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	03/01/2020 11:50
Date Of Accident	01/01/2020 04:25
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG9093S
Insured/Policyholder	
Name Of Registered Owner	LEE SONG BEE
NRIC No	SXXXX638Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90939959
Alternative Phone No	OFFICE-90939959
Vehicle Particulars	
Manufacturer	SUZUKI
Model	VITARA 2WD A
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	PNPV2019-00016019
Cover Note Number	
Driver	
Name of Driver	QUAK ZI HAO LIONEL
NRIC No	SXXXX069F
Date Of Birth	19/12/1995
Occupation	INDOOR
Date Of Driving Pass	03/02/2015

Driving Experience 4 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96560109

Fax Number

Contact Number OFFICE-96560109

EMail Address NOEMAIL Address BLK 5A UPPER BOON KENG ROAD

#05-714

Postcode 381005

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - VALET

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2 NAME:

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 - SINGAPORE CITY

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/20200101/7013.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

...

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YQ844X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

Page 2 of 17

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.
- 5. 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 insurers) who have insured vehicle(s) involved in this accident (all insurers) 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")
- (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:
 - 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 Personny's Si Name: NRIC/FIN No.:

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Accident Sketch Plan

SKETCH PLAN		
		A 14-0002 C
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	l le	A-SJG 90935 B-YQ844X
	AI	
	1 1	
	ANCES OF THE ACCIDENT	
- Keter to	Police Report -	
CI ADAMIA		
CLARATION Ve declare the foregoing	particulars are true in every respect.	
1		
fee	Word Quale	
icyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personner's Signature
E-SCHWINI	Date & Time:	Name: NRIC/FIN No.:

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200101/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 01/01/20	Date/Time Report Made: 01/01/2020 16:33		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: I HAO LION		Address: APT BLK 5A UPPER BOON KENG ROAD #05-714 SINGAPORE 381005			
ID Type / ID No.: NRIC NO / S9547069F			Contact No.: Home/Office:	Mobile: 96560109		
Nationality: SINGAPORE CITIZEN		EN	Email: eunhyuk1912@gmail.com			
Sex: Age: Date of Birth: Male 24 19/12/1995			Type of Informant: Driver			
Race: Chinese		,	Language: Institution / School Na English			
Occupation: Student			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 01/01/2020 04:25	Type of Location X-Junction
Location: YISHUN AVE	NUE 1	Road Surface:		Road Speed Limit:
Clear		Dry		50 Km/h
Ciear				
Traffic Flow: Dual Carriage	Way	Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJG9093S	Car					0
YQ844X	Lorry	OTHERS	Unsure	White		0

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

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200101/7013

CONTINUATION OF REPORT

Driver		7000-3	40000		1124	
Name	QUAK ZI HAO LIONEL			ID No		S9547069F
Related Vehicle	SJG9093S (Car)			Conta	ict No.	96560109
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			charge	NIL	
No. of Days granted Medical Leave NIL		Degree o	-	NIL		

Brief Details.

I am a valet driver driving for a customer. While travelling along yishun ave 1 approaching to turn right towards sembawang road at lane 2, a lorry by the license plate of YQ844X was infront of my customer's car SJG9093S, did not move despite the light turned green into our favor. I sounded my horn and alerted the driver, however the driver still did not responded. Shortly after the traffic lights turn back red which i then stopped sounding my horn. A passenger from another car beside the lorry at lane 1 alighted and appeared to be alerting/ waking the lorry driver, when the driver was presumably awake, the lorry rolled back. I sounded my horn continuously but he did not stopped the vehicle until he hit the front of my car. I could not reverse as there was a taxi behind of me. As a result, the front end of the car suffered from damaged to bonnet and bumper with dents. Shortly after the lights turned green and the lorry drove off. I continued to sound the horn and flash at him to alert him. Not only he did not respond, i noticed he was driving dangerously swaying left and right and drove. At some point of time he strike the kerb on both sides. Judging from the way the lorry was moving, me and my customer's friend decided it is not safe to approach the lorry.

Police Report





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

3 of 3 Report No. T/20200101/7013

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	provide	sketch	pla

NP168

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: 01/01/2020 16:33
Officer In Charge Of Case: TP / TPIB / NOR AFFENDY BIN JAFFAR Contact No.: 65476209	Classification Of Case:
Authentication Stamp	

















