

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	13/09/2019 10:02
Date Of Accident	12/09/2019 16:00
Exact Location Of Accident	SLIP RD OF JLN AHMAD IBRAHIM TWD PIONEER RD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9005T
Insured/Policyholder	
Name Of Registered Owner	LEN CHIANG FATT
NRIC No	S7373882B
Email Address	LEN_CF@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97333759
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00012184
Cover Note Number	

Driver

Name of Driver	LEN CHIANG FATT
NRIC No	S7373882B
Date Of Birth	17/11/1973
Occupation	INDOOR
Date Of Driving Pass	09/10/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97333759
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	LEN_CF@YAHOO.COM.SG

Address	736 WOODLANDS CIRCLE #08-519
Postcode	730736
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 - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/201912/2149

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL2178X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ZAMRI
NRIC/Passport Number	
Contact Number	98508419
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ZAMRI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL2178X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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. 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.

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.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBM IT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



**SINGAPORE
POLICE FORCE**



T/20190912/2149

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20190912/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2019 19:34		Vide Report No.: F/20190912/0103		Station Diary No.: 175	
Informant's Particulars					
Name of Informant: LEN CHIANG FATT			Address: APT BLK 736 WOODLANDS CIRCLE #08-519 SINGAPORE 730736		
ID Type / ID No.: NRIC NO / S7373882B			Contact No.: Home/Office:		Mobile: 97333759
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 17/11/1973	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/09/2019 16:00	Type of Location: Roundabout
Location: Along Road 1 JALAN AHMAD IBRAHIM				
Before entering the roundabout at Pioneer Road North				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL2178X	Motorcycle				Slightly Damaged	0
SLH9005T	Car	TOYOTA	ALLION 1.5 A	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH9005T	FWD Singapore Pte. Ltd	PNPV2019-00012184	17/07/2019	16/07/2020



**SINGAPORE
POLICE FORCE**



T/20190912/2149

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20190912/2149

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	ZAMRI	ID No.	NIL
Related Vehicle	FBL2178X (Motorcycle)	Contact No.	98508419
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LEN CHIANG FATT	ID No.	S7373882B
Related Vehicle	SLH9005T (Car)	Contact No.	97333759
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/09/2019 around 1600 hours when I was driving my car SLH9005T along Jalan Ahmad Ibrahim approaching the roundabout near Pioneer Road North, when I was about to enter the roundabout I did not notice that there was a motorbike bearing FBL2178X in front of me. I hit the back of the motorbike. Subsequently, the motorbike fell. I went out of my vehicle to make a check and discovered that the front of my bumper was dislodged. The back of the motorbike sustained broken signal and break lights, back plate and left front mirror was damaged. I then called for police and ambulance service. The motorcyclist was conveyed to Ng Teng Fong Hospital. I did not sustain any injury. The rider sustained pain on the left wrist and swelling on the left ankle. Traffic police was at scene. I am lodging this report as instructed by traffic police.



**SINGAPORE
POLICE FORCE**



T/20190912/2149

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3




Report No. T/20190912/2149

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: J/ SC2 MUHAMMAD HAIQAL BIN ABU BAKAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/09/2019 19:34
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:
Authentication Stamp   Singapore Police Force	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

