

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	25/06/2020 14:18
Date Of Accident	24/06/2020 13:30
Exact Location Of Accident	JUNCTION OF MARGARET DRIVE AND JALAN PENJARA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF1800L
Insured/Policyholder	
Name Of Registered Owner	CHUA TECK LAH
NRIC No	SXXXX148Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90220838
Alternative Phone No	OTHERS-90220838

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001330
Cover Note Number	

Driver

Name of Driver	CHUA TECK LAH
NRIC No	SXXXX148Z
Date Of Birth	27/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1984
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90220838
Fax Number	
Contact Number	OTHERS-90220838
EEmail Address	NOEMAIL

Address	98 SAINT FRANCIS ROAD #03-04 SAINT FRANCIS LODGE
Postcode	328074
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 - CROSS JUNCTION
Weather Conditions	DRIZZLING
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)	2
Passenger 1	NAME: : PHOON SOK MEI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200624/2062

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	SMN4792C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD AMIN BIN ABDUL KARIM
NRIC/Passport Number	SXXXX160D
Contact Number	

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

1

DETAILS OF INJURED PERSON 1

Name CHUA TECK LAH
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SGF1800L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name PHOON SOK MEI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SGF1800L
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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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.

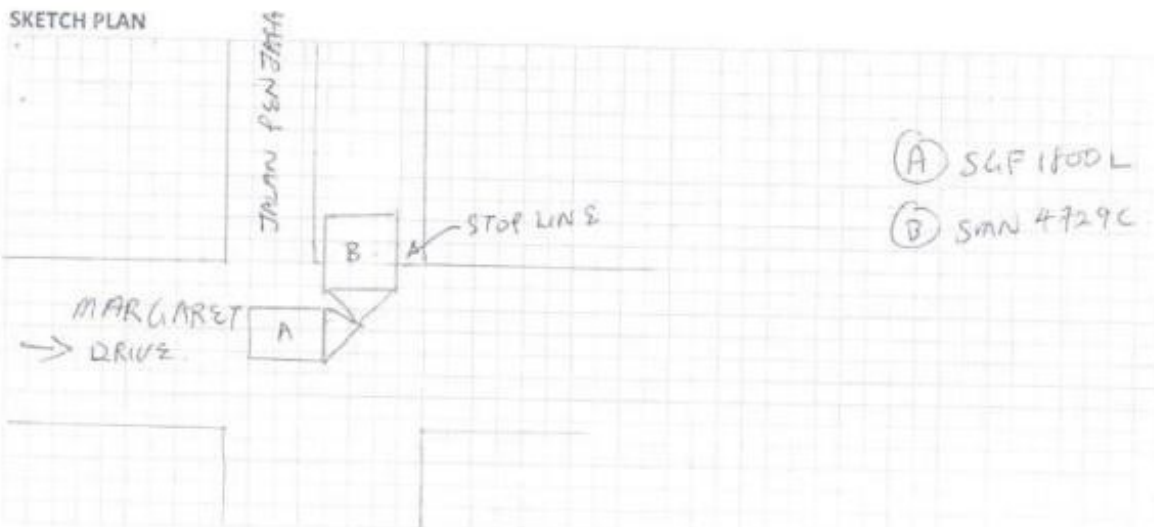
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Red 2. W. Ar/003*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/20200624/2062

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: Paul W
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200624/2062

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No: T/20200624/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2020 15:46	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: CHUA TECK LAH			Address: 98 ST. FRANCIS ROAD #03-04 SINGAPORE 328074	
ID Type / ID No.: NRIC NO / S1765148Z			Contact No.:	Mobile: 90220838
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 53	Date of Birth: 27/10/1966	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2020 13:30	Type of Location: Straight road with a small road leading to it
Location: Junction of Road 1 and Road 2 MARGARET DRIVE JALAN PENJARA				
Weather: Drizzling	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGF1800L	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Black	Slightly Damaged	1
SMN4729C	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



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T/20200624/2062

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No: T/20200624/2062

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGF1800L	FWD Singapore Pte. Ltd	PNCV2019-00001330	03/10/2019	02/10/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	Phoon Sok Mei		ID No.	S8265809B
Related Vehicle	SGF1800L (Car)		Contact No.	84996484
Hospital/Clinic	CHUNG & EE MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/06/2020		Date Discharge	24/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	CHUA TECK LAH		ID No.	S1765148Z
Related Vehicle	SGF1800L (Car)		Contact No.	90220838
Hospital/Clinic	CHUNG & EE Medical Clinic		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/06/2020		Date Discharge	24/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	Muhammad Amin Bin Abdul Karim		ID No.	S7816160D
Related Vehicle	SMN4729C (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	

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200624/2062

Police Station Of Origin:
Tiong Bahru NPP
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160128
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Report No. T/20200624/2062

CONTINUATION OF REPORT

Brief Details.

On 24/6/2020 at about 1330 hours, I was driving straight along Margaret Road when a car SMN4729C, was turning right out from Jalan Penjara and had collided onto the front left side of my vehicle, SGF1800L. There was no traffic light. There was a dent on the front right of SMN4729C and slight damage to the front left of my vehicle SGF1800L as a result. I also suffered shoulder injury, and have already gone to a clinic and received 5 days MC. My passenger also suffered from shoulder, back pain and also kneecap pain due to falling from her seat, and went to the same mentioned clinic, receiving 5 days MC. No police or ambulance attended to us. That is all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200624/2062

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160128
Tel No: 1800-2739999

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Report No. T/20200624/2062

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:
A /
Sgt 2 MUHAMMAD HIDAYAT BIN NORAZMAN

[Signature]

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Signature Of Informant:

[Signature]

Date/Time:
24/06/2020 15:46

Classification Of Case:

Authentication Stamp

NP169



[Signature]

Signature

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

