

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	10/01/2020 10:48
Date Of Accident	10/01/2020 06:05
Exact Location Of Accident	SEMPAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3215X
Insured/Policyholder	
Name Of Registered Owner	POH KIAN HUP
NRIC No	SXXXX815J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90463341
Alternative Phone No	OFFICE-90463341

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
Exact Purpose for which vehicle was being used at time of accident	
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	PNCV2019-00000580
Cover Note Number	

Driver

Name of Driver	POH KIAN HUP
NRIC No	SXXXX815J
Date Of Birth	20/09/1971
Occupation	INDOOR
Date Of Driving Pass	14/04/1992
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90463341
Fax Number	
Contact Number	OFFICE-90463341
Email Address	NOEMAIL

Address	BLK 659 JALAN TENAGA #02-138
Postcode	410659
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	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?	NO
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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20200110/2014.

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	SKU258H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

SKETCH PLAN

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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.

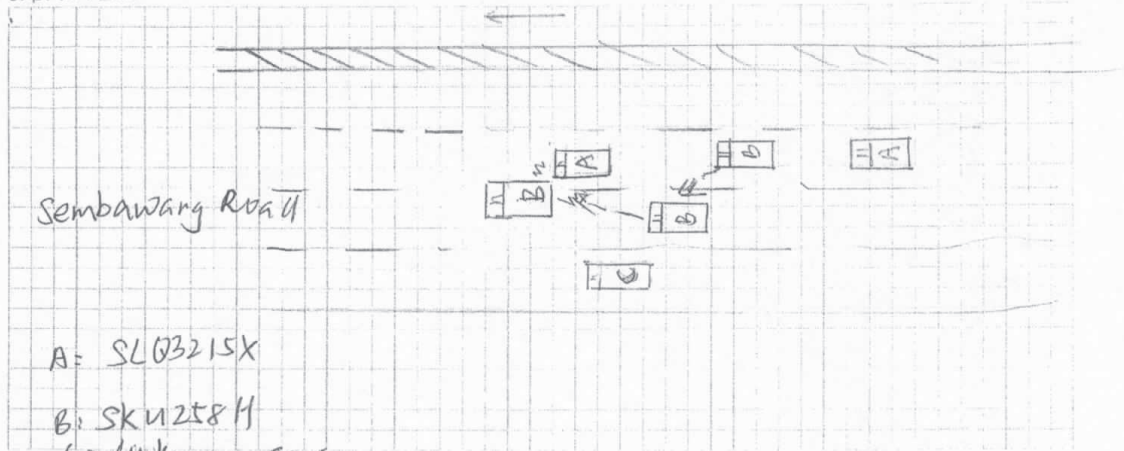


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No. = T/20200110/2010

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.:



**SINGAPORE
POLICE FORCE**



T/20200110/2014

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20200110/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2020 08:27	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: POH KIAN HUP			Address: APT BLK 659 JALAN TENAGA #02-138 SINGAPORE 410659	
ID Type / ID No.: NRIC NO / S7133815J			Contact No.: Home/Office: Mobile: 90463341	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 20/09/1971	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2020 06:55	Type of Location: Straight Road
Location: Along Road 1 SEMBAWANG ROAD				
ALONG THE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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
SKU258H	Car				Slightly Damaged	0
SLQ3215X	Car				Slightly Damaged	1

Details of Person Involved

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



Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20200110/2014

CONTINUATION OF REPORT

Driver			
Name	POH KIAN HUP	ID No.	S7133815J
Related Vehicle	SLQ3215X (Car)	Contact No.	90463341
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/01/2020 at around 0658hrs, I was driving my vehicle, registration number SLQ3215X, along Sembawang Road heading towards Novena. I was driving on the second lane. While I was driving, there was a white car, vehicle registration number SKU258H, which had swerved into my lane from the left. I saw this and managed to apply the brakes on my vehicle. However, my vehicle had collided with the rear portion of the front vehicle.

I went outside and talked to the driver to ask what happened. He just told me to claim his insurance. He admitted that he was in the wrong. No one was injured.

I am lodging this report for record and insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20200110/2014

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20200110/2014

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 HAZWAN BIN ADNAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168
Geylang NPC
1 Cassia Link
Singapore 397618
Tel: 1800-8486999

Signature Of Informant:

Date/Time:
10/01/2020 08:27

Classification Of Case:

I LIM KAH GEOK IC S76199678 ON 10/01/2020 AT AROUND 0658HRS, I was as passenger on registration number SLQ3215X, I was saw one white car registration number SKU258H, which had swerved into my lane from the left, collided with the vehicle no.: SQL3215X front portion.



10/1/20 20

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 10 Jan 2020 / 11:07:28

Receipt Date/Time : 10 Jan 2020 / 11:07:28

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200110-001054

Previous Receipt No. :

S/N Item Description/

**Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SKU258H

As at 10 Jan 2020/06:55:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SKU258H

Enquiry Fee

20200110110509761694

7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

xxxxxxxxxxxx7972	Credit Card: Visa/MasterCard	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



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: PNCV2019-00000580

Car plate number : SLQ3215X

Coverage start date: 04/07/2019

Coverage end date: 03/07/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Poh Kian Hup

NRIC/FIN: S7133815J

Address: 659 Jalan Tenaga 02-138 Eunus Damai Ville Singapore 410659

Email: Gweekarlin@gmail.com

Mobile Number : 83330036

Date of Birth: 20/09/1971

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 20%

Years of driving experience: Three or more

Company Name: Poh Kian Hup

ACRA Number: 53357970L

About your car and policy

Car make and model: TOYOTA C-HR 1.8

Year of first registration : 2017

Plan type: Comprehensive

Standard Excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,773.95

Finance company: Dickson Capital Pte Ltd