

## 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	01/10/2020 14:09
Date Of Accident	30/09/2020 17:25
Exact Location Of Accident	PIE (TUAS) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX155C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AARON WOON GUO JIE
NRIC No	SXXXX679E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90681318
Alternative Phone No	OFFICE-90681318

### Vehicle Particulars

Manufacturer	BMW
Model	335I COUPE SMT HID ABS D/AB 2WD 2DR SR
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	PNPV2020-00004400
Cover Note Number	

### Driver

Name of Driver	LAM LI MIN, YVONNE
NRIC No	SXXXX155B
Date Of Birth	02/10/1985
Occupation	INDOOR
Date Of Driving Pass	27/09/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90681318
Fax Number	
Contact Number	OFFICE-90681318
EEmail Address	NOEMAIL

Address	64 FLORA DRIVE #07-54
Postcode	506860
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### 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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20200930/7081.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK8932H
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLD8469R

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

LAM LI MIN, YVONNE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGX155C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Accident Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE


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- 5) **Any false reporting may be referred to the Police as investigation.**
- 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.


  
\_\_\_\_\_  
Policyholder's Signature

Date & Time:

  
\_\_\_\_\_  
Driver's Signature

(If driver is not policyholder)

Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

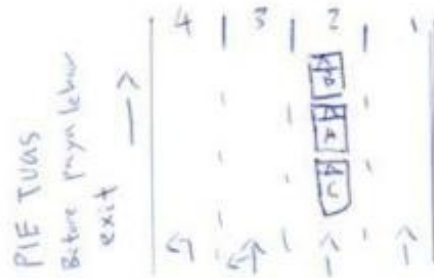
## Accident Sketch Plan

### SKETCH PLAN

Veh A: SGX155C

Veh B: SLK8932H

Veh C: SLD8469R



Refer to police report 6/20200930/7081

### DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

# Police Report



**SINGAPORE  
POLICE FORCE**



G/20200930/7081

1 of 2

## POLICE REPORT (NP299)

Report No. G/20200930/7081

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

Date/Time Report Made 30/09/2020 21:01	Vide Report No.	Station Diary No.
Name Of Informant LAM LI MIN, YVONNE	Address 64 FLORA DRIVE #07-54 SINGAPORE 506860	
ID Type / ID No. NRIC NO / S8532155B	Contact No. Home/Office:	Mobile: 90681318
Nationality SINGAPORE CITIZEN	Email Address YVONNE.LAM.LI.MIN@GMAIL.COM	
Occupation Operations Manager	Sex Female	Age 34
Institution/School Name	Date of Birth 02/10/1985	Race Chinese
Date/Time Of Incident 30/09/2020 17:25	Location Of Incident PAN ISLAND EXPRESSWAY	

### Brief details.

On the above mentioned date and time, I was driving my vehicle SGX 155C along PIE(TUAS) when I gradually came to a stop due to traffic conditions.

Suddenly, a massive impact caused my vehicle to surge forwards and collided into the vehicle in front, SLK 8932H.

I alighted to realise that I was involved in a 3 car chain collision.

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: 30/09/2020 21:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



## Police Report



**SINGAPORE  
POLICE FORCE**



G/20200930/7081

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20200930/7081

SLD 8469R had collided into my rear causing me to hit the front car.

Later that evening I started feeling soreness over my neck, right shoulder, chest and back areas. As such, I went to my family doctor at Unihealth Clinic Bedok for treatment and was given 3 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: 30/09/2020 21:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

18 Jun 2020

Our ref 1806200203N061014337

AARON WOON GUO JIE  
64 FLORA DRIVE  
#07-54  
SINGAPORE 506860

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SMT2207Z  
With SGX155C**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SMT2207Z, now has the number SGX155C.

The vehicle details after the transaction are:

Transaction No.	: 20200618124008027225
Vehicle Registration No.	: SGX155C (Previously SMT2207Z)
Vehicle Make	: B.M.W.
Vehicle Model	: 335I COUPE SMT HID ABS D/AB 2WD 2DR SR
Chassis No.	: WBAKG72090E397072
Engine No./ Motor No.	: 15147395N55B30A / -

**What You Need To Do:**

- You must show the new number SGX155C on your vehicle by 21 Jun 2020.

Please change the number plates on this vehicle to show SGX155C by 21 Jun 2020. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo





Accident Photo



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