

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	17/06/2020 12:07
Date Of Accident	17/06/2020 09:00
Exact Location Of Accident	JUNCTION OF JALAN TUA KONG & UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY8200H
Insured/Policyholder	
Name Of Registered Owner	TAN YAN SENG JONATHAN
NRIC No	S1662040H
Email Address	YANSENG_TAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97688055
Alternative Phone No	OTHERS-97618028

Vehicle Particulars

Manufacturer	INFINITI
Model	Q30-1.5 D PREMIUM DCT (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	PNPV2018-00010922-01
Cover Note Number	

Driver

Name of Driver	NG SIEW YUN ZOE KARIN
NRIC No	S1704288B
Date Of Birth	29/10/1965
Occupation	INDOOR
Date Of Driving Pass	31/01/1994
Driving Experience	26 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97618028
Fax Number	
Contact Number	
Email Address	KARINNG1029@GMAIL.COM

Address	BLK 50 LENGKONG TUJOH #10-35 SINGAPORE
Postcode	417398
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	2
Was any body injured in the Accident?	NO
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: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ3013E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

17/6/2020
11:58 am

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

PN

SKETCH PLAN

	<p><u>Vehicle</u></p> <p>A -</p> <p>B -</p> <p><u>Legend</u></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Vehicle </div> <div style="text-align: center;"> Motorcycle </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As we are coming out from Jln tua kong, after stopping before the stop-sign @ the T-junction. After checking the right and left traffic, as I was turning right, I saw the motorcycle on my right and the car was hit immediately. As I saw in the middle of the road, we drove off to a side road opposite to dockra ferry.

Engine light is on after impact.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 17/6/2020
 11:58 am

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



**SINGAPORE
POLICE FORCE**



G/20200617/7027

1 of 2

POLICE REPORT (NP299)

Report No. G/20200617/7027

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 17/06/2020 13:56		Vide Report No.		Station Diary No.	
Name Of Informant NG SIEW YUN ZOE KARIN		Address BLK 50 LENGKONG TUJOH #10-35 SINGAPORE 417398			
ID Type / ID No. NRIC NO / S1704288B		Contact No. Home/Office: Mobile: 97618028			
Nationality SINGAPORE CITIZEN		Email Address karinng1029@gmail.com			
Occupation Administration manager		Sex Female	Age 54	Date of Birth 29/10/1965	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 17/06/2020 09:00 - 17/06/2020 09:00		Location Of Incident UPPER EAST COAST ROAD			

Brief details.

As I was coming out from Jalan Tua Kong, I stopped at the stop sign at the T junction. After checking the right and left for incoming traffic, it was clear for me to make a right turn. As I turned and my vehicle is already head into the lane, suddenly the motorcyclist appeared on my left and collided into my vehicle on the left side. I came to a stop, however as I was in the middle of the road, I drove to a side road to dock safely before returning to the point of collision to see what help to render to the motorcyclist.

Subjects Involved	
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: 17/06/2020 13:56
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



G/20200617/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200617/7027

Victim			
Person Name	NG SIEW YUN ZOE KARIN		
ID Type	NRIC NO	ID No	S1704288B
Gender	Female	Age	54
Race	Chinese	Language	English
Occupation	Administration manager	Address Type	
Address	BLK 50 LENGKONG TUJOH #10-35 SINGAPORE 417398	Mobile No	97618028
Is Informant A Victim?	Yes		
Person Name	NG SIEW YUN ZOE KARIN (Informant)		

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: 17/06/2020 13:56
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Identification Card & DL

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1704288B**
 Name: **NG SIEW YUN ZOE KARIN**
 Birth Date: **29 Oct 1965**
 Issue Date: **05 Apr 2003**

900347671N

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1704288B**



Name: **NG SIEW YUN ZOE KARIN**
 黄 绣 云
 Race: **CHINESE**
 Date of Birth: **29-10-1965** Sex: **F**
 Country of Birth: **SINGAPORE**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms** PASS DATE: **31 Jan 1994**

Licence No: **S1704288B**

No. 428A

1584490

S1704288B

10-01-1994

12-01-1994

10-35

417388

S1704288B Date: **19/07/2014**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

