

## 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	19/06/2020 10:20
Date Of Accident	19/06/2020 07:25
Exact Location Of Accident	BKE EXITING TO KJE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6144R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOON LAY YEN
NRIC No	S7148265J
Email Address	CHERYL.SOONLY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97383037
Alternative Phone No	OTHERS-97383037

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA GP-1.4 TSI 90 A/T (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2020-00003850
Cover Note Number	

### Driver

Name of Driver	WALLAS CHEN WEI
NRIC No	S9800612E
Date Of Birth	03/01/1998
Occupation	INDOOR
Date Of Driving Pass	22/07/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97282039
Fax Number	
Contact Number	
Email Address	WALLASCHENWEI@GMAIL.COM

Address	BLK 326 BUKIT BATOK STREET 33 #03-53
Postcode	650326
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	CHAIN COLLISION
Weather Conditions	CLOUDY
Road Surface	WET

#### 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: : CHUA XIANG EN ELVIS GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG DIVISION HQ
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 18007910000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO SKETCH PLAN & POLICE REPORT.

#### 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	YP2454E
Vehicle Make/Model/Colour	MITSUBISHI FIGHTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KWOK MENG WAH
NRIC/Passport Number	S1539693H
Contact Number	92285818
Address	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKZ1853G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LAI HAI FONG  
NRIC/Passport Number S7473232A  
Contact Number 90270163  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WALLAS CHEN WEI  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLW6144R  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name CHUA XIANG EN ELVIS  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLW6144R  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### 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. 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)

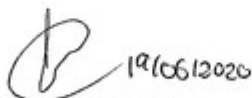
I understand, acknowledge, agree and consent that:

- (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: 19/06/20



Driver's Signature

(If driver is not the policyholder)

Date & Time:

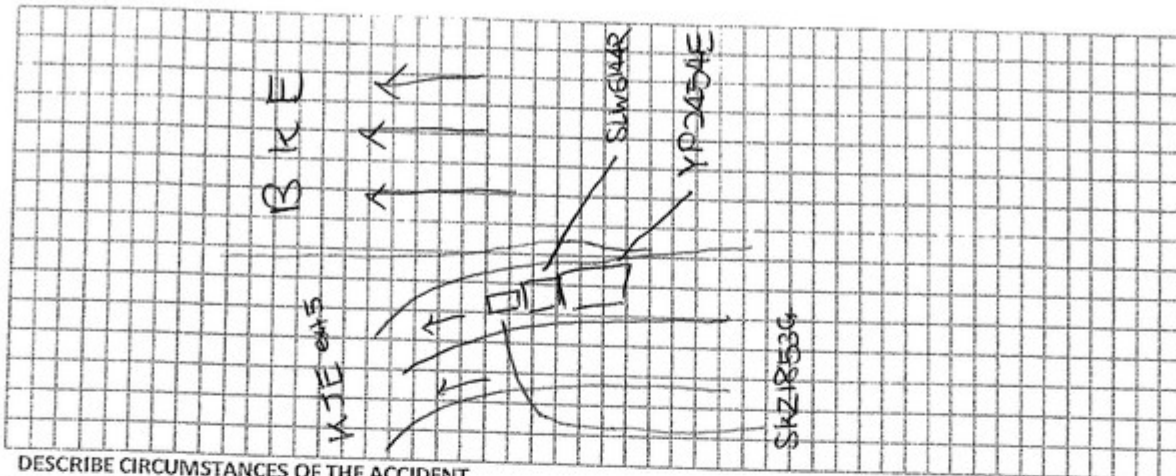


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along BKE and was making an exit to KJE exit 5, the timing was roughly 7:25 am, the weather was cloudy but not raining and the road was slightly wet. Exiting BKE, the car in front of me braked, SKZ1853G, I braked my car in time without bumping or coming into contact with the car in front, a few seconds later, the lorry braked into my car really hard, the force resulting in a chain collision to the car in front, thus, resulting in the 3-way chain accident. The car plate of the lorry is YP2454E.

The name of the first driver is LAZ HAZ FONG, the name of the third driver is KWOK MENG WAH

19

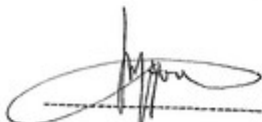
### Important:


You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.


<input type="checkbox"/>	- Reporting Only
<input checked="" type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- Claim OD/ TP at other workshop

### DECLARATION

I/WE declare the foregoing particulars are true in every respect.

  
Policyholder's signature  
Date & Time 19/06/20

  
Driver's Signature  
(if driver not the policyholder)  
Date & Time 19/06/2020

  
Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2020-00003850 (Comprehensive - Classic Plan)**

Car plate number: SLW6144R

Your name (As the policyholder): SOON LAY YEN

Coverage start date: 08/04/2020

Coverage end date: 07/04/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company:

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 18/03/2020

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7148265J



Name  
SOON LAY YEN  
(SUN LIYAN)  
孫麗燕  
Race  
CHINESE  
Date of Birth  
05-04-1971  
Country of Birth  
SINGAPORE

FOR ACCIDENT CLAIM  
USE ONLY

S7148265J

REPUBLIC OF SINGAPORE DRIVING LICENCE




License No. S9800612E  
Name  
WALLAS CHEN WEI  
Birth Date: 03 Jan 1998  
Issue Date: 22 Jul 2017

FOR ACCIDENT CLAIM  
USE ONLY

002706495A

SINGAPORE ARMED FORCES  
IDENTITY CARD



Name  
WALLAS CHEN WEI  
NRIC No.  
S9800612E

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

1334906



NRIC No. S7148265J



FOR ACCIDENT CLAIM  
USE ONLY

Blood Group  
A+  
Date of Issue  
09-10-1993

APT BLK 326 BUKIT BATOK STREET 33 #03-53  
SINGAPORE 650326  
NRIC No. S7148265J  
Date 23/06/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	Effective Date
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq$ 2500kg	22 Jul 2017

NP 428A

Licence No. S9800612E

FOR ACCIDENT CLAIM  
USE ONLY

GEMALTO5GFU10545180418 00000000324128

NRIC No/Colour  
S9800612E/ PINK

Race CHINESE	Blood Group A (+)	Sex M
Date Of Birth 03/01/1998	Country Of Birth SINGAPORE	
Address BIK 326 BUKIT BATOK STREET 33 #03-53 SINGAPORE 650326	Military Rank Status ENLISTEE	



Police Report





# SINGAPORE POLICE FORCE



J/20200620/7025

## POLICE REPORT (NP299)

Report No. J/20200620/

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7910000

Date/Time Report Made 20/06/2020 15:56	Vide Report No.	Station Diary N
Name Of Informant WALLAS CHEN WEI	Address APT BLK 326 BUKIT BATOK STREET 33 #03-53 SINGAPORE 650326	
ID Type / ID No. NRIC NO / S9800612E	Contact No. Home/Office:	Mobile: 97282039
Nationality SINGAPORE CITIZEN	Email Address wallaschenwei@gmail.com	
Occupation National Service Full Time	Sex Male	Age 22
Institution/School Name	Date of Birth 03/01/1998	Race Chinese
Date/Time Of Incident 19/06/2020 07:25	Location Of Incident BKE	

### Brief details.

On Friday the 19th of June, I was heading home from camp at approximately 0715H, it rained in the early morning and the road was slightly damp. As I was exiting BKE to enter KJE, an accident occurred further ahead, this led to cars breaking to avoid collision. The car ahead of me braked and I followed suit, however, the lorry behind was unable to stop in time and crashed against my car really hard, resulting in my car flying forward and knocking the car in front as well, causing a 3-way car accident. Upon impact I felt a sharp pain shoot up my back, at that moment, I could not fully register the pain as I was more concerned on the state of the accident. I exited the car and proceeded to exchange details with each

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: 20/06/2020 15:56
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





**SINGAPORE  
POLICE FORCE**



J/20200620/7025

2 of

OLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200620/70

drivers. After everything cleared up, the pain gradually grew worse and I had to consult a doctor today 10/06/20 and was given 31 days of medical leave. I completed a MRI scanning but results have yet to been produced so I am currently unaware if there is any spine injury.

Details are as shown :

Front car : SKZ1853G, LAI HAI FONG, S7473232A

Myself in the middle : SLW6144R, WALLAS CHEN WEI, S9800612E

Lorry at the back : YP2454E, KWOK MENG WAH, S1539693H

**Subjects Involved**

**Suspect**

Person Name	Kwok Meng Wah		
ID Type	NRIC NO	ID No	S1539693H
Gender	Male	Race	Chinese
Language	Chinese	Mobile No	92285818

**Victim**

Person Name	WALLAS CHEN WEI		
ID Type	NRIC NO	ID No	S9800612E
Gender	Male	Age	22
Race	Chinese	Language	English
Occupation	National Service Full Time	Address Type	
Address	APT BLK 326 BUKIT BATOK STREET 33 #03-53 SINGAPORE 650326	Mobile No	97282039

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time  
20/06/2020 15:56

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



J/20200620/7025

3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200620/

Is Informant A Victim?	Yes		
Person Name	Lai Hai Fong		
Gender	Male	Age	46
Race	Chinese	Language	English
Mobile No	90270163	Relation To Informant	nil
Person Name	Kwok Meng Wah		
Gender	Male	Age	58
Race	Chinese	Language	Chinese
Mobile No	92285818		
Person Name	WALLAS CHEN WEI (Informant)		

Signature Of Officer Recording The Report

Not applicable

Signature Of Interpreter

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

20/06/2020 15:56

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**





Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





**Accident Photo**



**Addendum Sheet**



**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 : MOR120052541 Vehicle Registration No: SLW6144R  
Name(as shown in NRIC) : SOON LAY YEN NRIC/FIN/Passport No : S7148265J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 326 BUKIT BATOK STREET 33 #03-53 Singapore( 650326 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97383037  
Email Address : cheryl.soonly@gmail.com  
Date of Accident : 19/06/2020 Time of Accident : 07:25  
Place of Accident : BKE EXIT KJE  
Insurance Company: BLK 326 BUKIT BATOK STREET 33 #03-53

**(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:

1) ADD IN POLICE REPORT & AMEND ON WAS THE ACCIDENT REPORTED TO THE POLICE FROM "NO"  
TO "YES"

2) AMEND ON WAS ANY BODY INJURED IN THE ACCIDENT FROM "NO" TO  
"YES".

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 22/06/2020

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