

## 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	16/12/2019 11:38
Date Of Accident	14/12/2019 16:10
Exact Location Of Accident	JUNC BIDEFORD RD & GRAND PARK ORCHARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1542B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PEH CHOON JIN
NRIC No	S1811086E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84984928
Alternative Phone No	OFFICE-84984928

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 1.6 TDI AT 1T332Z
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2018-00000501
Cover Note Number	

### Driver

Name of Driver	PEH CHOON JIN
NRIC No	S1811086E
Date Of Birth	15/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84984928
Fax Number	
Contact Number	OFFICE-84984928
Email Address	NOEMAIL

Address	BLK 173 YISHUN AVENUE 7 #05-817
Postcode	760173
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	SIDE SWIPE
Weather Conditions	DRIZZLING
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?	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)	5
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191215/2046

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ4914D
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)	

#### DETAILS OF INJURED PERSON 1

Name	PEH CHOON JIN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMC1542B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### 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 Authorized 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:

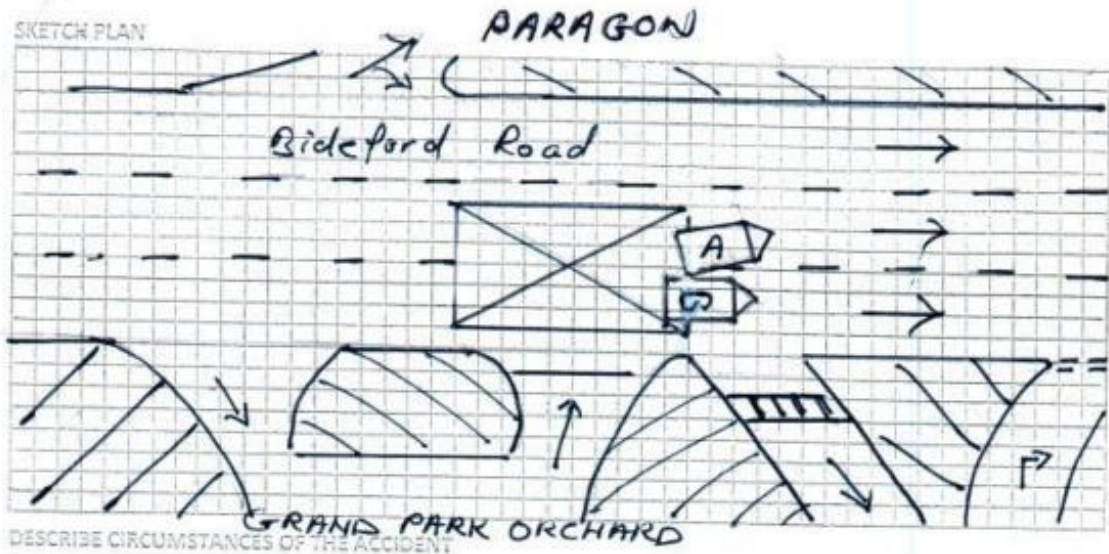
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 Person's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan



CA) SMC 1542 B  
CB) SKJ 4914 D

Refer to Police Report

Report No:-

T/20191215/2046

*[Signature]*

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]*  
Reporting Centre Person's Signature  
Name:  
NIC/PIN No:

CHSAC Ref: 15



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191215/2046

1 of 4

Report No: T/20191215/2046

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2019 11:11	Vide Report No.:	Station Diary No.: 36
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: PEH CHOON JIN	Address: APT BLK 173 YISHUN AVENUE 7 #05-817 SINGAPORE 760173		
ID Type / ID No.: NRIC NO / S1811086E	Contact No.:	Mobile: 84984928	
Nationality: SINGAPORE CITIZEN	Home/Office:		
Sex: Male	Age: 52	Date of Birth: 15/09/1967	Email:
Race: Chinese	Type of Informant: Driver		
Occupation: GRAB DRIVER	Language: English	Institution / School Name:	
	Driving Licence Information: Class: 3	Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2019 16:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BIDEFORD ROAD CAIRNHILL ROAD Along Bideford Road towards Cairnhill Road				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ4914D	Car	KIA		Black	Slightly Damaged	0
SMC1542B	Car	VOLKSWAGO N		Brown	Slightly Damaged	4

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191215/2046

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 4

Report No. T/20191215/2046

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MARK	ID No.	NIL
Related Vehicle	SKJ4914D (Car)	Contact No.	97882343
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	PEH CHOON JIN	ID No.	S1811086E
Related Vehicle	SMC1542B (Car)	Contact No.	84984928
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/12/2019	Date Discharge	15/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMC1542B (Car)	Contact No.	NIL
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>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMC1542B (Car)	Contact No.	NIL
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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191215/2046

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 4

Report No. T/20191215/2046

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SMC1542B (Car)		Contact No. NIL
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>Passenger</b>			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SMC1542B (Car)		Contact No. NIL
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

## Brief Details.

On the 14/12/2019 at about 4:10pm, I was driving vehicle had just picked up 4 passengers from the pickup point at Grand Park Orchard hotel. As I exited the pick up point, I entered back onto Bideford Road heading towards Cairnhill Road. I had positioned my vehicle SMC1542B slightly slanted on the 2nd lane in the queue, awaiting for the traffic light to turn green.

Suddenly, while stationary, I felt an impact from the right rear of my vehicle. I asked my passengers and they informed me that they were not injured. I alighted and saw vehicle SKJ4914D had collided with my right rear. I signaled to the driver to stop on the left kerb and I checked with him whether he was injured. He informed that he was not injured and we proceeded to take photos and exchange contacted as the traffic was heavy. We then left the scene.

My vehicle rear right bumper slightly dislodged, the brake and signal light cover cracked and some scratches. On the 15/12/2019, I woke up and had pain from the accident on my neck and back. I then went to the clinic to seek medical treatment.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191215/2046

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

4 of 4

Report No. T/20191215/2046

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 /  
Staff Sgt MUHAMMAD AMINULLAH BIN MOHD  
YUSOF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/12/2019 11:11

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

