

## 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	15/11/2019 17:29
Date Of Accident	15/11/2019 10:00
Exact Location Of Accident	432 ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU848T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHEW PENG
NRIC No	S1754866B
Email Address	KARENNCP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81181508
Alternative Phone No	OTHERS-82000502

### Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
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?	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	PNPV2018-00013734
Cover Note Number	22/11/2018 - 21/11/2019

### Driver

Name of Driver	IVER CHUA JUN WEN
NRIC No	S9939804C
Date Of Birth	26/11/1999
Occupation	INDOOR
Date Of Driving Pass	08/11/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82000502
Fax Number	
Contact Number	
Email Address	IVERCHUA09@GMAIL.COM

Address	BLK 123 SERANGOON NORTH AVE 1 #10-157
Postcode	550123
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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 [OTHER]	ANG MO KIO SOUTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TAKEN AWAY BY TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

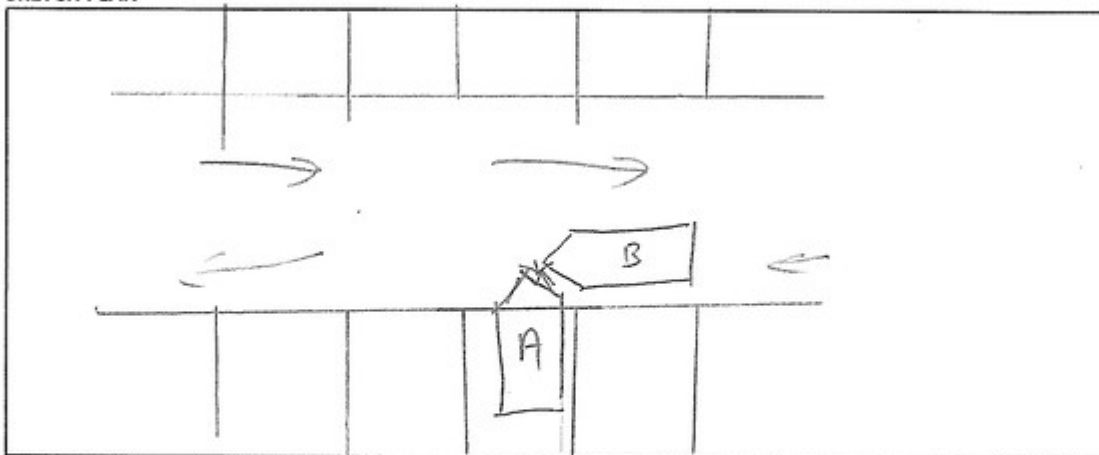
Vehicle Registration Number	SFK9929H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH CHENG CHOO
NRIC/Passport Number	S0844825F
Contact Number	98368882
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	KOH CHENG CHOO
Approximate Age	
Injuries Sustain	GIDDY
Injured person in which vehicle?	SFK9929H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

Date of accident: 15/11/2019 Time: 1000 Location: 432 Ang Mo Kio Ave 3  
 My Vehicle A: SLU 988PT Vehicle B: SEK 9929H Vehicle C: —  
 SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated in attached police report.  
 Police report says Ang Mo Kio Ave 10, however it is Ang Mo Kio Ave 3.

☒ Claim OD/TP at Ah Lim Motor    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : lverthun09@gmail.com ,

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

### 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.:



## 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.:



**SINGAPORE  
POLICE FORCE**



T/20191115/2056

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

1 of 4

Report No. T/20191115/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/11/2019 12:15	Vide Report No.: F/20191115/0070	Station Diary No.: 61
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: IVER CHUA JUN WEN			Address: APT BLK 123 SERANGOON NORTH AVENUE 1 #10-157 SINGAPORE 550123	
ID Type / ID No.: NRIC NO / S9939804C			Contact No.: Home/Office: Mobile: 82000502	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 19	Date of Birth: 26/11/1999	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/11/2019 10:00	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO STREET 42  Blk 423 Ang Mo Kio Ave 10 Carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SFK9929H	Car	JAGUAR		Grey	Seriously Damaged	0
SLU848T	Car	TOYOTA	C-HR	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU848T	FWD Singapore Pte. Ltd	PNPV2018-00013734	22/11/2018	21/11/2019



