

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	09/03/2020 10:27
Date Of Accident	06/03/2020 13:15
Exact Location Of Accident	CARPARK OF BLK 253 JURONG EAST STREET 24
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9717T
Insured/Policyholder	
Name Of Registered Owner	KOH PUAY YANG, JAMES (GU BEIYANG, JAMES)
NRIC No	SXXXX924H
Email Address	ADMIN@MYCAR.SG
Mobile Phone No	(LOCAL) +65-98445586
Alternative Phone No	OTHERS-98445586

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	PNPV2019-00003242
Cover Note Number	

Driver

Name of Driver	KOH PUAY YANG, JAMES (GU BEIYANG, JAMES)
NRIC No	SXXXX924H
Date Of Birth	17/09/1979
Occupation	INDOOR
Date Of Driving Pass	24/10/2002
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-98445586
Fax Number	
Contact Number	OTHERS-98445586
Email Address	ADMIN@MYCAR.SG

Address	BLK 52 WOODLANDS DRIVE 16 #02-06
Postcode	737900
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200306/7015

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	YL333E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	KOH PUAY YANG, JAMES (GU BEIYANG, JAMES)
------	--

Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SLW9717T
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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5. Any false reporting may be referred to the Police for investigation.
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/PIH No.:

Accident Sketch Plan

BIK 953 JAWAHAR EAST STREET 24 ✓

A) SLW 9717
B) YL 333T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ✓

Follow police report T 200306 7015

DECLARATION

(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.:

200002 52 00000000000000000000

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200306/7015

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

1 of 3

Report No. T/20200306/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2020 17:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH PUAY YANG, JAMES			Address: APT BLK 52 WOODLANDS DRIVE 16 #02-06 SINGAPORE 737900		
ID Type / ID No.: NRIC NO / S7928924H			Contact No.: Home/Office:		Mobile: 98445586
Nationality: SINGAPORE CITIZEN			Email: jamesmichellekoh@outlook.sg		
Sex: Male	Age: 40	Date of Birth: 17/09/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2020 13:15	Type of Location: Car Park
Location: blk 253 JURONG EAST STREET 24				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW9717T	Car	MERCEDES BENZ	E200 AVG AUTO	Blue		0
YL333E	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW9717T	FWD Singapore Pte. Ltd	PNPV2019- 00000000	12/03/2019	11/03/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200306/7015

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

2 of 3

Report No. T/20200306/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH PUAY YANG, JAMES	ID No.	S7928924H
Related Vehicle	SLW9717T (Car)	Contact No.	98445586
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/03/2020	Date Discharge	06/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

on the above mentioned date time and location i was stationary in my vehicle(A). suddenly vehicle(B) reversed and collided onto the left portion of my vehicle(A) causing damages to my vehicle(A). i felt unwell on my neck and lower back so i went to inte medical 24hr clinic to seek consultation and was given 3days medical leaves.
vehicle(A) slw9717t
vehicle(B)yl333e

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200306/7015

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

3 of 3

Report No. T/20200306/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/03/2020 17:24

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S66500200 / 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 : MINA420029700 Vehicle Registration No: SLW 9717T
Name (as shown in NRIC) : KOH PUAY YANH, JAMES NRIC/FIN/Passport No : SXXXX9244
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98445586
Email Address : _____
Date of Accident : 06/03/2020 Time of Accident : 13:15
Place of Accident : CAR PARK OF BIK 253 JURONG EAST ST 24
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:

TO INDICATE VEH NUMBER SLW 9717T & YL 333E ON SKETCH

Policyholder / Driver's Signature
Date:

03/04/2020
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]
Date: