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

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	ACCIDENT STATEMENT
Date Of Report	05/05/2020 16:31
Date Of Accident	05/05/2020 11:10
Exact Location Of Accident	MARINA BOULEVARD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC3389M
Insured/Policyholder	
Name Of Registered Owner	TEO JIT HARR
NRIC No	S8342039A
Email Address	ALVIN.WEE@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-91052338
Alternative Phone No	OTHERS-85333415
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200-1.8 CGI (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00016556
Cover Note Number	
Driver	
Name of Driver	EUGENE WEE RENHAO

S9317928E NRIC No Date Of Birth 19/05/1993 Occupation **INDOOR Date Of Driving Pass** 22/04/2013

Driving Experience 7 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85333415

Fax Number **Contact Number**

EMail Address EUGENE.RH.WEE@GMAIL.COM Address

BLK 323 UBI AVE 1 #11-559

SINGAPORE

Postcode

400323

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - BROTHER-IN-LAW

-

Insurance Company of Driver's Own Vehicle

-

NO

2

NO

NO

YES

NO

1

NO

NO

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? Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SGH8042B

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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

NRIC/FIN No.:

KETCH PLAN		
1	1 1 1	Vehicle A-SKC 3389 B-SGH8042B
		B-5GH8042B
Sheafes Ave	OF THE ACCIDENT	Legend Wehicle Motorcycle
^		,
rati	ur to police repor	rt.
1		
urned left. At- After the collision and stopped on the	Marina Blud, toward MCE. cond lone from the left, we take cors collided, n, in order to avoid obstacl left and the car I col	as I was going straight. My traffic I drove forware lided with stopped behind
DECLARATION /We declare the foregoing parti- Please be advised that your insurer may rom the day of occurrence. Kindly chec	culars are true in every respect. have a fourteen (14) days clause whereby the claim agains k your policy for more details.	st own policy must be made within the stipulated timeframe
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 5/12020	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



G/20200505/2084

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Report No. G/20200505/2064

POLICE REPORT (NP299)

Police Station Of Origin Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Date/Time Report Made 05/05/2020 15:13	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Station Diary No. 36	
Name Of Informant EUGENE WEE RENHAO	Address APT BLK 323 UBI AVENUE 1 #11-559 SINGAPORE 400323			
ID Type / ID No. NRIC NO / S9317928E	Contact No. Home/Office Mobile 85333415			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
AUDITOR	Male	26	19/05/1993	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 05/05/2020 11:10	Location Of Incident MARINA BOULEVARD SINGAPORE			
	Towards	s MCE		

Brief details.

On 05/05/2020 at about 1110hrs, I was driving my car Reg No: SKC3389M along Marina Boulevard and was involved in an accident with another car Reg No: SGH8042B. After the collision, both the driver and I had went out of our respective cars. The other car had stopped behind my car after the collision. The other car driver was aggressive and was showing obscene hand gestures towards me. He was angry and shouting as he demand me for my particulars. While we exchanging particulars and taking photos of the damages of the accident scene. The other driver called one of his friend over to the accident scene.

G / Sr Staff Sgt MUHAMAD FAISAL BIN MOHD	Signature Of Informant:
SALEH	- Jugur
Signature Of Interpreter: Not applicable	Date/Time: 05/05/2020 15:13
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 2 LIONEL NEO SOON JIE Contact No.: 62447200	Classification Of Case:
Authentication Stamp	
SINGAPORE POLICE FORCE	
SIGNATURE	Υ





Report No. G/20200505/2064

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Within minutes, the friend arrive at our location and stopped his car in front of my car. He came out of his car and join the discussion and at that time the other driver were already more calm. During the discussion, they tried to persuade me to make a private settlement at their workshop or I paid them S\$3000. They were very persistent and intimidating as I was alone and was not familiar with the process of a traffic accident. I then called my brother Alvin Tel: 91873037 for advise and was told to leave the accident scene after I have get the particulars of the other driver and photos of the damage vehicle. I then left the two men without making any settlement. They did not stop me from leaving and there were no assault or threat took place.

On the same day at about 1210hrs, I contacted the other driver and told him that I do not wish to settle the accident privately and told him to file a traffic accident report with his insurance. I had contacted my insurance company and was told to lodge a police report first if I am lodging any before reporting the accident to the insurance. I am lodging this report for record purposes as I felt intimidated by the other driver behavior after the accident.

Subjects Involve	d			
Defendant				
Person Name	LAW CHEE WAI, DANNY	110000000000000000000000000000000000000		
ID Type	NRIC NO	ID No	S8852189G	
Gender	Male	Nationality	SINGAPORE CITIZEN	
Race	Chinese	Language	English	
Address Type	Apt Blk	Address	APT BLK 88 REDHILL CLOSE #02-578 SINGAPORE 150088	
	icer Recording The Report:	Signa	ture Of Informant:	
Signature Of Interpreter: Not applicable			Date/Time: 05/05/2020 15:13	
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 2 LIONEL NEO SOON JIE Contact No.: 62447200		Classi	Classification Of Case:	
Authentication S	tamp			







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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200505/2064

Mobile No	97516751
Victim	
Person Name	EUGENE WEE RENHAO (Informant)

Signature Of Officer Recording The Report:

G / Sr Staff Sgt MUHAMAD FAISAL BIN MOHD SALEH

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 2 LIONEL NEO SOON JIE

Contact No.: 62447200

Signature Of Informant:

Date/Time:

05/05/2020 15:13

Classification Of Case:

Authentication Stamp









Accident Photo













Accident Photo



Accident Photo

