

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	29/01/2021 12:15 (SGT)
Date of Accident	28/01/2021 16:25 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TWDS TUAS B4 JURONG PORT EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5617A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA HUAN MENG
NRIC No	SXXXX868A
Email Address	chuahm@hotmail.com
Mobile Phone No	(Phone) +65-98566833
Alternative Phone No	+65-98566833

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	PNPV2020-00000967
Cover Note Number	-

DRIVER

Name of Driver	CHUA HUAN MENG
NRIC No	SXXXX868A
Date Of Birth	24/10/1977
Occupation	Indoor

Date Of Driving Pass	22/06/2006
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98566833
Alt. Phone Number	+65-98566833
Email Address	chuahm@hotmail.com
Address	BLK 99 COMMONWEALTH CRESCENT
Address complement	#10-60
Postcode	140099
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	Side Swipe
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 POLICE REPORT:T/20210128/7035

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	YP7097U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	CHUA HUAN MENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLW5617A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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.



Policyholder's Signature / Date & Time

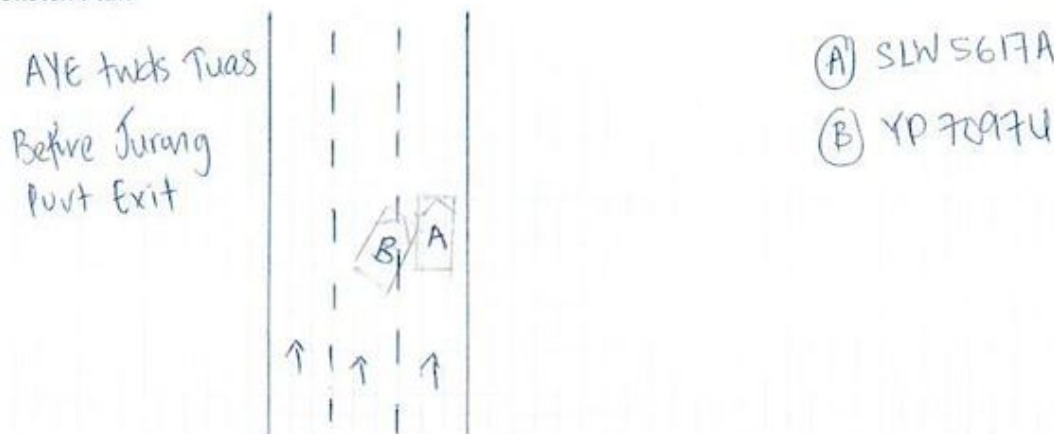


Driver's Signature (If driver is not the policyholder) / Date & Time

 29/01/21

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 28.01.2021 at about 16:25hrs I was travelling along AYE towards Tuas Before Jurong Port Exit I was at lane 1 suddenly vehicle B cut into my lane and collided onto my left side of my vehicle.

Declaration

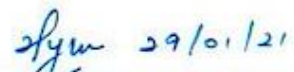
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210128/7035

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

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Report No. T/20210128/7035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW5617A	FWD Singapore Pte. Ltd	PNPV2020-00000967	22/02/2020	21/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA HUAN MENG		ID No. S7784868A
Related Vehicle	SLW5617A (Car)		Contact No. 98566833
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	28/01/2021		Date 28/01/2021
No. of Days granted Medical Leave		03	Degree of Slight

Brief Details.

I was traveling at Lane 1 along AYE towards Tuas before Jurong Port Exit. Suddenly a lorry (YP7097U) sway into my car from lane 2.

I have a lady passenger in my car, from Grab Hitch. Name unknown.

I feel pain at my neck and body area after the accident and visited Wong family Clinic & Surgery Pte Ltd.







































**SINGAPORE
POLICE FORCE**



T/20210128/7035

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

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Report No. T/20210128/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2021 19:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHUA HUAN MENG			Address: 99 COMMONWEALTH CRESCENT #10-60 SINGAPORE 140099	
ID Type / ID No.: NRIC NO / S7784868A			Contact No.: Home/Office: Mobile: 98566833	
Nationality: MALAYSIAN			Email: chuahm@hotmail.com	
Sex: Male	Age: 43	Date of Birth: 24/10/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2021 16:25	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLW5617A	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Slightly Damaged	1
YP7097U	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210128/7035

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

2 of 3

Report No. T/20210128/7035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW5617A	FWD Singapore Pte. Ltd	PNPV2020-00000967	22/02/2020	21/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA HUAN MENG		ID No. S7784868A
Related Vehicle	SLW5617A (Car)		Contact No. 98566833
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	28/01/2021		Date 28/01/2021
No. of Days granted Medical Leave		03	Degree of Slight

Brief Details.

I was traveling at Lane 1 along AYE towards Tuas before Jurong Port Exit. Suddenly a lorry (YP7097U) sway into my car from lane 2.

I have a lady passenger in my car, from Grab Hitch. Name unknown.

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**SINGAPORE
POLICE FORCE**

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



T/20210128/7035

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Report No. T/20210128/7035

CONTINUATION OF REPORTSketch 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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
28/01/2021 19:49

Classification Of Case: