#### 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 <u>truthful and accurate</u> 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

aforesaid.					
	ACCIDENT STATEMENT				
Date Of Report	03/03/2020 12:03				
Date Of Accident	01/03/2020 14:50				
Exact Location Of Accident	CTE (AYE) BEFORE PIE (CHANGI) EXIT				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SJY3710P				
Insured/Policyholder					
Name Of Registered Owner	VEMON WONG WEI PING				
NRIC No	SXXXX729C				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-92770277				
Alternative Phone No	OFFICE-92770277				
Vehicle Particulars					
Manufacturer	SUZUKI				
Model	SWIFT 1.5 AT ABS AIRBAG 2WD				
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	THIRD PARTY				

Fleet Policy NO

Policy Number PNPV2019-00017735

Cover Note Number

Driver

Name of Driver WINNIE YAP MUN YEE

NRIC No SXXXX457D

Date Of Birth 13/05/1991

Occupation INDOOR

Date Of Driving Pass 17/10/2017

Driving Experience 2 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-88220722

Fax Number

Contact Number OFFICE-88220722

EMail Address NOEMAIL

**BLK 335A YISHUN STREET 31** Address

#09-79

Postcode 761335

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**CHAIN COLLISION** Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

4

NO

NO

1

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

**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/20200302/7036.

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 GBF5143H Vehicle Make/Model/Colour TOYOTA DYNA

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 22

#### Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJP2566T

Vehicle Make/Model/Colour KIA PICANTO

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TAN SHENG YANG JOSEPH

NRIC/Passport Number SXXXX280C Contact Number 81182825

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLC2798K

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 WINNIE YAP MUN YEE

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJY3710P
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 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:
  - 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 invoive 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); ant/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 Sen Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

JAMES CONTRACTOR OF VA

### **Accident Sketch Plan**

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	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
	- My Bar ( VEHICLE A' was travelling along (TE/AXE or lone
	4 before PIE/CHANGI exit I backe and come to a stop behind veticte
	Liuddenly, VEHICLE'S' hit on me so bord from the back
	betwee I coses control and hit onto vetticus D' and venice's
	hit onto VEHICLE'C'
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ļ	CLARATION
	ECLARATION  We declare the foregoing particulars are true in every respect.
	We declare the foregoing particulars are true in every respect.
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### **Police Report**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200302/7036

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2020 23:59			Vide Report No.:	Station Diary No.:		
Informan	t's Partice	ulars	THE REPORT OF THE PARTY OF	COLUMN TOWNS OF THE PARTY OF TH		
Name of Informant: WINNIE YAP MUN YEE			Address: APT BLK 335A YISHUN STREET 31 #09-79 SINGAPORE 761335			
ID Type / ID No.: NRIC NO / S9116457D			Contact No.: Home/Office: Mobile: 88220722			
Nationality: MALAYSIAN			Email: yapmunyeee@gmail.com			
Sex: Age: Date of Birth: Female 28 13/05/1991			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Administration manager			Driving Licence Information: Class: 3A Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2020 14:50	Type of Location CTE TOWARDS CITY BEFORE PIE CHANGI EXIT
Location: CENTRAL EX	KPRESSWAY			
Weather:		Road Surface:		and Canad Limits
Clear		Dry	90	oad Speed Limit: ) Km/h
The second second		Traffic Control: Not Controlled	Tr	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF5143H						0
SJP2566T	Car					0
SJY3710P	Car					0
SLC2798K	Car					0

#### **Police Report**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200302/7036

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA		
Driver	Contract of the last	200	CONTRACTOR AND ADDRESS OF THE PARTY NAMED IN	100	Service.	SECURE OF SEC.
Name	WINNIE YAP MUN	YEE		ID No		S9116457D
Related Vehicle	SJY3710P (Car)			Contact N		o. 88220722
Hospital/Clinic	MOUNT ALVERNIA	L	Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL	
Date Treatment	02/03/2020		Date Disc	harge	02/03	3/2020
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Slight	1

#### Brief Details.

I (vehicle A SJY3710P) was travelling along CTE/AYE. I met an accident before PIE(CHANGI) exit. As i saw the vehicle infront of me jam brake, I follow the suit and came to a complete stop before (vehicle B GBF5143H) bang onto me. The impact was so hard from the rear and thus resulted me to hit onto (vehicle D SJP2566T) and vehicle D hit onto (vehicle C SLC2798L).

### **Police Report**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200302/7036

### CONTINUATION OF REPORT

Sketch Plan	S	ket	tc	h	P	a	n
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NP168

Informant is not able to provide sketch plan

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: 02/03/2020 23:59
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp	



























