

## 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	06/10/2020 09:54
Date Of Accident	05/10/2020 15:00
Exact Location Of Accident	ALONG COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR8831K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO HOCK KHENG
NRIC No	SXXXX731Z
Email Address	TEOHKHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92977832
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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? 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	PNPV2020-00002221
Cover Note Number	

### Driver

Name of Driver	TEO HOCK KHENG
NRIC No	SXXXX731Z
Date Of Birth	05/02/1952
Occupation	INDOOR
Date Of Driving Pass	06/02/1975
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92977832
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	TEOHKHENG@GMAIL.COM

Address	BLK 7A COMMONWEALTH AVENUE #14-658
Postcode	141007
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 - 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	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)	3
Passenger 1	NAME: : FOO CHAI YONG GENDER: : FEMALE
Passenger 2	NAME: : DARREN TEO GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### 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	SHD3200D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH YONG KIAK
NRIC/Passport Number	SXXXX302Z
Contact Number	9616 8113
Address	BLK 240 HOUGANG STREET 22 #12-39
Postcode	1953

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

VEHICLE NO: SC8831K  
ACCIDENT DATE: 05/10/2020 @ 15:00

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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.

**NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.**

Policyholder's Signature

Date & Time:

6/10/2020  
9:40 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

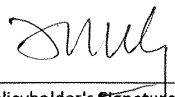
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5 Oct 2020, at about 3pm, I u-turned at the junction of Commonwealth Ave and Holland Ave and was driving towards the city. A comfort taxi, SHD3200D came out of the slip road from Holland Ave into Commonwealth Ave. The taxi came too close to my car from behind and hit the left rear of my car. I was driving in the middle lane (lane 2) and after U-turning, was driving at about 50+ kmph. The weather was fine and the road was dry. The front right bumper of the taxi was slightly dislodged. There were slight scratches on my car left rear.

OWN DAMAGE ( )    3RD PARTY CLAIM ☒    REPORTING ONLY ( )    OWN WORKSHOP ( )

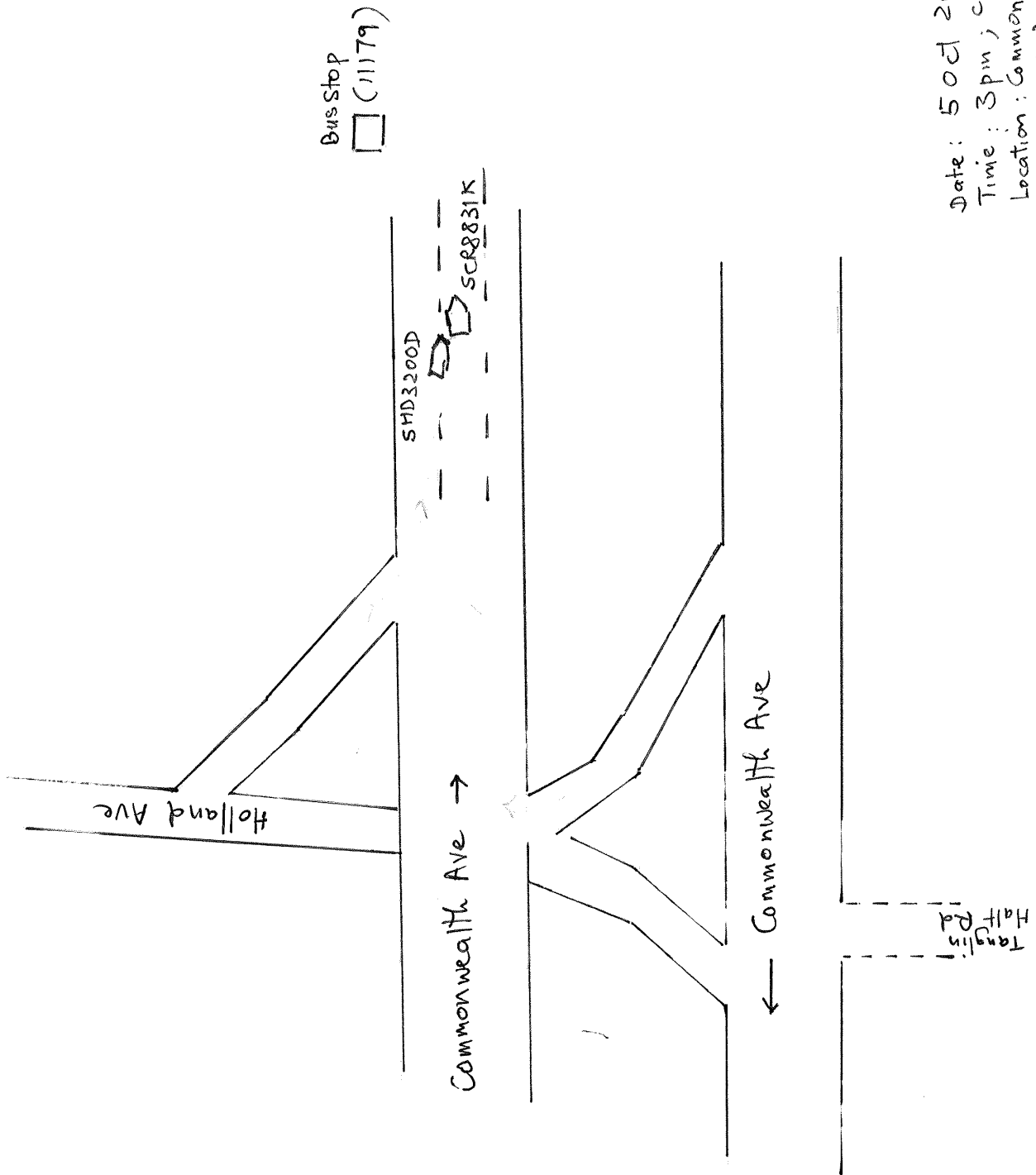
DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:  
 6/10/2020  
 9:40am

