

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 | 22/06/2020 10:28 |
| Date Of Accident | 20/06/2020 15:15 |
| Exact Location Of Accident | PIE (TUAS) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | SML1466R |
| Insured/Policyholder | |
| Name Of Registered Owner | KIONG GUANG RONG BENEDICT DESMOND |
| NRIC No | SXXXX094Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97570651 |
| Alternative Phone No | OFFICE-97570651 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | HONDA |
| Model | SHUTTLE 1.5G CVT |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | PNCV2019-00001531 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------------|
| Name of Driver | KIONG GUANG RONG, BENEDICT DESMOND |
| NRIC No | SXXXX094Z |
| Date Of Birth | 18/03/1986 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/05/2008 |
| Driving Experience | 12 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97570651 |
| Fax Number | |
| Contact Number | OFFICE-97570651 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 442 YISHUN AVENUE 11 #10-08 |
| Postcode | 760442 |
| 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 | WET |

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) | 3 |
| Passenger 1 | NAME: : NGUYEN HOAI BAC GENDER: : FEMALE |
| Passenger 2 | NAME: : KIONG XIN LE BEATRICE GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CLEMENTI NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7759999 - FAX NO: 67764246 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20200620/2064.

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 | SHA8704A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | TAN BEE CHIANG |

| | |
|-------------------------------------|-----------|
| NRIC/Passport Number | SXXXX489A |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 4 |

DETAILS OF INJURED PERSON 1

| | |
|---|------------------------------------|
| Name | KIONG GUANG RONG, BENEDICT DESMOND |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SML1466R |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|-----------------|
| Name | NGUYEN HOAI BAC |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SML1466R |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|---|-----------------------|
| Name | KIONG XIN LE BEATRICE |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SML1466R |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

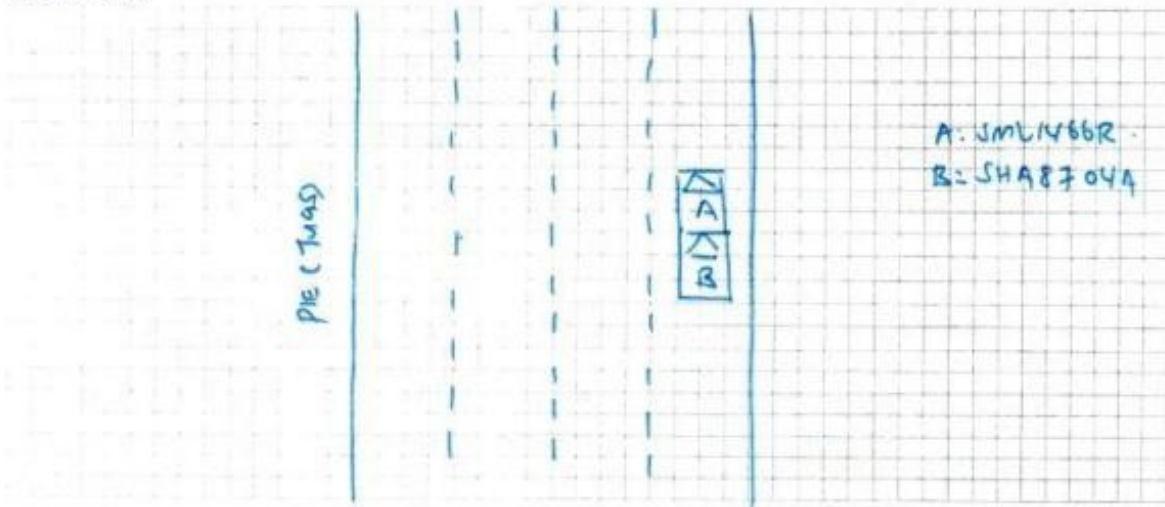
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2020067/2024

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.:

