





## 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 16:05
Date Of Accident	14/12/2019 13:20
Exact Location Of Accident	X-JUNCTION OF ANG MO KIO AVENUE 1/BISHAN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ94S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEY YI LOONG, NICHOLAS
NRIC No	S8736643Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94244548
Alternative Phone No	OTHERS-94244548

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	PNPV2019-00001482
Cover Note Number	

### Driver

Name of Driver	TEY YI LOONG, NICHOLAS
NRIC No	S8736643Z
Date Of Birth	15/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2007
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94244548
Fax Number	
Contact Number	OTHERS-94244548
Email Address	NOEMAIL

Address	BLK 120 MCNAIR ROAD #15-85
Postcode	320120
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND STATEMENT

#### 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	SKB934P
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	TEY YI LOONG, NICHOLAS
------	------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SDQ94S
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 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.

16/12/2019  
[Signature]  
[Signature]

Bishan Road  
SKETCH PLAN



A = SDQ 94S

B = SKB 934P

Cross Junction of  
Ang Mo Kio Avenue 1  
and Bishan Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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 Officer's Signature  
Name  
NRIC/ID No.

16/11/2019  
[Signature]  
[Signature]



On 14.12.19 at about 13:20 hours at Cross Junction of Ang Mo Kio Avenue 1 and Bishan Road. I was travelling straight on lane 3 (along Ang Mo Kio Avenue 1 towards Upper Thomson Road) and the traffic was heavy, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised vehicle (B) collided onto rear portion of my vehicle (A).

Vehicle (A): SDQ 94S

Vehicle (B): SKB 934P



*Signature*  
16/12/2019

## SINGAPORE ACCIDENT STATEMENT

Accident Date:	14/12/2019	Time:	13:20	(hh:mm) 24 hr format
Location	Cross Junction of Ang Mo Kio Avenue 1 and Bishan Road			
Vehicle Number	SDG 945			
Insured Name	Tey Yi Loong, Nicholas			
NRIC / FIN	887366432	Contact Number	94244548	
Make	Honda	Model	Civic	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting				
Insurance Company	FWD			
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number	PN FN 2019 - 000001482			
Name of Driver	( <input checked="" type="checkbox"/> ) Same as Insured			
NRIC / FIN	Contact Number			
Date of Birth	15/11/1987			
Driving Pass Date	02/03/2007			
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor				
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female				
Email Address	( <input checked="" type="checkbox"/> ) NO EMAIL			
Address of Driver	BLK 120 Menar Road #15-85 S(320120)			
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If No, Relationship of the Driver with the Insured				
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others				
Road Surface ( ) Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
If yes, injured detail Tey Yi Loong, Nicholas Back Pain				
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B	SKB 934P			
Veh C				
Veh D				
Veh E				
Veh F				

Driver only



REPUBLIC OF SINGAPORE  
NATIONAL ID NO. S87366432



TEO, H LOONG SICHOLAS

NR 123456789

DATE OF BIRTH

15-11-2002

15-11-2002

520975

Cardholder



ACCESS



S87366432



6320

15-11-2002

APT BLK 110 ANCHOR ROAD  
#15-05  
SINGAPORE 320120



2004 03 14 17

SALES INVOICE

SALES INVOICE



SDA945

over 12000

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

PASS DATE

Class 3: Motor Cycles 200kg with <2 passengers, exclusive of the driver, and other motor vehicles <200kg



MP 4225

## CERTIFICATE OF INSURANCE

Please call \_\_\_\_\_ 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 accident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2019-00001482 (Comprehensive - Classic Plan)

Car plate number: SDQ945

Car chassis number: SHHFN23607U100796

Engine number: K20Z41007299

Your name (As the policyholder): Tey Yi Loong, Nicholas

Coverage start date: 03/01/2019

Coverage end date: 25/03/2020

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.

Finance company: Speedo Capital Pte Ltd

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

Issued on: 24/09/2019



Abhishek Bhatia  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at \_\_\_\_\_  
or email us at \_\_\_\_\_ if any details  
in this Certificate of Insurance need to be changed.