

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	04/02/2020 10:42
Date Of Accident	03/02/2020 17:30
Exact Location Of Accident	SIMEI AVE TWDS PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT6602B
Insured/Policyholder	
Name Of Registered Owner	JAWS TRANSPORT SERVICES
Co Reg No	53309098M
Email Address	LA.AUDIO@YMAIL.COM
Mobile Phone No	(LOCAL) +65-96686656
Alternative Phone No	OFFICE-96686656
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	PNCV2019-00001555
Cover Note Number	
Driver	
Name of Driver	TAN YONG PENG ANDREW
NRIC No	S1618160I
Date Of Birth	17/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1983
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96686656
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 10 LOR 7 TOA PAYOH #07-209
Postcode	310010
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200204/2058

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8860P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHD SHARIF BIN EMAM KASSIM
NRIC/Passport Number	S1702699B

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TAN YONG PENG ANDREW
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLT6602B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.:

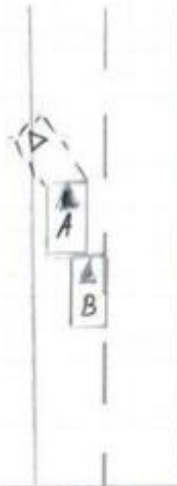
Accident Sketch Plan

SKETCH PLAN

SIMEI AVE
TWAS PIE

A - SLT 6602B

B - SH8860P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20200204/2058

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.:

Individual Statement

04/02 2020 TUE 15:11 FAX

0001/001



**SINGAPORE
POLICE FORCE**

ANN. LINDA
ST 6025



T/20200204/2058

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

2 of 3

Report No. T/20200204/2058

CONTINUATION OF REPORT

Name	TAN YONG PENG ANDREW		ID No.	S16181601
Related Vehicle	NIL		Contact No.	96686656
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 03/0/2020 at about 1728hrs, I was driving along Simel Ave towards PIE and the traffic was slow moving. Suddenly before the junction of Changi Hospital and before the bus stop on the second lane, since the traffic was slow, I inched forward slowly as well. Suddenly an impact from the rear was felt and I jerked forward. I managed to take picture of the accident scene and exchange particulars of the other driver who is a Comfort taxi driver. As on that day I did not feel any injury, I went back home and the following morning I felt pain at my neck and back area.

I made a visit to the doctor and was given 3 day medical leave due to muscle injury in my back.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



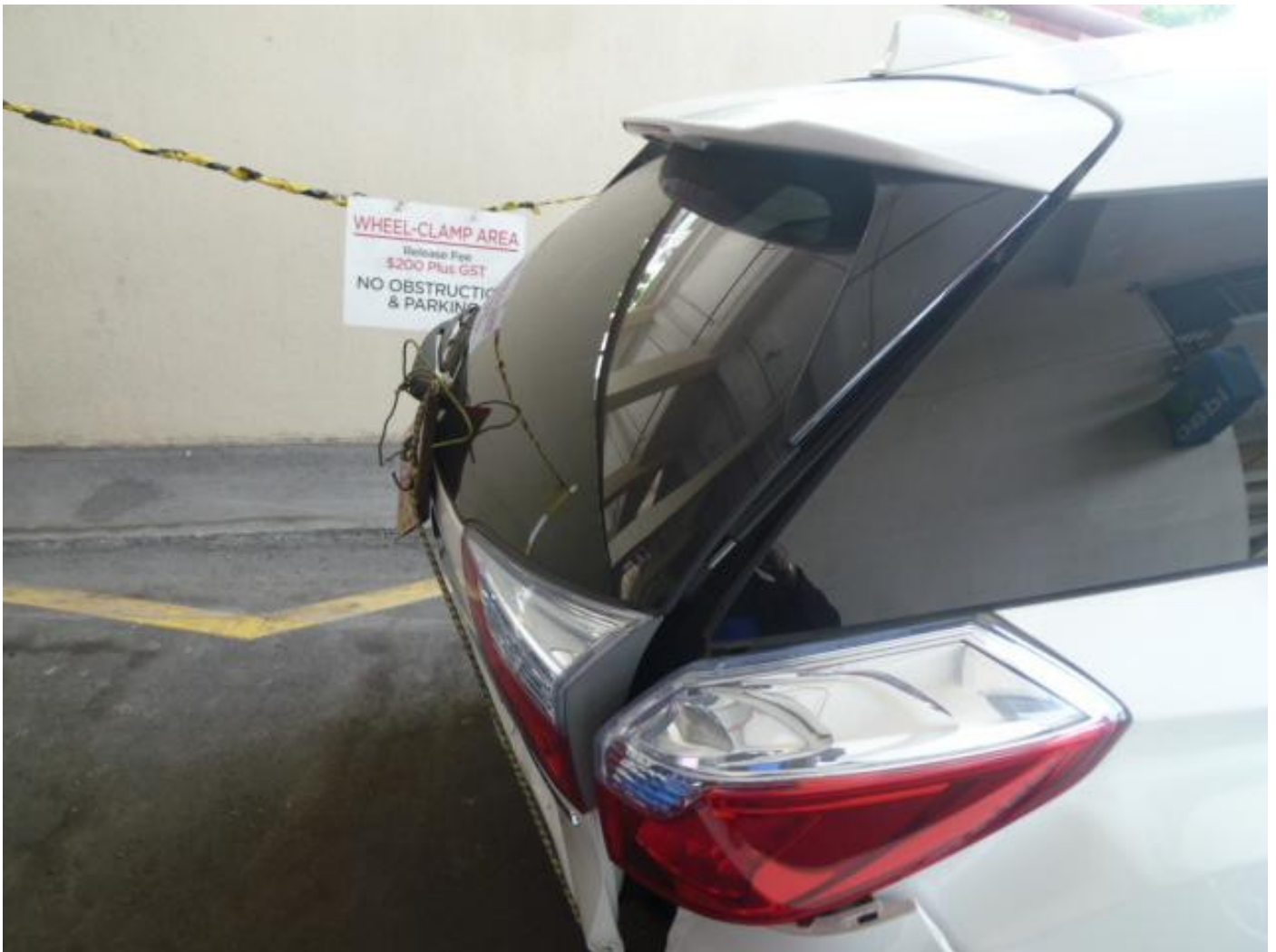
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report