2020/06/07/2024

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Police Report



**SINGAPORE
POLICE FORCE**



T/20200620/2064

1 of 3

Report No. T/20200620/2064

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 20/06/2020 16:52 | Vide Report No.: | Station Diary No.: 31 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: KIONG GUANG RONG, BENEDICT DESMOND | | | Address: APT BLK 442 YISHUN AVENUE 11 #10-08 SINGAPORE 760442 | |
| ID Type / ID No.: NRIC NO / S8608094Z | | | Contact No.: Home/Office: | Mobile: 97570651 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 34 | Date of Birth: 18/03/1986 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: SENIOR OPERATION SUPERVISOR | | | Driving Licence Information: Class: 3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------|-----------------------|---|--|
| General information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 20/06/2020 15:15 | Type of Location: Bend |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY | | | | |
| Along PIE towards Tuas on the right most lane on the Anak Bukit Flyover | | | | |
| Weather: Clear | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|------------------|-------|------------------|-----------------|
| SHA8704A | Car | | | | Slightly Damaged | 3 |
| SML1466R | Car | HONDA | SHUTTLE 1.5G CVT | Grey | Slightly Damaged | 2 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|------------------------|-------------------|------------|-------------|
| SML1466R | FWD Singapore Pte. Ltd | PNCV2019-00001531 | 30/10/2019 | 06/11/2020 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200620/2064

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

2 of 3

Report No. T/20200620/2064

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAN BEE CHIANG | ID No. | S0074489A |
| Related Vehicle | SHA8704A (Car) | Contact No. | NIL |
| 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 |
| Driver | | | |
| Name | KIONG GUANG RONG, BENEDICT DESMOND | ID No. | S8608094Z |
| Related Vehicle | SML1466R (Car) | Contact No. | 97570651 |
| Hospital/Clinic | CLEMENTI FAMILY & AESTHETIC CLINIC | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 20/06/2020 | Date Discharge | 20/06/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 20/06/2020 at about 1515hrs I was driving my car (SML1466R) along PIE towards Tuas. At this juncture I was along the Anak Bukit Flyover on the right most lane and negotiating a bend when about 3 car distance in-front of me, I noticed a car swerving off its lane. The car seems to be out of control, noticing this, I then slowed down my car and came to a complete stop. However as my car stopped, another Comfort taxi (SHA8704A) from my rear collided into my car.

Due to this we alighted from our vehicle and exchanged particulars. The taxi driver claimed that he did braked his taxi, but the brake did not engaged effectively. I have my wife and my daughter as my passengers and they were not injured. The taxi driver and 3 other passengers also did not complaint of injured. I felt a cramp on my neck.

My car was dented at the rear bumper while the taxi's front license plate was damaged. I had then seen a doctor and was given 3 days medical leave. I had a front and rear in-car camera installed in my car however I can't seems to retrieve the footage.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200620/2064

3 of 3

Report No. T/20200620/2064

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 CHONG ZHEN LOON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/06/2020 16:52

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No: 65476172

SN 40

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

ROYAL CARE MEDICAL YISHUN GROVE
675 YISHUN AVENUE 4
#01-07 SINGAPORE 760675

Medical Certificate

Date : 21 Jun 2020
MC No. : 0000005563

This is to certify that :

Name : NGUYEN HOAI BAC
NRIC : S9085785A

is Unfit for Duty for 3 days

from 21/06/2020 to 23/06/2020 inclusive.

(093) 6366 1166 (Medical Yishun Grove)
675 Yishun Ave 4
#01-07 Singapore 760675

LOCUM

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

ROYAL CARE MEDICAL YISHUN GROVE
675 YISHUN AVENUE 4
#01-07 SINGAPORE 760675

Medical Certificate

Date : 21 Jun 2020
MC No. : 0000005565

This is to certify that :

Name : KJONG XIN LE BEATRICE
NRIC : T1804207F

is Unfit for School for 3 days

from 21/06/2020 to 23/06/2020 inclusive.

Royal Care Medical Yishun Grove
675 Yishun Ave 4
#01-07 Singapore 760675

LOCUM

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



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: S66550020G / GST Reg. No.: M400617735

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 : MNA120053008 Vehicle Registration No: SML1466R
Name(as shown in NRIC) : KIONG GUANG RONG BENEDICT DESMOND NRIC/FIN/Passport No : SXXXX094Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97570651
Email Address : _____
Date of Accident : 20/06/2020 Time of Accident : 15:15
Place of Accident : PIE (TUAS)
Insurance Company: FWD Singapore Pte. Ltd.

(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:

Amend policy number _____

Policyholder / Driver's Signature
Date:



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