

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	PNPV2019-00001531
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

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B. 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 purposes 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 do 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.

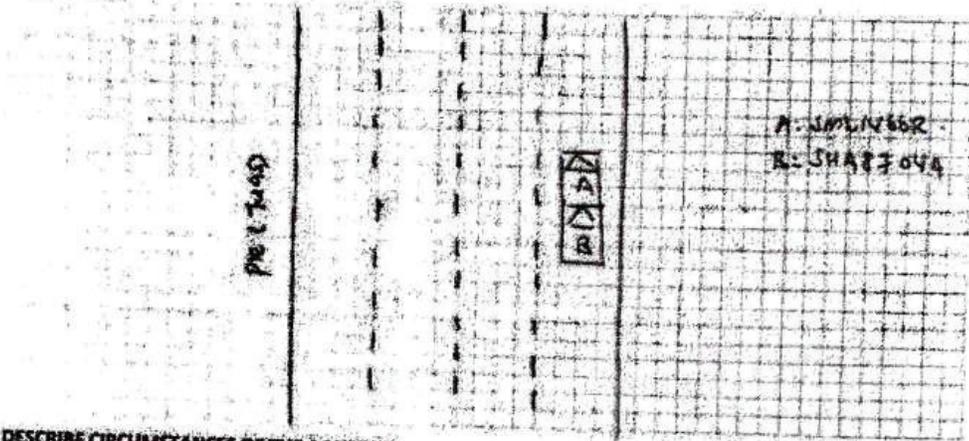
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20140523/264

[The remaining lines of the form are mostly blank, with a diagonal line drawn across the middle section.]

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/IN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T720200620/2064

1 of 3

Report No: T720200620/2064

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	Video Report No.:	Station Diary No.: 31
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Informant's Particulars			
Name of Informant: KIONG GUANG RONG, BENEDICT DESMOND		Address: APT BLK 442 YISHUN AVENUE 11 #10-06 SINGAPORE 760442	
ID Type / ID No.: NRIC NO / S8608094Z		Contact No.: Home/Office: Mobile: 97570851	
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				
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	

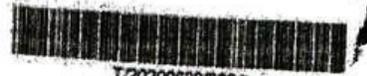
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8704A	Car				Slightly Damaged	3
SML1466R	Car	HONDA	SHUTTLE 1.5G CVT	Grey	Slightly Damaged	2

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			
Driver		Use of Pedestrian Crossing: NA	
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**



T720200620/2064

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-458
SINGAPORE 120427
Tel No: 1800-7759998

3 of 3

Report No: T720200620/2064

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: 65478472 SN 40	Classification Of Case:
Authentication Stamp NP163  SIGNATURE	