

## 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	22/10/2019 11:10
Date Of Accident	21/10/2019 13:35
Exact Location Of Accident	CLEMENCEAU AVE TURNING TO PENANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8988R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOO CHEE WE
NRIC No	S6879534F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96618359
Alternative Phone No	OFFICE-96618359

### Vehicle Particulars

Manufacturer	KIA
Model	CARENS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000677
Cover Note Number	

### Driver

Name of Driver	KOO CHEE WE
NRIC No	S6879534F
Date Of Birth	07/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	05/03/1992
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96618359
Fax Number	
Contact Number	OFFICE-96618359
Email Address	NOEMAIL

Address	BLK 213A COMPASSVALE LANE #15-254
Postcode	541213
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 - CHANGE/CROSS LANE
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?	NO
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	<b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191021/2141

#### Attachment(s)

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

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH313G

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 KOO CHEE WE

Approximate Age

Injuries Sustain HAND , NECK PAIN

Injured person in which vehicle? SLQ8988R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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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.



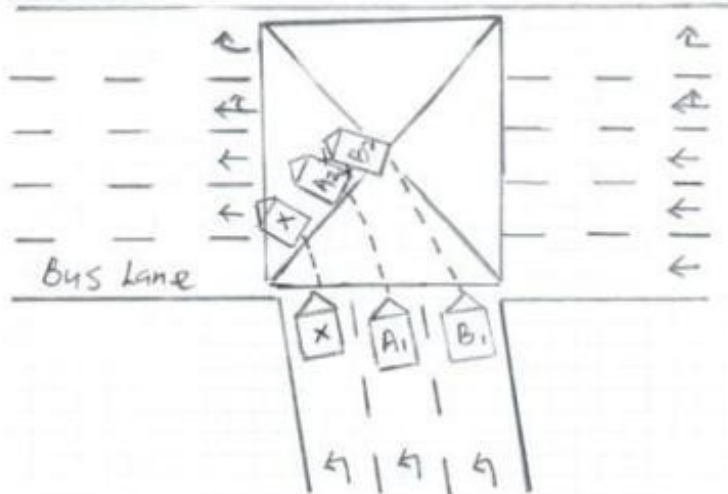
Policyholder's Signature:  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



A = SLQ 8988R

B = GBH 313G

Clemenceau Avenue  
turning to  
Penang Road

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T/20191021/2141

### 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.:



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191021/2141

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20191021/2141

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2019 17:18	Vide Report No.:	Station Diary No.: 92
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## Informant's Particulars

Name of Informant: KOO CHEE WE			Address: APT BLK 213A COMPASSVALE LANE #15-254 SINGAPORE 541213	
ID Type / ID No.: NRIC NO / S6879534F			Contact No.: Home/Office:	Mobile: 96618359
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 07/09/1968	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/10/2019 13:35	Type of Location: T-Junction
Location: Along Road 1 CLEMENCEAU AVENUE				
Clemenceau Avenue turning to Penang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH313G	Van					0
SLQ8988R	Car				Slightly Damaged	5

## Details of Person Involved

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

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191021/2141

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20191021/2141

CONTINUATION OF REPORT

Driver			
Name	KOO CHEE WE	ID No.	S6879534F
Related Vehicle	SLQ8988R (Car)	Contact No.	96618359
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC (TAMPINES)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/10/2019	Date Discharge	21/10/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 21st October 2019 at about 1340hrs, I had picked up 5 passengers at Novotel Clarke Quay with my vehicle bearing registration plate SLQ8988R. While I was driving the centre lane along Clemenceau Avenue the traffic light turns red. When the traffic light turns green, I started to move forward and turn to Penang Road. While turning on the middle lane, there was one van bearing registration plate GBH313G on my right. The van swerve into my lane as such the left side of the van collided onto my right side of my vehicle and my right side of my vehicle is badly damaged. I could hear the impact and my vehicle is equip with sensor. My vehicle is install with an in-car camera and managed to capture the incident. I sustained neck and hand pain hence I went to Shenton Family Medical Clinic (Tampines) for medical treatment and was given 2 days medical leave.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191021/2141

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20191021/2141

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 3 NURHIDAYAH BINTE IADIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/10/2019 17:18

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALAN

Contact No.: 65476902



SINGAPORE  
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



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