

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 30/04/2021 16:57 (SGT)
Date of Accident 30/04/2021 08:31 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information SLE TOWARD TO BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD3005S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GAN GUANG (YAN GUANG)
NRIC No SXXXX300I
Email Address raygan1990@hotmail.com
Mobile Phone No (Phone) +65-93843859
Alternative Phone No +65-93843859

VEHICLE PARTICULARS

Manufacturer Honda
Model HRV
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2019-00011461-01
Cover Note Number -

DRIVER

Name of Driver TEY HUI PING, SERNEE
NRIC No SXXXX694G

| | |
|--|------------------------------------|
| Date Of Birth | 20/03/1992 |
| Occupation | Indoor |
| Date Of Driving Pass | 10/12/2018 |
| Driving experience | 2 YEARS AND 4 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-91265605 |
| Alt. Phone Number | - |
| Email Address | raygan1990@hotmail.com |
| Address | BLK 804 WOODLANDS STREET 81 #06-35 |
| Address complement | - |
| Postcode | 730804 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|----------|
| Name | DAUGHTER |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Woodlands Division Headquarters |
| Police Station Phone No | (Phone) +65-18004660000 |
| Police Station Address | 1 Woodlands St 12 Singapore 738622 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN/TP REPORT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SJV5924S |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | White |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-82980907 |
| 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 | DAUGHTER |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMD3005S |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

RMG/SM/CLM/13

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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' law firm/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 envelops/postal packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

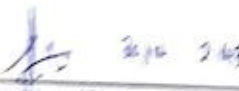
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firm/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be used outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

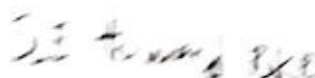
Sketch Plan


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


Authorised by Insurers' Association of Singapore



A8 SMD 30055
R# SJV59245





Describe Circumstances of the Accident

Refer To TP report

Declaration

We declare the foregoing particulars are true in every respect.


30/4 2:48 pm
Policyholder's Signature / Date & Time


30/4 2:48 pm
Driver's Signature (If driver is not the policyholder) / Date & Time


2013/291301
Witnessed by Reporting Centre Personnel



















1 of 2

Report No. L/20210430/7021

| | | | | |
|--|--|---------------------|-----------------------------|-----------------|
| Date/Time Report Made 30/04/2021 15:01 | Vide Report No. | Station Diary No. | | |
| Name Of Informant TEY HUI PING, SERENE | Address 203 PETIR ROAD #08-669 SINGAPORE 670203 | | | |
| ID Type / ID No. NRIC NO / S9209694G | Contact No. Home/Office: | Mobile: 91265605 | | |
| Nationality SINGAPORE CITIZEN | Email Address THPSERENE@GMAIL.COM | | | |
| Occupation Other government associate professionals nec | Sex Female | Age 29 | Date of Birth 20/03/1992 | Race Chinese |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 30/04/2021 08:30 - 30/04/2021 09:00 | Location Of Incident SELETAR EXPRESSWAY | | | |

| | | | |
|-------------------|--------|--|--|
| Subjects Involved | | | |
| Suspect | | | |
| Person Name | Jenny | | |
| Gender | Female | | |

Classification Of Case:

 Accident report **SA0N214U0002**



**SINGAPORE
POLICE FORCE**



L/20210430/7021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210430/7021

| | | | |
|---------------|--|------------------------|---|
| Victim | | | |
| Person Name | TEY HUI PING, SERENE | | |
| ID Type | NRIC NO | ID No | S9209694G |
| Gender | Female | Age | 29 |
| Race | Chinese | Language | English |
| Occupation | Other government associate professionals nec | Address | 203 PETIR ROAD #08-669 SINGAPORE 670203 |
| Mobile No | 91265605 | Is Informant A Victim? | Yes |
| | | | |
| Person Name | Aerith gan | | |
| ID Type | OTHERS / Birth certificate | ID No | T2015314D |
| Gender | Female | Age | 1 |
| Race | Chinese | | |
| | | | |
| Person Name | TEY HUI PING, SERENE (Informant) | | |
| | | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 30/04/2021 15:01 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |