

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 14:58
Date Of Accident	09/07/2020 21:50
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4504U
Insured/Policyholder	
Name Of Registered Owner	CHIU CHENG SIONG
NRIC No	S1633636Z
Email Address	CTYRENO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97338133
Alternative Phone No	OTHERS-97338133

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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?	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	PNPV2019-00001136
Cover Note Number	23/09/2019 TO 22/09/2020

Driver

Name of Driver	CHIU CHENG SIONG
NRIC No	S1633636Z
Date Of Birth	05/06/1964
Occupation	INDOOR
Date Of Driving Pass	28/02/1985
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97338133
Fax Number	
Contact Number	OTHERS-97338133
Email Address	CTYRENO@YAHOO.COM.SG

Address	APT BLK 360 HOUGANG AVE 5 #10-332 (S) 530360
Postcode	
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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?	
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: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with attach police report T/20200711/2035

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE UNABLE TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3168P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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:

GIA/AMC SketchPlanForm_V3

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

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

SKETCH PLAN

A: 8LS45044
B: SHD 3168P

PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200711/2035.

FWD Ins
Vehicle No: 8LS45044 Date of Accident: 9/7/2020

☐ Reporting Only
☐ Own Damage Claim
☒ Third Party Claim
☐ Other Workshop

Yun Lim Motor

DECLARATION

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

Policyholder's Signature

Date & Time:

13/7/2020

© 1446m

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





SINGAPORE POLICE FORCE



T/20200711/2035

1 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20200711/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2020 14:17	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: CHIU CHENG SIONG			Address: APT BLK 360 HOUGANG AVENUE 5 #10-332 SINGAPORE 530360	
ID Type / ID No.: NRIC NO / S163836Z			Contact No.: Home/Office: Mobile: 97338133	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 05/06/1964	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/07/2020 21:45	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Changi				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3168P	Car				No Damage	0
SLS4504U	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200711/2035

2 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20200711/2035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS4504U	FWD Singapore Pte. Ltd	PNCV2019-00001136	23/09/2019	22/09/2020

Brief Details.

On 09/07/2020 at about 2145hrs, I was travelling in my vehicle (License Plate: SLS4504U, Make/Model: Hyundai Elantra, Color: Red), along PIE towards Changi, lane 1. While I was travelling, the right side of a taxi (License Plate: SHD3168P) from lane 3 hit onto the left side of my vehicle. Both the taxi driver and I managed to stop our vehicle at 50 Sims Drive and I managed to get his particulars. The taxi driver however does not want to take down my particular. Subsequently, both the taxi driver and I left the scene.

I would like to inform that I have a dash cam installed in my vehicle and I have the video footage of the accident. I would also like to inform that both my passenger and I are not injured from the accident.

I have reported the matter to GRAB and was informed to make a police report.



**SINGAPORE
POLICE FORCE**



T/20200711/2035

3 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999


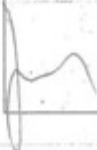
Report No. T/20200711/2035


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: F / Sgt 2 LIM JIT WEI, JOEL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2020 14:17
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 
Authentication Stamp NP168	



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1633636Z

Name: CHIU CHENG SIONG

Birth Date: 05 Jun 1964

Issue Date: 26 Oct 2017

Barcode: 002737406D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1633636Z

Name: CHIU CHENG SIONG

Race: CHINESE

Date of birth: 05-06-1964

Country/Place of birth: SINGAPORE

Sex: M

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1633636Z

Name: CHIU CHENG SIONG

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	25 Jan 1989
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	26 Feb 1985

Licence No: S1633636Z

NP 428A

Barcode: 6226436

APRC No: S1633636Z

Date of issue: 27-06-2019

Address: APT BLK 360 HOUGANG AVENUE 5 #10-332 SINGAPORE 530360

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	24/09/2019

Barcode

certificate of insurance



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: PNCV2019-00001136

Car plate number : SL54504U

Coverage start date: 23/09/2019

Coverage end date: 22/09/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: CHIU CHENG SIONG

NRIC/FIN: S1633636Z

Address: 360 Hougang Avenue 5 10-332 Singapore 530360

Email: Ctyreno@yahoo.com.sg

Mobile Number: 97338133

Date of Birth: 05/06/1964

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

About your car and policy

Car make and model: HYUNDAI ELANTRA 1.6

Year of first registration : 2017

Plan type: Comprehensive

Standard Excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$1,471.20

Finance company: HL Bank

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

