

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 Submission 26/12/2020 17:47 (SGT)
Date of Accident 25/12/2020 14:55 (SGT)
Exact Location of Accident E Coast Park Service Rd, Singapore
Additional Location Information EAST COAST PARK CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC9024B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEOW LIN CHOON
NRIC No SXXXX776I
Email Address teow_lc@hotmail.com
Mobile Phone No (Phone) +65-90038557
Alternative Phone No +65-90038557

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company FWD
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNCV2020-00000277
Cover Note Number -

DRIVER

Name of Driver TEOW LIN CHOON
NRIC No SXXXX776I
Date Of Birth 19/12/1987
Occupation Indoor

Date Of Driving Pass	01/10/2016
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90038557
Alt. Phone Number	+65-90038557
Email Address	teow_lc@hotmail.com
Address	BLK 43 BENDEMEER ROAD
Address complement	#10-1022
Postcode	330043
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SME8602E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEOW LIN CHOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKC9024B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

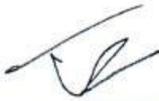
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

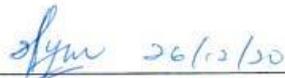
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature
Date & Time:

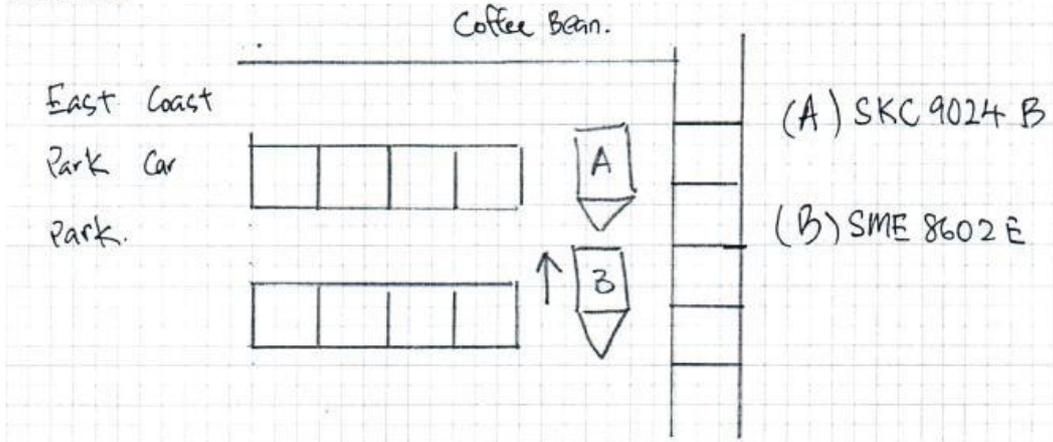


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling behind vehicle B at a slow speed. I noticed vehicle B stopped the vehicle, so I also stopped behind vehicle B. Suddenly, vehicle B reversed at a high speed and collided onto the front of my vehicle. I almost realised the driver of vehicle B had engaged into the wrong gear.

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:


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

















**SINGAPORE
POLICE FORCE**



T/20201226/7023

1 of 3

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

Report No. T/20201226/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2020 16:42	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TEOW LIN CHOON		Address: 43 BENDEMEER ROAD #10-1022 SINGAPORE 330043	
ID Type / ID No.: NRIC NO / S8783776I		Contact No.:	Mobile: 90038557
Nationality: MALAYSIAN		Email: TEOW_LC@HOTMAIL.COM	
Sex: Male	Age: 33	Date of Birth: 19/12/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Warehouse manager		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/12/2020 14:55	Type of Location: Car Park
Location: EAST COAST PARK SERVICE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKC9024B	Car	HYUNDAI	ELANTRA+1 .6+AT+ABS+ D/AB+2WD+ 4DR	White		0
SME8602E	Car					0



**SINGAPORE
POLICE FORCE**

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



T/20201226/7023

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Report No. T/20201226/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC9024B	FWD Singapore Pte. Ltd	PNCV2020-00000277	13/04/2020	12/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TEOW LIN CHOON		ID No.	S8783776I
Related Vehicle	SKC9024B (Car)		Contact No.	90038557
Hospital/Clinic	RAFFLESMEDICAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/12/2020		Date	25/12/2020
No. of Days granted Medical Leave	04	Degree of	Slight	

Brief Details.

On 25/12/2020 at about 14:55pm, I was travelling behind vehicle SME8602E at a slow speed in East Coast Park carpark . I noticed the vehicle stopped, so I also stopped behind it. Suddenly, the vehicle reversed at a high speed and collided onto the front of my vehicle. I alighted and realised thr driver of the vehicle had engaged the wrong gear.



**SINGAPORE
POLICE FORCE**

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



T/20201226/7023

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Report No. T/20201226/7023

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 / TPIB /
BOON YEN KIAN
Contact No.: 65476172

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:
26/12/2020 16:42

Classification Of Case:



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 : SN0920CQ000B Vehicle Registration No: SKC924B
 Name (as shown in NRIC) : Teow Lih Choon NRIC/FIN/Passport No : S 8783776 I
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 43 Bendemeer Rd #10-1022 Singapore (340431)
 Contact (Tel) : _____ Mobile No. : 9055 8557
 Email Address : _____
 Date of Accident : 25.12.2020 Time of Accident : _____
 Place of Accident : KCP CP
 Insurance Company : PWD

(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:

To attach Police Report No: 7/2020/226/7023

Gt
 Policyholder / Driver's Signature
 Date:

2/Jan 29/12/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

Car Plate : SME 8602E

Name : CHARLOTTE TEISSIER

NRIC : G3224331U

About 2.55pm, car plate # SME 8602E was reversed
in the middle of road of the car park hit my
car SKC 9024B. Car park was of First Coast Pen
near the coffee kiosk. The car owner particulars was
sketch above.

