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 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 13:43
Date Of Accident	04/11/2019 18:10
Exact Location Of Accident	JURONG EAST AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW9847B
Insured/Policyholder	
Name Of Registered Owner	TSUI WING HON
NRIC No	S7409429E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97269837
Alternative Phone No	OFFICE-97269837
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CHR
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	PNPV2019-00004726
Cover Note Number	
Driver	
Name of Driver	TSUI SHUM KAI
NRIC No	S2192031B
Date Of Birth	16/09/1938
Occupation	INDOOR
Date Of Driving Pass	13/03/1976
Driving Experience	43 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97269837
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 241 JURONG EAST ST 24 #04-655
Postcode	600241
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	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)	2
Passenger 1	NAME : PHANG SEOW MOY GENDER : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE**: 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/2019110477031

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	SHA1401
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	TSUI SHUM KAI
Approximate Age	
Injuries Sustain	BACK N NECK
Injured person in which vehicle?	SLW9847B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PHANG SEOW MOY
Approximate Age	
Injuries Sustain	BACK N NECK
Injured person in which vehicle?	SLW9847B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 assessed 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.

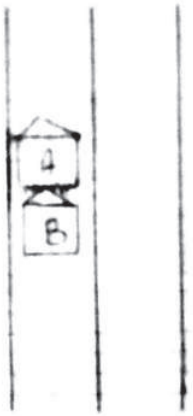
Policyholder's signature
Date & Time

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



Vehicle A SLW9547B

Vehicle B SHA3407T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report

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

Report No: T/20191104/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date Time Report Made	Vide Report No	Station Diary No
04/11/2019 19:32	D/20191104/0083	

Informant's Particulars

Name of Informant TSUI SHUM KAI			Address 241 JURONG EAST STREET 24 #04-655 HDB-JURONG EAST SINGAPORE 600241	
ID Type / ID No NRIC NO / S2192031B			Contact No Home/Office: Mobile: 97269837	
Nationality SINGAPORE CITIZEN			Email victorwong18369@gmail.com	
Sex Male	Age 81	Date of Birth 16/09/1938	Type of Informant Driver	
Race Chinese			Language English	Institution / School Name:
Occupation Retiree			Driving Licence Information Class: 3	Date of Expiry: 20/03/2020

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive No	Date/Time of Accident 04/11/2019 18:12	Type of Location Straight Road
Location JURONG EAST AVENUE 1				
Weather Clear		Road Surface Dry		Road Speed Limit 50 Km/h
Traffic Flow Two Way		Traffic Control Traffic Light - Working		Traffic Volume No Traffic
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
SHA3407	Car					0
SLW9847B	Car	TOYOTA	CHR	Black	Seriously Damaged	2

Details of Person Involved

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

SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No 65470000

Report No T/20191104/7031

CONTINUATION OF REPORT

Passenger			
Name	PHANG SEOW MOY	ID No	S2112556C
Related Vehicle	SLW9847B (Car)	Contact No	96219362
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class NIL Date of Expiry NIL
Date Treatment	04/11/2019	Date Discharge	04/11/2019
No of Days granted Medical Leave	03	Degree of Injury	Serious

Driver			
Name	TSUI SHUM KAI	ID No	S2192031B
Related Vehicle	SLW9847B (Car)	Contact No	97269837
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry 20/03/2020
Date Treatment	04/11/2019	Date Discharge	04/11/2019
No of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details

I was travelling along Jurong East Ave 1 towards Jurong West Ave 1 along with my wife, PHANG SEOW MOY S2112556C. Traffic was clear and weather condition was dry. As I was approaching a red light, I slowed down and come to a complete stop. Suddenly, I felt a huge impact on the rear of my vehicle. I got down and realised I was involved in an accident.

Ambulance came down to assist the taxi driver to the hospital.

My wife and I felt back and neck pain and visited the doctors to receive treatment and was given MC.

POLICE REPORT

SINGAPORE
POLICE FORCE

Report No T20191104 7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time 04/11/2019 19 32
Officer In Charge Of Case: TP / TPHQ / HO JIEKANG IVAN Contact No.: 65476170	Classification Of Case

Authentication Stamp

NP168