**SINGAPORE  
POLICE FORCE**



T/20191115/2056

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

2 of 4

Report No. T/20191115/2056

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KOH CHENG CHOO	ID No.	S0844825F
Related Vehicle	SFK9929H (Car)	Contact No.	98368882
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	IVER CHUA JUN WEN	ID No.	S9939804C
Related Vehicle	SLU848T (Car)	Contact No.	82000502
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/11/2019 at about 1000hrs, I parked my vehicle SLU848T, at lot 9 of Blk 423 Ang Mo Kio Ave 10 car park. After my vehicle was in the lot, I discovered that I parked too near to the right as such decided to adjust my vehicle. I then inched my vehicle out slightly for adjustment and I felt an impact on the right.

After the impact, the vehicle, SFK9929H, did not stop and carry on driving which dragged my vehicle out of the lot towards the left. I immediately applied my vehicle brake and managed to free it from the drag, the other vehicle then stopped. Both of us alighted from my vehicle and the driver of SFK9929H informed that she did not realize that she had collided onto my vehicle as she thought the impact sound was from a tree branch. After the accident, SCDF personnel from the nearby fire post came out to check on us. The other driver informed that she had hit her back of the head during the accident and is feeling giddy.

I called for Police and ambulance assistance while SCDF personnel checked on her. When the ambulance came, they checked on the other driver and conveyed her to hospital. Shortly, Traffic Police arrived interviewed me and seized my in-car camera SD card and instructed me to lodge a Traffic accident report. Traffic Police in charge IO Meera, Tel: 65476236.



**SINGAPORE  
POLICE FORCE**



T/20191115/2056

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 4

Report No. T/20191115/2056

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20191115/2056

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

4 of 4



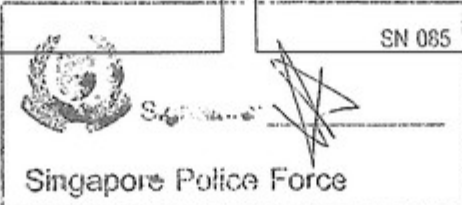
Report No. T/20191115/2056

**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: F / Staff Sgt YIP WAI LEONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2019 12:15
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	SN 085
Authentication Stamp NP168	

**INS CERT**



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-00013734 (Comprehensive - Classic Plan)

Car plate number: SLU848T

Your name (As the policyholder): Ng Chew Peng

Coverage start date: 22/11/2018

Coverage end date: 21/11/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

---

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 13/10/2018

Abhishek Bhatia  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

**HOME TEAM  
NATIONAL SERVICE IDENTITY CARD**

IVER CHUA JUN WEN

S9939804C

SINGAPORE POLICE FORCE

THIS IS NOT A WARRANT CARD

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9939804C**

Name: **IVER CHUA JUN WEN**

Birth Date: **26 Nov 1999**

Issue Date: **08 Nov 2018**

1002866837F

STRICTLY  
FOR WORKSHOP USAGE  
FOR ACCIDENT

Hp: 82 000 502 / 8118 1508

51754866B owner/mother

Email: lverchua09@gmail.com

1pax  
Video - with TP  
injury - 3rd party driver  
clear & dry.

STRICTLY  
FOR WORKSHOP USAGE  
USE FOR ACCIDENT  
REPORTING ONLY

Unauthorised possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited. This card must be returned to the nearest SPF/SCDF station if found.

