

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	29/10/2019 19:49
Date Of Accident	26/10/2019 16:20
Exact Location Of Accident	WOODLANDS AVE 5 TWDS WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1235U
Insured/Policyholder	
Name Of Registered Owner	IVANUS MANOPO
NRIC No	S7778296F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81639691
Alternative Phone No	OFFICE-81639691

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X A
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	PNPV2019-00009072
Cover Note Number	

Driver

Name of Driver	TAY JUNG SHIH
NRIC No	S7923447H
Date Of Birth	14/08/1979
Occupation	INDOOR
Date Of Driving Pass	07/03/2001
Driving Experience	18 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94357335
Fax Number	
Contact Number	OFFICE-94357335
Email Address	NOEMAIL

Address	13 CANBERRA DRIVE #13-26
Postcode	768072
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

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : CASTIEL MANOPO GENDER: : MALE
Passenger 2	NAME: : CALISTA MANAPO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191027/2020.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ804R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

Passenger 2

3
NAME: :
GENDER: :

NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name TAY JUNG SHIH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLD1235U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CASTIEL MANOPO
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLD1235U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name CALISTA MANAPO
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLD1235U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan


SKETCH PLAN


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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.

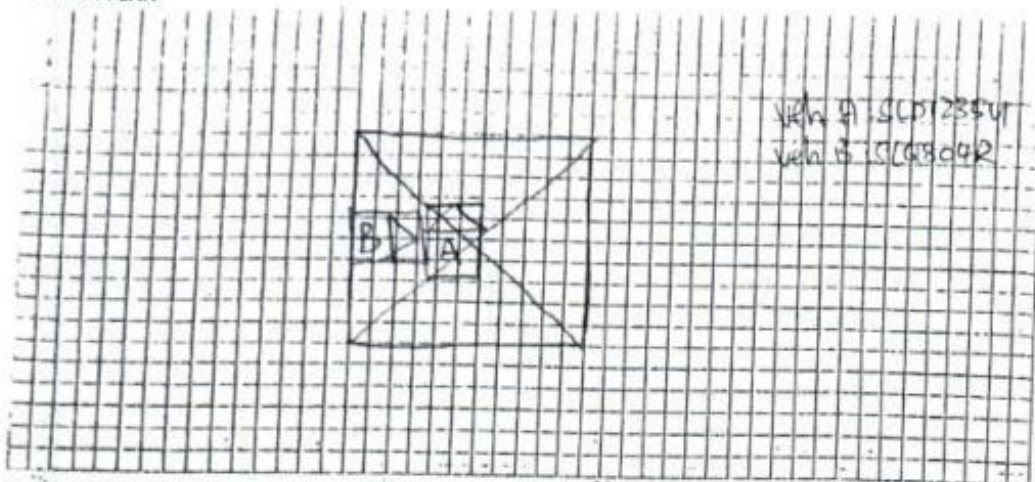

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

DECLARATION

✓We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

2006/07 年 2 月 21 日 星期三

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/20191027/2020

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20191027/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2019 09:29		Vide Report No.: L/20191026/0122		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: TAY JUNG SHIH			Address: 13 CANBERRA DRIVE #13-26 ONE CANBERRA SINGAPORE 768072		
ID Type / ID No.: NRIC NO / S7923447H			Contact No.: Home/Office:		Mobile: 94357335
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 14/08/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/10/2019 16:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 6 WOODLANDS AVENUE 5				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLD1235U	Car	HONDA	Vezel	Blue	Seriously Damaged	2
SLQ804R	Car	HONDA	Vezel	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD1235U	FWD Singapore Pte. Ltd			

Police Report



**SINGAPORE
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T/20191027/2020

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20191027/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CALISTA MANAPO	ID No.	T1332887G
Related Vehicle	SLD1235U (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	TAY JUNG SHIH	ID No.	S7923447H
Related Vehicle	SLD1235U (Car)	Contact No.	94357335
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2019	Date Discharge	26/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	CASTIEL MANOPO	ID No.	T1016199H
Related Vehicle	SLD1235U (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On 26/10/2019 at around 1620hrs, I was at the cross junction of Woodlands Ave 6 and Woodlands Avenue 5. I was travelling on the middle of 3 lanes on Woodlands Avenue 5, towards Woodlands Avenue 12, awaiting for the traffic light to turn green.

Upon the traffic light turning green, I drove forward as it was green in my favor. While driving forward, I felt an impact on the left side of my car. I then realize that another car, SLQ804R (white Honda Vezel), had collided with the front passenger seat of my car. I believe that this accident was caused by the other driver beating the red light on his lane.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191027/2020

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20191027/2020

CONTINUATION OF REPORT

After the collision, I saw that my son was bleeding from the side of his head and I called for police assistance. Both my son and daughter were conveyed to KK Hospital via ambulance and I followed them. The scene was then handled by the police.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191027/2020

Police Station Of Origin:
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21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20191027/2020

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:

E /

Staff Sgt SARAH HUDA BINTI MOHAMMAD
HATTA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/10/2019 09:29

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

SN 72

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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