

## 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	20/11/2020 11:20
Date Of Accident	19/11/2020 19:10
Exact Location Of Accident	ALONG CTE NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK4500G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO QUEE LIM
NRIC No	SXXXX777F
Email Address	YEOQLM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96630839
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	BELTA-1.3 (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	PNPV2018-00009145-02
Cover Note Number	

### Driver

Name of Driver	LOW CHOON PENG
NRIC No	SXXXX496C
Date Of Birth	20/08/1986
Occupation	INDOOR
Date Of Driving Pass	12/01/2006
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91855452
Fax Number	
Contact Number	
Email Address	JUNPING_GH@YAHOO.COM.SG

Address	BLK54 HAVELOCK ROAD #23-124
Postcode	161054
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON-IN-LAW
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	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	2
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)	2
Passenger 1	NAME: : YEO YUAN MIN, SHARON GENDER: : FEMALE

#### 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	SJT5387C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHANEL TAN SUE FAYE @FAUZYAH TAN
NRIC/Passport Number	SXXXX192I
Contact Number	8112 9704
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	YEO YUAN MIN, SHARON
Approximate Age	
Injuries Sustain	SOME BRUISE, MUSCLE STRAIN AND WHIPLASH
Injured person in which vehicle?	SGK4500G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**SKETCH PLAN**

**IMPORTANT NOTICE**

VEHICLE NO: 89K4500G  
ACCIDENT DATE: 19/11/2020 @ 19:10

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5. **Any false reporting may be referred to the Police for 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 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.

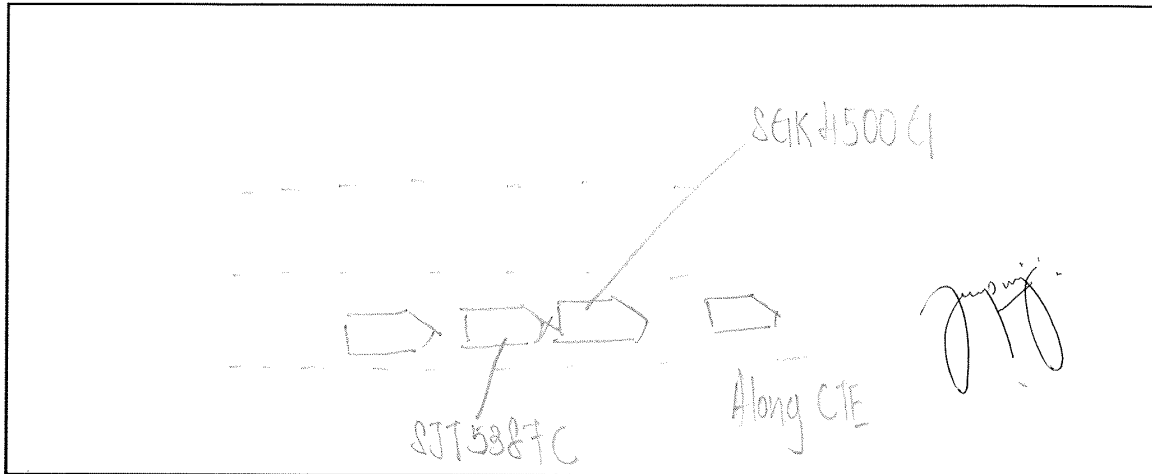
**NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.**

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20 Nov 20  
10:50 AM

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1) Rain Day on 19 Nov 20 (Thu) evening at CTE, near Braddell exit. It was around 7.10pm when the accident happened.
2) Slow moving traffic came to a total stop, and I was at the back of the traffic Queue at lane 2 (2nd lane from road divider).
3) I <del>have</del> have come to a complete stop, stayed stationary for probably a sec or so before the white Hyundai came crashing from the back.
4) Impact was huge, both my wife and me were hit on the head by our seat's head rest.
5) Both of us had seatbelts on and hence there was some whiplash effect.
Owner is unwell, currently unable to authorise hence driver signing for.
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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20 Nov 20.

10:50 AM.

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

## Reporting (Charn's CustomCraft)

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**From:** Low Choon Peng <junping\_gh@yahoo.com.sg>  
**Sent:** Monday, 23 November 2020 10:41 am  
**To:** Reporting (Charn's CustomCraft)  
**Cc:** yeoqlm@hotmail.com; yeoqlm@yahoo.com.sg  
**Subject:** Re: Accident Report - SGK 4500 G

Hi Esther,

I would need to seek your assistance to amend on the part on the injury.

As much as there were no major injuries (whereby ambulance and hospitalization was required) at the time of accident.

My wife (passenger of my car) sustained some bruise, Muscle strain and whiplash from the collision impact.

As such, we have seek treatment at the 24hours Walk in clinic on the night of the accident. And we will be submitting claim for this treatment as well.

Understood that I will need to make this clear and get this detail amended in the report below.

Please kindly assist to facilitate in the amendments.

Thank you

Best regards,  
Low Choon Peng

On 23 Nov 2020, at 10:09 AM, Reporting (Charn's CustomCraft) <[reporting@charnscustomcraft.com.sg](mailto:reporting@charnscustomcraft.com.sg)> wrote:

Dear Sir / Madam,

Kindly find the attached accident report.

Thanks & Regards,  
Esther Kerk  
Charn's Customcraft  
Tel: 6272 5429 Fax: 6273 6676  
Email: [reporting@charnscustomcraft.com.sg](mailto:reporting@charnscustomcraft.com.sg)  
GST Reg. No: M90367863L  
Company Reg No: 25151300M

<SGK4500G191120.SAS2.pdf>

Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo





Accident Photo



Accident Photo

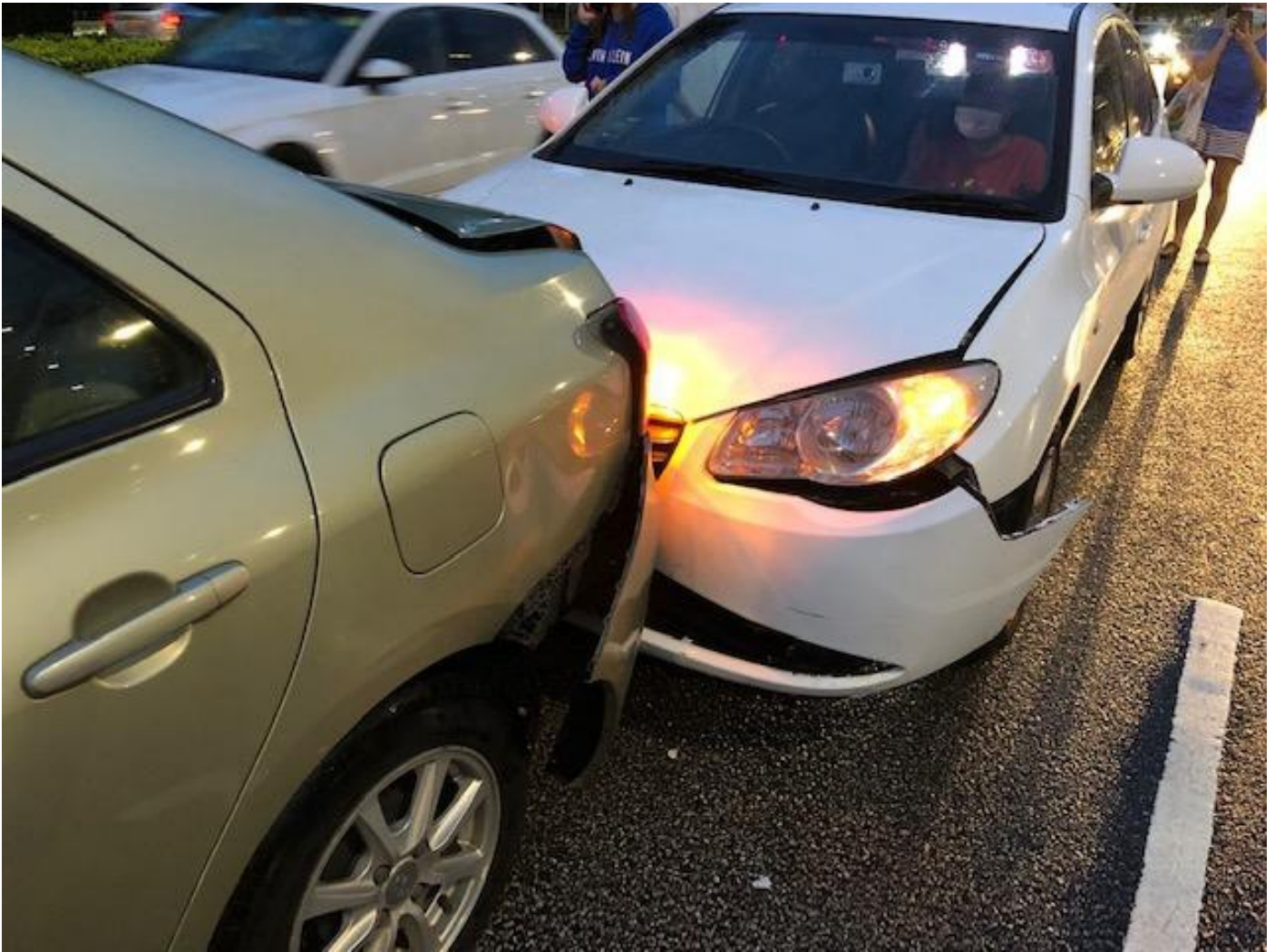


Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



# Addendum Sheet Pg. 1



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : INCC 2010 3024 Vehicle Registration No : 86K 4500 G  
 Name (as shown in NRIC) : Low Choon Peng NRIC/FIN/Passport No : 886234966  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : Blk 511 Hawkebeck Road #123-124 Singapore ( 1610541 )  
 Contact (Tel) : - Mobile No. : 9185 5452  
 Email Address : jumping-gh@yahoo.com.sg  
 Date of Accident : 19/11/2020 Time of Accident : 19:10  
 Place of Accident : Along CTE near Braddell Est  
 Insurance Company : FWD Singapore Pte Ltd

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend owner NRIC No.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
 Date:

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





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MLCC7D103024-01 Vehicle Registration No : 96K 4500 C1  
Name (as shown in NRIC) : Low Choon Peng NRIC/FIN/Passport No : 88623496C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 54 Havelock Road #13-124 Singapore (161054)  
Contact (Tel) : - Mobile No. : 9185 5452  
Email Address : jumping\_gh@yahoo.com.sg  
Date of Accident : 19/11/2020 Time of Accident : 19:10  
Place of Accident : Along CTE near Brackell Exit  
Insurance Company : FWD Singapore Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach additional accident statement

Add injury person

Policyholder / Driver's Signature  
Date: 23/11/20

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