

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	13/07/2020 09:32
Date Of Accident	09/07/2020 17:05
Exact Location Of Accident	ALONG BT TIMAH AFTER SIXTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3813T
Insured/Policyholder	
Name Of Registered Owner	TAN MIAO HUI
NRIC No	SXXXX131D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87501121
Alternative Phone No	OFFICE-87501121

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 COUPE
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	PNPV2018-00001039-02
Cover Note Number	

Driver

Name of Driver	CHEA SEEK KANG
NRIC No	SXXXX521G
Date Of Birth	25/04/1958
Occupation	INDOOR
Date Of Driving Pass	20/04/2017
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87491121
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 911 TAMPINES ST 91 #12-101
Postcode	520911
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 - HEAD TO REAR
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT D/20200711/7012

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	FBK6407P
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SME7079Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEA SEEK KANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLV3813T
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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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:



Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

Anamalai Ave

Bukit Timah Road

Raffles Road

A: SLV 3813T
B: PSK 6407P
C: SME 7079Y

The sketch plan shows a three-way intersection. Anamalai Ave runs horizontally across the top. Bukit Timah Road runs vertically down the left side. Raffles Road runs diagonally from the bottom right towards the center. Three vehicles are identified: Vehicle A (SLV 3813T) is a small rectangle at the intersection of Anamalai Ave and Raffles Road. Vehicle B (PSK 6407P) is a larger rectangle on Bukit Timah Road. Vehicle C (SME 7079Y) is a rectangle on Raffles Road. Dashed arrows show movement from the roads onto Anamalai Ave.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report D/20200711/7012

DECLARATION

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


Policy holder's signature
Date & time:


 Driver's signature
 (if driver is not policy holder)
 Date & time:


reporting centre personnel's Signature
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



D/20200711/7012

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POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Report No. D/20200711/7012

Date/Time Report Made 11/07/2020 18:05	Vide Report No.	Station Diary No.		
Name Of Informant CHEA SEEK KANG	Address APT BLK 911 TAMPINES STREET 91 #12-101 SINGAPORE 520911			
ID Type / ID No. NRIC NO / S1306521G	Contact No. Home/Office:	Mobile: 87491121		
Nationality SINGAPORE CITIZEN	Email Address seekkang@gmail.com			
Occupation Carpenter	Sex Male	Age 62	Date of Birth 25/04/1958	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 09/07/2020 17:05 - 09/07/2020 18:10	Location Of Incident BUKIT TIMAH ROAD			

Brief details.

My car is stationary at Bukit Timah Road U-turn lane and was preparing to U-turn to Dunearn Road, suddenly I heard a loud bang and hard impact from the rear of my car. Then after, my neck, lower back and leg was in pain. I came down & I saw a motor cycle (FBK6407P) lying on the floor and behind there is one more car (SME7097Y) was damage. My car was badly damage as well. Next day my pain was still not recovered hence I went to seek for medical attention at Our Family Physician Clinic & Surgery and was granted a 4 days MC.

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: 11/07/2020 18:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

police report



**SINGAPORE
POLICE FORCE**



D/20200711/7012

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200711/7012

Ref. Report No: D/20200907/0088

Subjects Involved			
Victim			
Person Name	CHEA SEEK KANG		
ID Type	NRIC NO	ID No	S1306521G
Gender	Male	Age	62
Race	Chinese	Language	English
Occupation	Carpenter	Address Type	
Address	APT BLK 911 TAMPINES STREET 91 #12-101 SINGAPORE 520911	Mobile No	87491121
Is Informant A Victim?	Yes		
Person Name	CHEA SEEK KANG (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: 11/07/2020 18:05
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