Date of Birth: **26/11/1999** Race: **CHINESE** Date of Enlistment: **09/01/2018**

Address:  
**APT BLK 123 SERANGOON NORTH AVENUE 1  
#10-157 SINGAPORE 550123**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 3A** Motor cars without clutch pedals (Auto) with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight ≤ 2500kg **08 Nov 2018**

NP 428A

Licence No: S9939804C

Accident Photo



Accident Photo





**Accident Photo**



Accident Photo

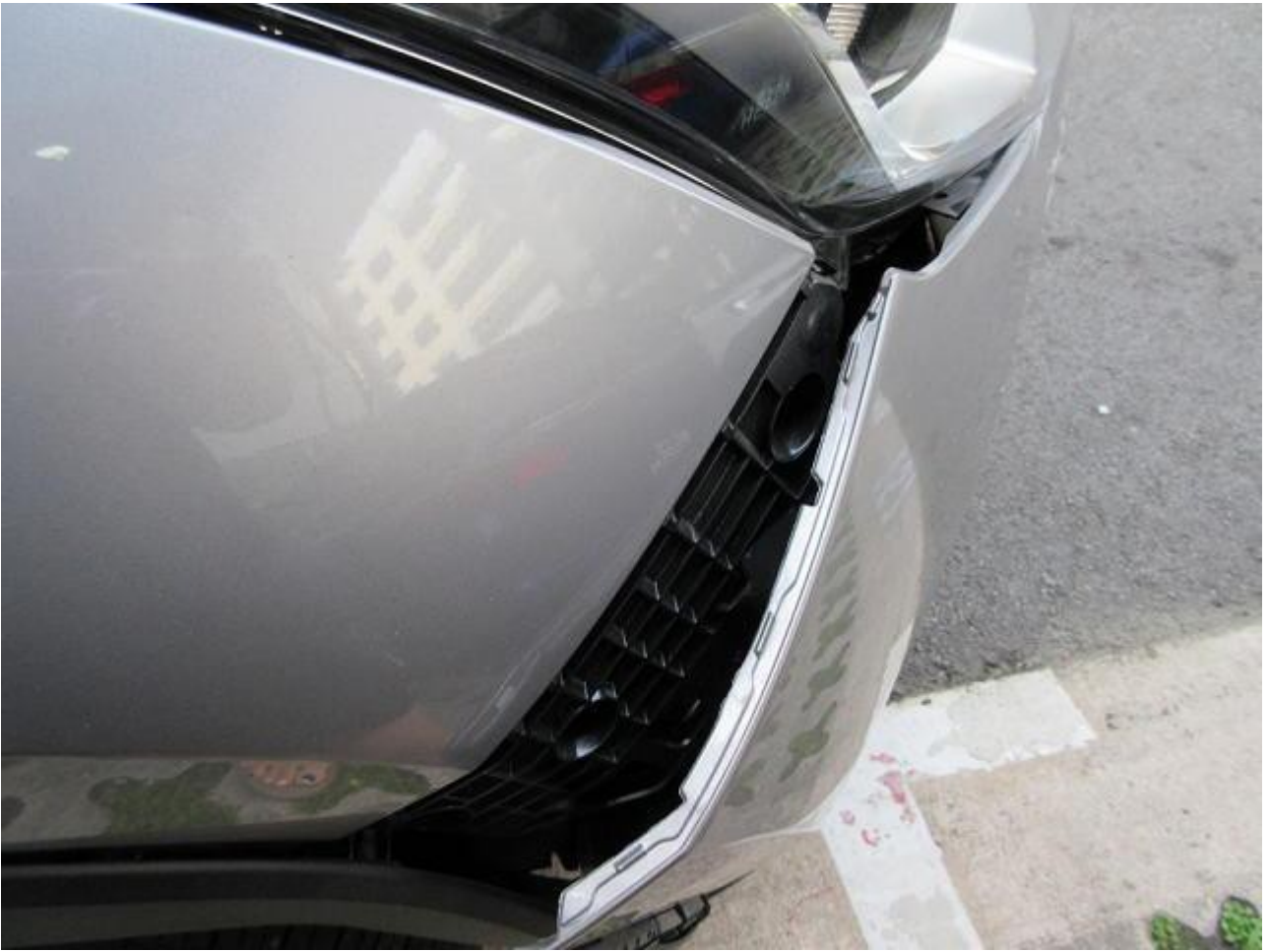


Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





**Accident Photo**



Accident Photo

