

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 01/02/2021 14:26 (SGT)
Date of Accident 30/01/2021 17:05 (SGT)
Exact Location of Accident KPE, Singapore
Additional Location Information TOWARDS CITY BEFORE AIRPORT ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFW8288S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHIH YONG
NRIC No SXXXX566J
Email Address DEXCOLUS@GMAIL.COM
Mobile Phone No (Phone) +65-88558288
Alternative Phone No +65-88558288

VEHICLE PARTICULARS

Manufacturer Infiniti
Model Q30
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 PNPV2020-00008319
Cover Note Number -

DRIVER

Name of Driver TAN CHIH YONG
NRIC No SXXXX566J
Date Of Birth 30/07/1990
Occupation Outdoor

Date Of Driving Pass	22/01/2015
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-88558288
Alt. Phone Number	+65-88558288
Email Address	DEXCOLUS@GMAIL.COM
Address	BLK 386 YISHUN RING ROAD #04-1721
Address complement	-
Postcode	760386
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kolam Ayer Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002969999
Alt. Police Station Phone No	(Fax) +65-62937659
Police Station Address	Blk 72 Geylang Bahru #01-3038 Singapore 330072
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210131/2060

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	SFK8632U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH4955J
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	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SFW8288S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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

x

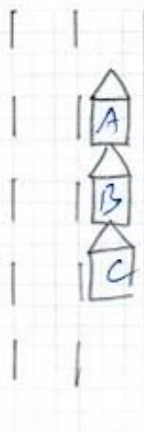
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

Along ICPE
towards city
(Before Airport
Exit)



A - SFN 8288S
B - SPK 8632U
C - SLH 4955J

Describe Circumstances of the Accident

please refer to police report T/20210131/2060

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

X

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


Witnessed by Reporting Centre
Personnel



















SINGAPORE POLICE FORCE



T/20210131/2060

1 of 4

Police Station Of Origin
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No: T/20210131/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 31/01/2021 14:49	Vide Report No.	Station Diary No. 13
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Informant's Particulars

Name of Informant: TAN CHIH YONG			Address: APT BLK 386 YISHUN RING ROAD #04-1721 SINGAPORE 760386		
ID Type / ID No.: NRIC NO / S9026566J			Contact No.: Home/Office: Mobile: 88558288		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 30/07/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other insurance representatives			Driving Licence Information: Class: 3,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/01/2021 17:05	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFK8632U	Car	BMW		White	Seriously Damaged	0
SFW8288S	Car	INFINITI	Q30 1.5D DCT	Red	Slightly Damaged	1
SLH4955J	Car	MERCEDES BENZ		Blue	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



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Police Station Of Origin
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No: T 20210131/2060

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFW8288S	FWD Singapore Pte. Ltd	PNPV2020-00008319	30/07/2020	29/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Wee dee		ID No.	S7409081H
Related Vehicle	SFK8632U (Car)		Contact No.	98297750
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TAN CHIH YONG		ID No.	S9026566J
Related Vehicle	SFW8288S (Car)		Contact No.	88558288
Hospital/Clinic	HEARTLAND FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: 3.3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	Waston		ID No.	S9734106B
Related Vehicle	SLH4955J (Car)		Contact No.	92473011
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



SINGAPORE
POLICE FORCE



T/20210131/2060

Police Station Of Origin
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

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Report No T/20210131/2060

CONTINUATION OF REPORT

Brief Details.

On the 30/01/2021 at 05.05pm, I was driving along KPE towards CITY on the first lane. At that point of time, the traffic was heavy and there was a vehicle in front of me that started to slow down and stop. I followed after and stop behind the vehicle, after stopping the vehicle that was behind of me was also able to stop. However I suddenly felt an impact at the rear of my vehicle.

I came down to make a check on the damages to my vehicle as well as to exchange particulars. I found that the rear bumper of my vehicle was dented as well as the lower bumper had been dislodged. I also discovered that the vehicle (SFK8632U) behind was also hit by another vehicle (SLH4955J).



**SINGAPORE
POLICE FORCE**



1/20210131/2060

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Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No: 1/20210131/2060

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 2 JACKY CHEONG HEEN HOE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/01/2021 14.49

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Classification Of Case:

Authentication Stamp

NP168