# 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	05/11/2019 18:03	
Date Of Accident	05/11/2019 11:15	
Exact Location Of Accident	WEST COAST HIGHWAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Vehicle Registration Number	SLJ5990P	
Insured/Policyholder		
Name Of Registered Owner	LING BOH NONG	
NRIC No	S7786846A	
Email Address	NOEMAIL	

Mobile Phone No (LOCAL) +65-90213623
Alternative Phone No OTHERS-90213623

**Vehicle Particulars** 

Manufacturer TOYOTA

Model COROLLA ALTIS

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?

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 PNPV2019-00010033

Cover Note Number

Driver

Name of Driver LING BOH NONG
NRIC No S7786846A
Date Of Birth 31/07/1977

Occupation INDOOR

Date Of Driving Pass 29/11/2007

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90213623

Fax Number

Contact Number OTHERS-90213623

EMail Address NOEMAIL

Address BLK 355 KANG CHING ROAD #09-13

Postcode 610355

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?

NO

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)

1

### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name KAMPONG UBI NEIGHBOURHOOD POLICE POST

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

# REFER TO ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

# Attachment(s)

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number **SLE7648S** 

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

# **IMPORTANT NOTICE**

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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")
- 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:
  - 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 Signe Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ETCH PLAN			
			Vehicle A-SL3 5990
1			B-SLI 766
1 7 5			
TAT			
A			Legend 6
			Vehicle Motorcycle
SCRIBE CIRCUMSTANCES OF			
Refer to Pe	slive report.		
			-
DECLARATION  /We declare the foregoing particul lease to advised that your insurer may ha rom the day of occurrence. Kindly check y	iars are true in every respect. we a fourteen (14) days clause whereby the claim again your policy for more details.	st own policy must be made wit	hin the stipulated timeframe
Policyhold Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre P	ersonnel's Signature





 Police Station Of Origin: Kampong Ubi NPP
 Eunos Crescent #01-2687 SINGAPORE 400009

1 of 4 Report No. T/20191105/2061

Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 13:50			Vide Report No.:	Station Diary No.:		
Informa	nt's Partici	ulars				
Name of Informant: LING BOH NONG			Address: APT BLK 355 KANG CHING ROAD #09-13 SINGAPORE 610355			
ID Type / ID No.: NRIC NO / S7786846A			Contact No.: Home/Office: Mobile: 90213623			
National MALAY		,	Email:			
Sex: Age: Date of Birth: Male 42 31/07/1977			Type of Informant: Driver			
Race: Chinese			Language: Institution / School Na			
Occupation: RENOVATION			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2019 11:15	Type of Location Straight Road	
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:	
oloud)	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
Traffic Flow:	Way	Traffic Control: Traffic Light - Wo		Traffic Volume: Moderate	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLE7648S	Car	5			Slightly Damaged	0
SLJ5990P	Car	ТОУОТА	COROLLA ALTIS CLASSIC 1.6 CVT	Black	Slightly Damaged	0

Details of Vehicle Insurance		
Vehicle No. Insurance Company	Insurance No	Effective Expiry Date





2 of 4 Report No. T/20191105/2061

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

Details of Vehicle Insurance
Vehicle No. Insurance Company

CONTINUATION OF REPORT

# 8

Expiry Date

Date Discharge

Degree of Injury NIL

Insurance No

SLJ5990P	FW	WD Singapore Pte. Ltd			2019- 033		18/06/2019	17/06/2020
Details of Pe	erso	n Involved	128000		100			
Any Pedestria	an Ir	volved: No		71			1500000000000	
No. of Pedes	trian	s Injured: NIL	OL ATSTREEO, ASS	Use of P	edestriar	Cross	sing: NA	COLUMN CINE
Driver								
Name		ONG CHEE CHOOM	N(WANG Z	(HICHUN)	ID No		S7316917F	ł
Related Vehi	icle	SLE7648S (Car)			Conta	ct No.	98516566	
Hospital/Clini	ic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatme	ent	NIL Date D		Date Dis	scharge NIL			
No. of Days	grant	ted Medical Leave	NIL	Degree	Degree of Injury NIL			
Driver								
Name	70000	LING BOH NONG			ID No.		S7786846A	
Related Vehi	icle	SLJ5990P (Car)			Contact No.		. 90213623	
Hospital/Clin	ic	NIL			Class of Driving Licence &		Class: 2B,3 Date of Expiry: NIL	

# Brief Details.

Date Treatment | NIL

No. of Days granted Medical Leave

On the 05/11/2019 at around 1115hrs I was driving my Toyota Altis bearing plate number SLJ5990P along West Coast Highway most left lane, at that point of time there was not a lot of vehicles on the road however it had just rained and the road was wet, there was a traffic light and it was showing red as such I then brought my car to a complete stop around half a car length behind a Mercedes bearing plate number SLE7648S.

NIL

When I saw that the traffic light had turned green and both the Mercedes and the lorry in front of it started to move off, I then also step on my car accelerator to make my car go forwards, as my car was moving forwards the Mercedes in the front did not accelerate fast enough as such my car's bonnet had gently impacted the rear of the Mercedes. I immediately applied my brake and came out of the car to check on the driver and the damages sustained. The Mercedes driver told me that he felt pain in his back however no ambulance was called. Both of us then made a check on our cars and my car sustained slight damaged to the front bumper and the Mercedes slight damaged to the rear bumper. I then exchanged particulars and contact number with the Mercedes driver and he told me to lodge a police report.





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

3 of 4 Report No. T/20191105/2061

Tel No: 1800-7479999

CONTINUATION OF REPORT

There is camera installed in my car and I am unsure if the camera did record the incident. That is all.





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 Tel No: 1800-7479999

4 of 4 Report No. T/20191105/2061

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 Informant:
(Jake)
Date/Time: 05/11/2019 13:50
Classification Of Case;
w.









