

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	19/10/2020 10:54
Date Of Accident	18/10/2020 17:40
Exact Location Of Accident	YISHUN AVE 1 TWDS SELETAR WEST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDA154L
Insured/Policyholder	
Name Of Registered Owner	LAU SIN SIOH
NRIC No	SXXXX697J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81888693
Alternative Phone No	OFFICE-81888693

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2019-00008687-01
Cover Note Number	

Driver

Name of Driver	LAU JIA YEE
NRIC No	SXXXX229J
Date Of Birth	23/06/1993
Occupation	INDOOR
Date Of Driving Pass	27/09/2012
Driving Experience	8 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81888693
Fax Number	
Contact Number	OFFICE-81888693
Email Address	NOEMAIL

Address	BLK 62 MARINE DRIVE` #08-92
Postcode	440062
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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: : ALVIN SOH HUA XING GENDER: : MALE

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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: 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/20201018/7011.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ424Y
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)


Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

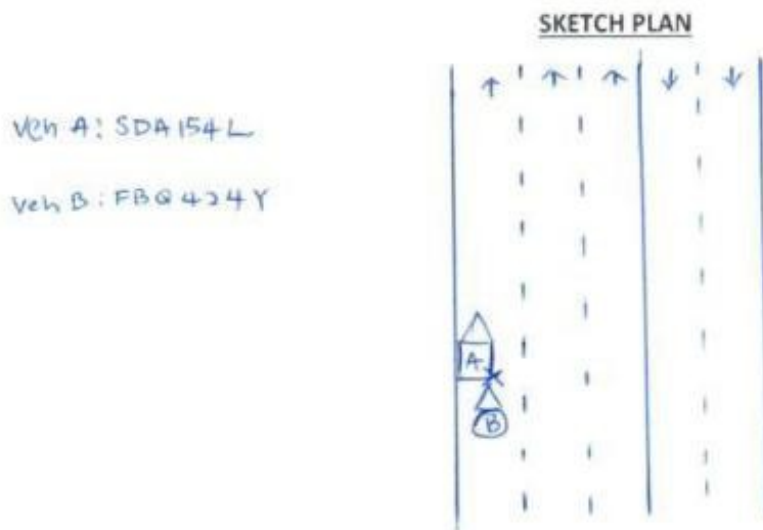
- 1) Please report **correctly** the details of the accident to speed up the claims process.
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- 7) By the lodgment of this report to insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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



On the stated date and time, I was on Yishun Ave 1 stationary on the extreme left lane. When suddenly I felt a huge sound and impact from the rear. I alighted and realise that vehicle B FBQ 424Y has collided onto my vehicle rear portion. Ambulance and traffic police attended the scene as the rider is injured and conveyed to the hospital.

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**



T/20201018/7011

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

1 of 3

Report No. T/20201018/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2020 21:11	Vide Report No.: L/20201018/0153	Station Diary No.:
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Informant's Particulars			
Name of Informant: LAU JIA YEE		Address: 62 MARINE DRIVE #08-92 SINGAPORE 440062	
ID Type / ID No.: NRIC NO / S9321229J		Contact No.: Home/Office: Mobile: 81888693	
Nationality: SINGAPORE CITIZEN		Email: jylaujy@gmail.com	
Sex: Female	Age: 27	Date of Birth: 23/06/1993	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Customer service manager		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/10/2020 17:40	Type of Location: Straight Road
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ424Y	Motorcycle			Black	Seriously Damaged	1
SDA154L	Car		Toyota Corolla Altis	Silver	Seriously Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20201018/7011

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

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Report No. T/20201018/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ALVIN SOH	ID No.	NIL
Related Vehicle	SDA154L (Car)	Contact No.	98630070
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Vehicle Owner			
Name	LAU JIA YEE	ID No.	S9321229J
Related Vehicle	SDA154L (Car)	Contact No.	81888693
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

My vehicle SDA154L was parked stationary along Yishun Avenue 1 with the hazard lights on. I was packing some things in the passenger seat with my partner when there was a loud bump and the next moment we saw the motorcyclist lying injured on the road in front of my vehicle. Passers-by mentioned that the motorcyclist failed to swerve away from my vehicle and collided into the rear of the car. The injured motorcyclist was conveyed by an ambulance and the scene was tended by a traffic police- the investigation officer is 10 Intan 6547 6415

Police Report



**SINGAPORE
POLICE FORCE**



T/20201018/7011

3 of 3

Report No. T/20201018/7011

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIS /
YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/10/2020 21:11

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