14/02/2020 TUE 14:58 FAX

0001/002



**SINGAPORE
POLICE FORCE**

SLT 6602B



T/20200204/2058

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

1 of 3
Report No. T/20200204/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 13:23		Vide Report No.:		Station Diary No.: 11	
Name of Informant: TAN YONG PENG ANDREW					
Address: APT BLK 10 LORONG 7 TOA PAYOH #07-209 SINGAPORE 310610					
ID Type / ID No.: NRIC NO / S16181601		Contact No.: Home/Office: Mobile: 96688656			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 56	Date of Birth: 17/09/1963	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2020 17:30	Type of Location: Straight Road
Location: Along Road 1 SIMEI AVENUE TOWARDS PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

SH8880P	TAXI				0
SLT6602B	Car			Seriously Damaged	0

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

67415197

Police Report

14/02/2020 TUE 15:11 FAX

4001/001



**SINGAPORE
POLICE FORCE**

AKA. Lind
SLT 66028



T/20200204/2058

Police Station Of Origin:
Mouribattan NPP
60 Dakota Crescent #01-213 SINGAPORE
350060
Tel No: 1800-3449899

2 of 3

Report No. T/20200204/2058

CONTINUATION OF REPORT

Name	TAN YONG PENG ANDREW		ID No.	S18181801
Related Vehicle	NIL		Contact No.	96686656
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 03/0/2020 at about 1728hrs, I was driving along Simel Ave towards PIE and the traffic was slow moving. Suddenly before the junction of Changi Hospital and before the bus stop on the second lane, since the traffic was slow, I inched forward slowly as well. Suddenly an impact from the rear was felt and I jerked forward. I managed to take picture of the accident scene and exchange particulars of the other driver who is a Comfort taxi driver. As on that day I did not feel any injury, I went back home and the following morning I felt pain at my neck and back area.

I made a visit to the doctor and was given 3 day medical leave due to muscle injury in my back.

Police Report

04/02/2020 TUE 14:59 FAX

002/002



**SINGAPORE
POLICE FORCE**



T/20200204/2065

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390080
Tel No: 1800-3448999

3 of 3

Report No: T/20200204/2065

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 3 HAIDER YAHYA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/02/2020 13:23

Officer In Charge Of Case:

TP / AET /
SSI 2 YC / SBAK / MS CECILIA
Contact No: 85474885

Classification Of Case:

Authentication Stamp

NP186

SIGNATURE

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA/200/5505 Vehicle Registration No: SLT 66028
Name(as shown in NRIC) : TAN YONG PENG ^{ANDREW} NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 10 LOR 7 JOA ARYOH #07-209 Singapore(310010)
Contact (Tel) : _____ Mobile No.: 96686656
Email Address : _____
Date of Accident : 03/02/20 Time of Accident : 17:30
Place of Accident : SIMEI QUE TWAS PIE
Insurance Company: FWD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICE REPORT
AMEND REGISTERED OWNER NAME
AMEND VEH B NO AT SKETCH PLAN

Policyholder / Driver's Signature
Date:

2/ym 04/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: