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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/09/2020 11:20
Date Of Accident	21/09/2020 23:15
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP9422S
Insured/Policyholder	
Name Of Registered Owner	ALEX HONG XIJUN
NRIC No	SXXXX796F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81385281
Alternative Phone No	OFFICE-81385281
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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	PNCV2019-00001332
Cover Note Number	
Driver	

OFFICE-81385281

NOEMAIL

Driver

Contact Number

EMail Address

Name of Driver ALEX HONG XIJUN NRIC No SXXXX796F Date Of Birth 05/09/1981 Occupation **OUTDOOR** Date Of Driving Pass 03/05/2005 **Driving Experience** 15 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-81385281 Fax Number

Address BLK 162C RIVERVALE CRESCENT

#04-232

Postcode 543162

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 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

Was any body injured in the Accident? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

2

NO

NO

1

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200922/7002.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD601A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 17

Name ALEX HONG XIJUN Approximate Age Injuries Sustain BODY Injured person in which vehicle? SKP9422S Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

Accident Sketch Plan

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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 Person

gnature

Name:

NRIC/FIN No

Accident Sketch Plan

SKETCH PLAN	
Volule A-SKP qu	v1s
Volicle 8- Sty 60	DIA 2
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT
	Stabilit
My Velicle A	was templing a along getting Road on the lone 3.
0	deling ward on he lave?
Smullethby this	vehicle B from the 2 cut into my lane 3 and box
on to my f	inns right portion of my vehicle A. Istal them are
	the state of the state of
2 cas involv	ed.
NADATIO:	
CLARATION declare the foregoing partic	culars are true in every respect.
yholder's Signature	Driver's Signature Reporting Centre Personal's Signature
& Time:	(If driver is not the policyholder) Date & Time: NRIC/FIN No.:

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Police Report





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200922/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2020 10:00		Made:	Vide Report No.:	Station Diary No.:		
Informar	t's Partic	ulars	STATE OF THE STATE OF			
	Informant: NG XIJUN		Address: 162C RIVERVALE CRESCEI	NT #04-232 SINGAPORE 543162		
ID Type / ID No.: NRIC NO / S8127796F		96F	Contact No.: Home/Office: Mobile: 81385281			
Nationalit SINGAP(y: ORE CITIZ	EN	Email: alex1910@gmail.com			
Sex: Age: Date of Birth: Male 39 05/09/1981			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Bunker			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2020 23:15	Type of Locatio Straight Road	
Location: GEYLANG R	OAD				
		5 10 1			
ALCOHOLD BUILDING		Road Surface: Dry		Road Speed Limit: 0 Km/h	
Weather: Clear Traffic Flow: One Way			5 T		

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Conditio	No of	
SHD601A	Car	RENAULT		Red	Slightly Damaged	0	
SKP9422S	Car	MAZDA	MAZDA5 5- DOOR WAGON 2.0L SP.6EAT	Silver	Seriously Damaged	0	

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 4 2 of 3 Report No. T/20200922/7002

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKP9422S	FWD Singapore Pte. Ltd	PNCV2019- 00001332	20/09/2019	22/10/2020	

Details of Perso	on Involved	TOP B	Marie Contract	K (STATE OF THE PARTY OF THE PA		1000000	
Any Pedestrian I	nvolved: No						
No. of Pedestrian	No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	which has been been been been been been been bee	- Helpt			- County To 1	Control of the last	
Name	ALEX HONG XIJUN	ALEX HONG XIJUN		ID No.	S81277	96F	
Related Vehicle	SKP9422S (Car)			Contact I	No. 813852	81	
Hospital/Clinic	GALILEE CLINIC		Class of Driving Licence 8 Expiry		Expiry: NIL		
Date	22/09/2020		Date		2/09/2020		
No. of Days gran	ted Medical Leave	04	Degree of		ight		

Brief Details.

My vehicle(SKP9422S) was travelling straight in lane 3 along geylang Road, the vehicle(SHD601A) suddenly from lane 2 cut into my lane 3 abruptly without signal and bang onto my front right portion of my vehicle(SKP9422S). I felt unwell the next day after the accident so I went to galilee clinic to see the doctor and I was given 4 days Mc.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200922/7002

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketo

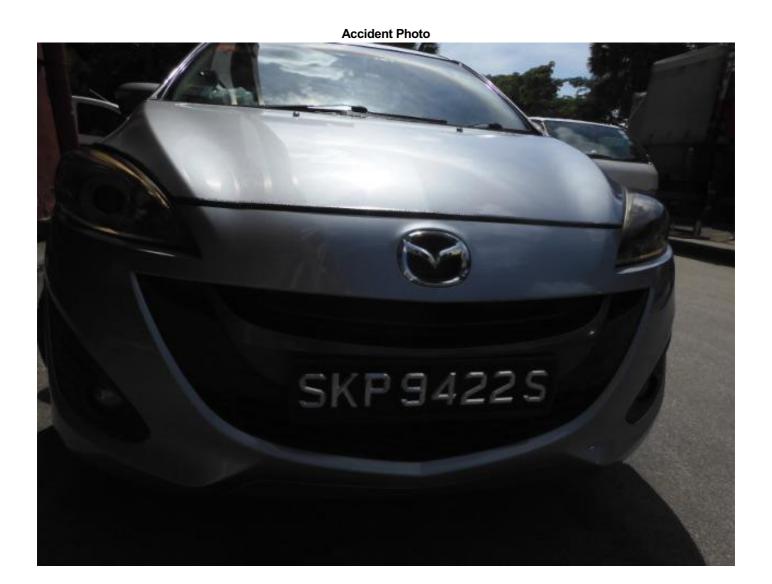
Authentication Stamp

NP168

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: 22/09/2020 10:00
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

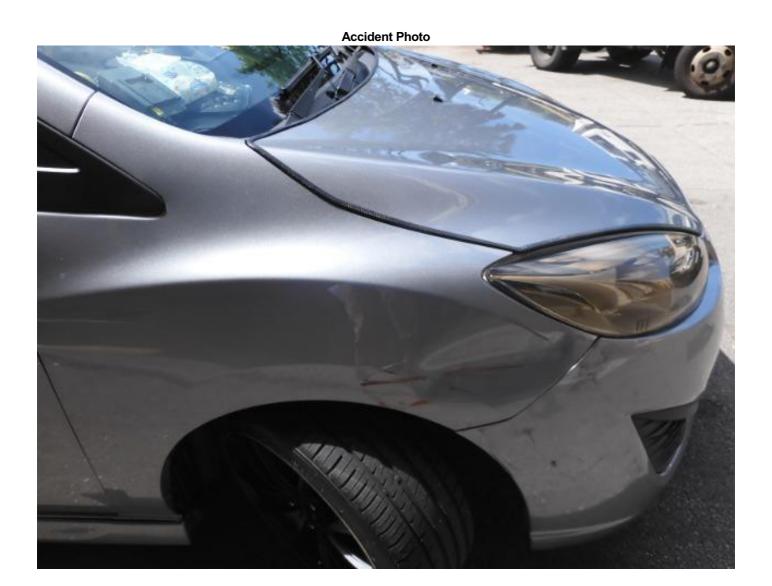
Accident Photo















Accident Photo