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

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



Date: 5 Oct 2020  
 Time: 3pm; clear and dry  
 Location: Commonwealth Ave (towards city), after junction of Holland Ave / Commonwealth Ave

Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S0102731Z**

Name: **TEO HOCK KHENG**

Birth Date: **05 Feb 1952**


Issue Date: **16 Jan 2003**

000129252A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0102731Z**



Name: **TEO HOCK KHENG**

張 福 慶

Race: **CHINESE**

Date of birth: **05-02-1952** Sex: **M**

Country of birth: **SINGAPORE**

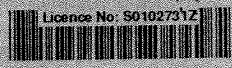
3905217

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class **3** Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **06 Feb 1975**

Licence No: **S0102731Z**



NP 428A

3905217



NRIC No: **S0102731Z**

Date of issue: **13-07-2006**

Address: **APT. BLK 7A COMMONWEALTH AVENUE  
#14-658  
SINGAPORE 141007**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

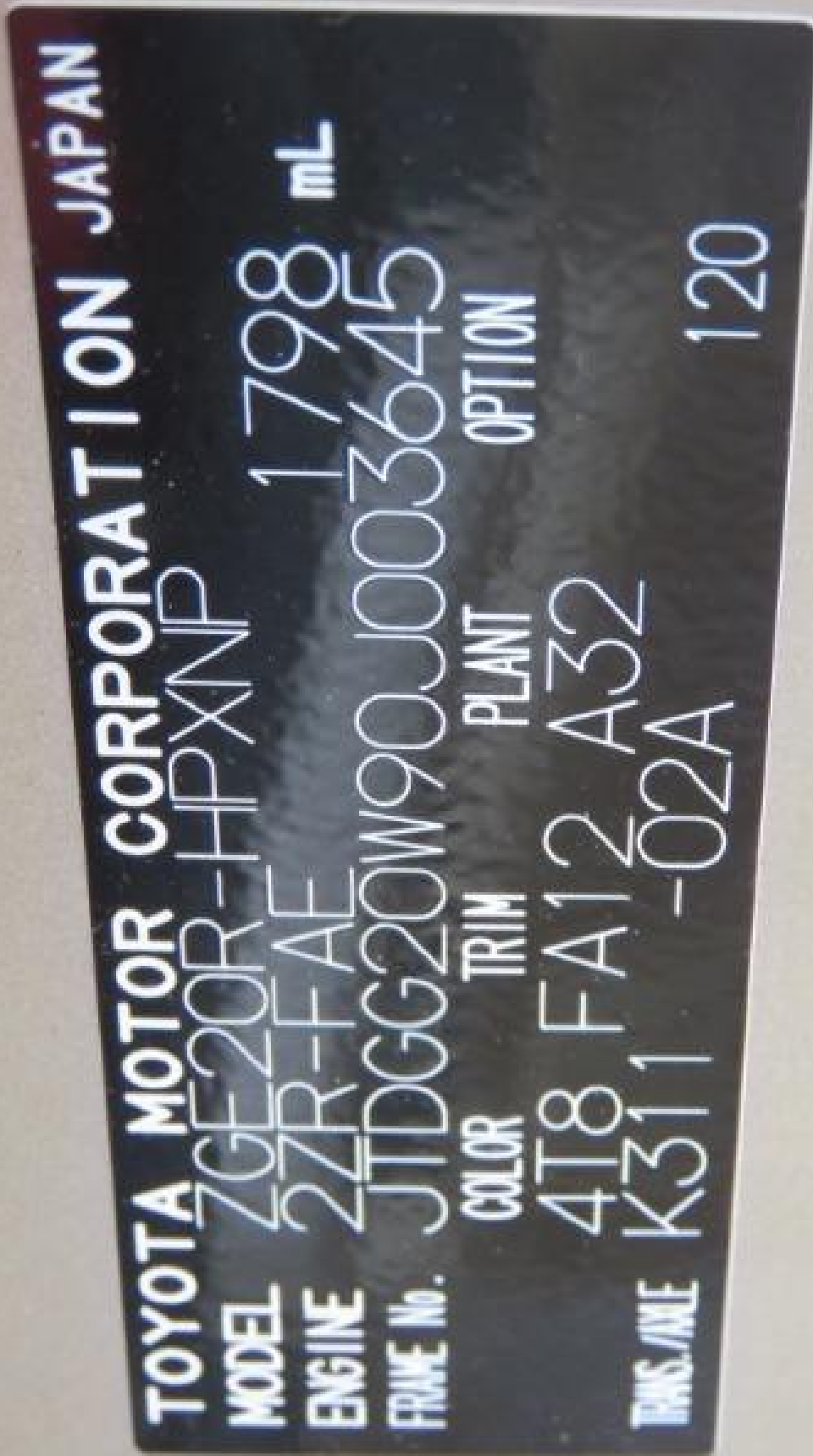


**Accident Photo**



Accident Photo





Accident Photo



Accident Photo

