

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	22/05/2020 15:30
Date Of Accident	21/05/2020 18:55
Exact Location Of Accident	NICOLL HWY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9427G
Insured/Policyholder	
Name Of Registered Owner	ANG CHEW LENG
NRIC No	SXXXX612D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86861995
Alternative Phone No	OFFICE-86861995

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA JAZZ 1.3L A
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2019-00017537
Cover Note Number	

Driver

Name of Driver	GLENN ANG WEI SHENG
NRIC No	SXXXX602E
Date Of Birth	15/08/1995
Occupation	INDOOR
Date Of Driving Pass	03/02/2018
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86861995
Fax Number	
Contact Number	OFFICE-86861995
Email Address	NOEMAIL

Address	BLK 37 PUNGGOL FIELD #07-29
Postcode	828809
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	3
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: : LIM HUI LUAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: 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/20200521/7014.

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	SBS7443K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD406Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 GLENN ANG WEI SHENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM9427G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIM HUI LUAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM9427G
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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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:

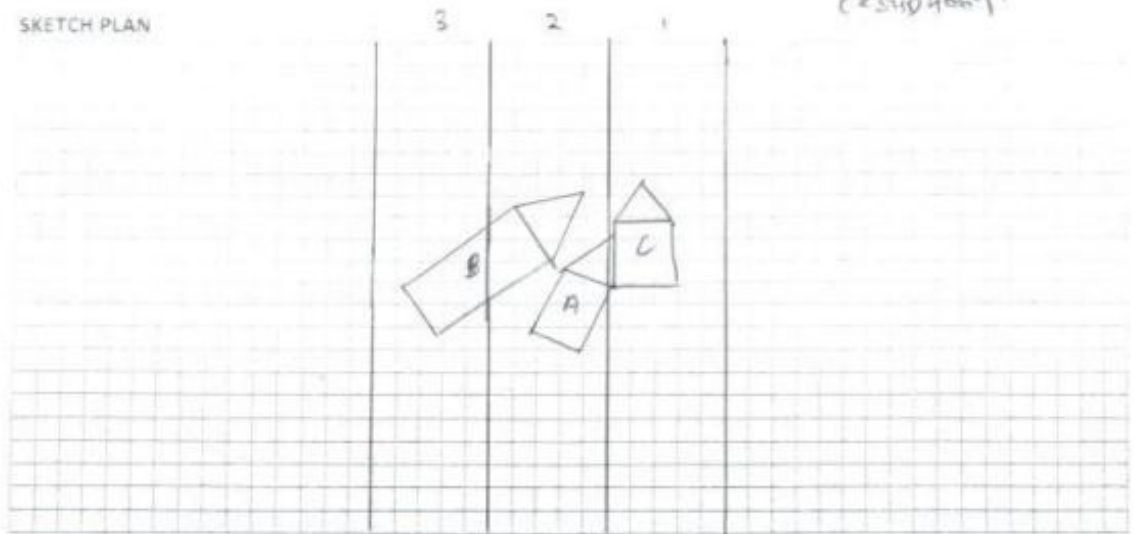

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

A = SJM 94276
B = SB37443K
C = SUP 4067

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer TO Police Report

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 Person's Signature
Name:
NRIC/PIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200521/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No. 65470000

1 of 3

Report No. T/20200521/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2020 21:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GLENN ANG WEI SHENG			Address: 37 PUNGGOL FIELD #07-29 PRIVE SINGAPORE 828809		
ID Type / ID No.: NRIC NO / S9529602E			Contact No.: Home/Office: Mobile: 86861995		
Nationality: SINGAPORE CITIZEN			Email: GlennAngWS@gmail.com		
Sex: Male	Age: 24	Date of Birth: 15/08/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAF REGULAR			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: 21/05/2020 18:55	Type of Location: Straight Road
Location: NICOLL HIGHWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: BUS, CAR AND TAXI				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS7443K	Bus/Coach/Mi nibus					0
SHD406Y	Car				Slightly Damaged	1
SJM9427G	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200521/7014

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

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Report No. T/20200521/7014

CONTINUATION OF REPORT

Passenger			
Name	LIM HUI LUAN	ID No.	S9302592Z
Related Vehicle	SJM9427G (Car)	Contact No.	85115312
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/05/2020	Date Discharge	21/05/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	GLENN ANG WEI SHENG	ID No.	S9529602E
Related Vehicle	SJM9427G (Car)	Contact No.	86861995
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/05/2020	Date Discharge	21/05/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SJM9427G WAS TRAVELLING STRAIGHT IN THE MIDDLE LANE. SUDDENLY, THE BUS BEARING PLATE NO: SBS7443K CUT INTO MY LANE ABRUPTLY FROM LANE 3 CAUSING MY VEHICLE TO SWERVED AND HIT THE OTHER VEHICLE, BEARING TAXI PLATE SHD406Y.

AFTER THE ACCIDENT, I AND MY FIANCE SUFFERED HEADACHE AND INJURIES ON OUR NECK AND BACK. SO WE WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.

I LIKE TO STATE THAT I HAVE A BLACK AND WHITE COPY AND A VIDEO FOOTAGE OF THE SBS DRIVER ADMITTING LIABILITY CAUSING THE ACCIDENT BETWEEN ME AND THE TAXI DRIVER.

IN THE VIDEO FOOTAGE, HE ALSO SIGNED THE EXPLAINED COPY FROM MY FRIEND AND ADMITTED THAT IT IS HIS FAULT FOR CAUSING THE ACCIDENT.

DRIVER FULL NAME: HENDRYONO BIN ABD RAHIM
NRIC: G2356592M

Police Report



**SINGAPORE
POLICE FORCE**



T/20200521/7014

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

3 of 3

Report No. T/20200521/7014

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:

Authentication Stamp

NP168

Signature Of Informant:

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

Date/Time:
21/05/2020 21:27

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

