCAL) +65-91722110

Fax Number

OFFICE-NOPHONE

Contact Number

SHAOYI1978@GMAIL.COM

Address

BLK 112 BUKIT PURMEI ROAD #04-209

Postcode

090112

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

COLLISION - MAJOR/MINOR RD

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?

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)

2

Passenger 1

Name: : ASHLEY TAN YING XUAN

Gender: : Female

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes,against whom?

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT (REPORT NO.: T/20190829/2034)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

CEASED BY TRAFFIC POLICE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA2166G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver PRIYA D/O SUBHASH P PATIL

NRIC/Passport Number S9125296A

Contact Number 8749 2059

Address BLK 557 PASIR RIS STREET 51 #06-207

Postcode 510557

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PRIYA D/O SUBHASH P PATIL

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKA2166G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

VEHICLE NO: SJ499H7
ACCIDENT DATE: 29/08/2019 00:20

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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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.



Policyholder's Signature

Date & Time:

29/08/19, 9:50am

Driver's Signature

(If driver is not the policyholder)

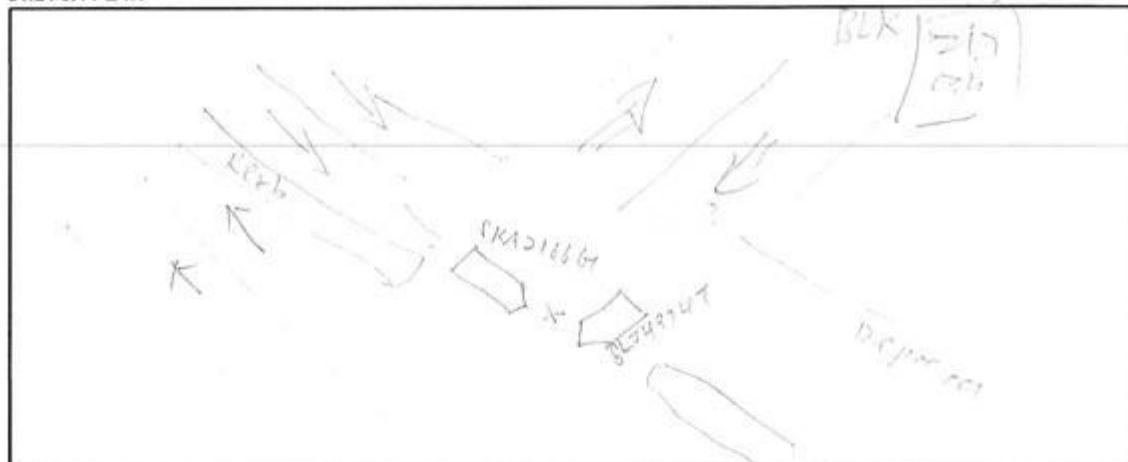
Date & Time:

CHARN'S CUSTOM CRAFT
Reporting Centre Personnel Signature
Name: _____
NRIC/FIN No.: _____



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report (Report No : T/20190829/2034)

OWN DAMAGE 3RD PARTY CLAIM REPORTING ONLY OWN WORKSHOP

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/FIN No.: 

Sketch Plan #3


**SINGAPORE
POLICE FORCE**


T/20190829/2034

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190829/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2019 10:23	Vide Report No.: D/20190829/0026	Station Diary No.: 16
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Informant's Particulars

Name of Informant: TAN SEOW NGEE			Address: APT BLK 112 BUKIT PURMEI ROAD #04-209 SINGAPORE 090112
ID Type / ID No.: NRIC NO / S7836406H	Contact No.:	Home/Office:	Mobile: 91722110
Nationality: SINGAPORE CITIZEN			Email:
Sex: Male	Age: 40	Date of Birth: 18/11/1978	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Polytechnic lecturer	Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

Type of Accident: Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/08/2019 07:25	Type of Location: Straight Road
Location: Along Road 1 DEPOT ROAD			
Weather: Clear	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA2166G	Car				Seriously Damaged	0
SLJ4974T	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Grey	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLJ4974T	FWD Singapore Pte. Ltd	PNPV2018-00016288	14/12/2018	13/12/2019

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190829/2034

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Report No. T/20190829/2034

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA
Driver			
Name	PRIYA D/O SUBHASH P PATIL	ID No.	S9125296A
Related Vehicle	SKA2166G (Car)	Contact No.	87492059
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	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	Serious
Driver			
Name	TAN SEOW NGEE	ID No.	S7836406H
Related Vehicle	SLJ4974T (Car)	Contact No.	91722110
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 29/08/19 at about 0720hrs, I was travelling in my vehicle bearing registration number SLJ4974T along with my daughter. Depot Road towards Bukit Purmei. I was at the small road of B/106A Depot Road turning out to the main road of Depot Road. While turning out, I check the traffic to be clear and I saw a vehicle bearing registration number SKA2166G to be at least 300m to 400m away, as such I proceeded to turn out.

As I turned out, I felt collision and discovered that the said vehicle has knocked onto the front of my vehicle. Both of us got out and checked for damages and injuries, as she was feeling pain in her chest, she called for ambulance. Traffic police and ambulance both arrived. She was conveyed to hospital by ambulance. I wish to state that I have handed over my in car camera to TP. I wish to state that I sustained bruise on the back of my head and I will be proceeding to see a doctor later. My daughter is not injured. I was given a case card to lodge a report under Daniel 65476252.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20190829/2034

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20190829/2034

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:
D /
Sgt 3 DYLAN CHIA CHOON KIAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65478083

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/08/2019 10:23

Classification Of Case:

SIGNATURE

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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