

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

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

Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91722110
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	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 PLAN**IMPORTANT NOTICE**

VEHICLE NO: S7J 497H 7
 ACCIDENT DATE: 29/08/2019 07:20

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6. 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.
7. 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:
 - (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:

29/8/19, 9.50am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT

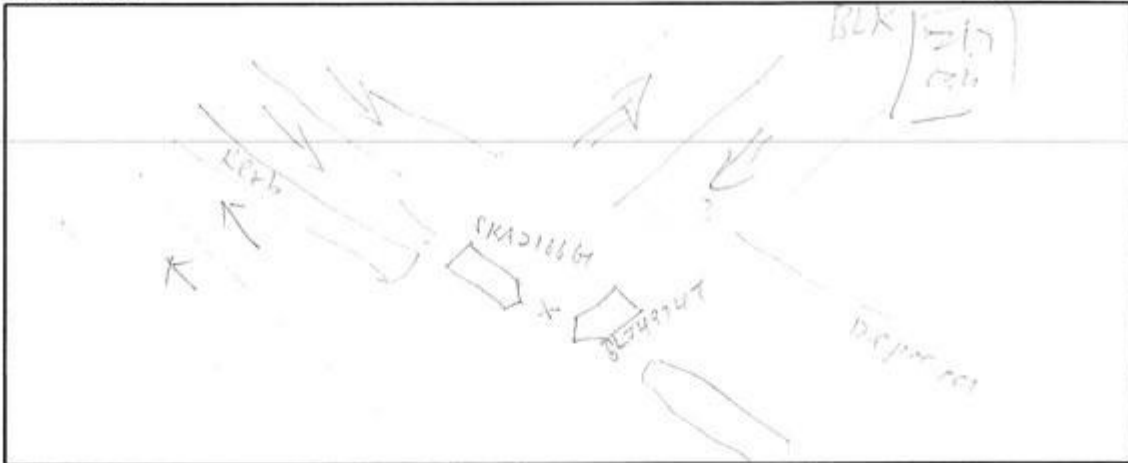
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



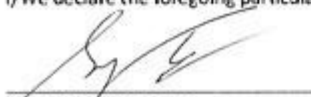
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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:

CHARN'S CUSTOMCRAFT

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190829/2034

Police Station Of Origin:

1 of 3

Queenstown N.P.C

Report No. T/20190829/2034

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

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

2 of 3

Police Station Of Origin:
Queenstown N.P.C

Report No. T/20190829/2034

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:

3 of 3

Queenstown N.P.C

Report No. T/20190829/2034

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

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 Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/08/2019 10:23

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65478083

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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