

## 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 ..... 07/07/2021 12:44 (SGT)  
Date of Accident ..... 06/07/2021 19:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SIN MING AVENUE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJC6430T

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LOW GECK HUAY  
NRIC No ..... SXXXX060C  
Email Address ..... IL5937097@hotmail.com  
Mobile Phone No ..... (Phone) +65-91150845  
Alternative Phone No ..... +65-91150845

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... HD AVANTE 1.6 A S/R  
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 ..... 1591

#### INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... PNCV2020-00000549  
Cover Note Number ..... 13/10/2020 TO 12/10/2021

#### DRIVER

Name of Driver ..... PANG ENG HENG  
NRIC No ..... SXXXX396F

Date Of Birth .....	06/06/1959
Occupation .....	Outdoor
Date Of Driving Pass .....	06/07/1981
Driving experience .....	40 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90924228
Alt. Phone Number .....	-
Email Address .....	allanpang2@gmail.com
Address .....	APT BLK 603 SENJA ROAD #20-65 (S) 670603
Address complement .....	-
Postcode .....	-
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 .....	DRIZZLING
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 vehicle 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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

#### 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 .....	SNA120R
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	PUNG WAN HOU
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 .....	PANG ENG HENG
Address .....	APT BLK 603 SENJA ROAD #20-65 (S) 670603
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	24 HOUR MEDICAL CLINIC - 3DAYS MC
Injured person in which vehicle? .....	SJC6430T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodging 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:

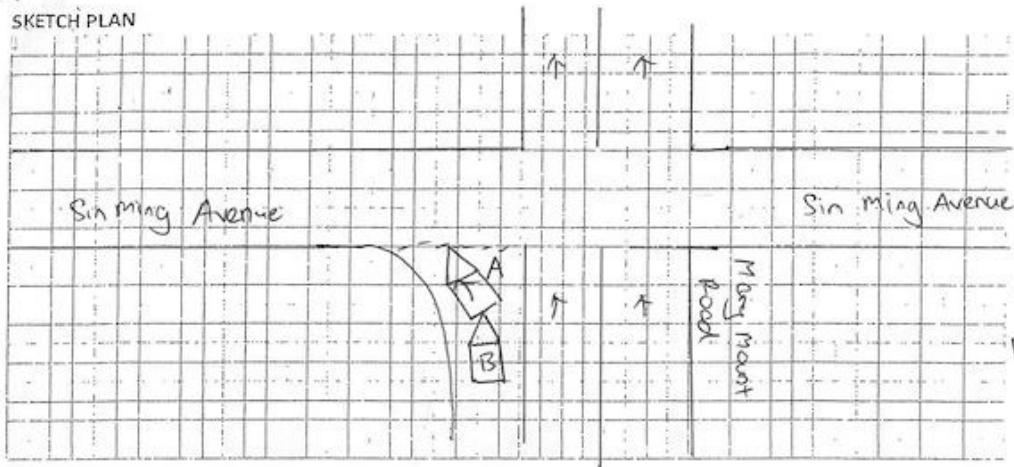
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A: SSC6430T

B: SNA120R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(Refer to police report)

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/20210707/2014

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3  
Report No. T/20210707/2014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/07/2021 09:56	Vide Report No.:	Station Diary No.: 32
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**Informant's Particulars**

Name of Informant: PANG ENG HENG			Address: APT BLK 603 SENJA ROAD #20-65 SINGAPORE 670603	
ID Type / ID No.: NRIC NO / S1372396F			Contact No.:	Mobile: 90924228
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 62	Date of Birth: 06/06/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/07/2021 19:20	Type of Location: Slip Road
Location:  SIN MING AVENUE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC6430T	Car	HYUNDAI	Avante	Blue	Seriously Damaged	1
SNA120R	Car	TOYOTA		Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJC6430T	FWD Singapore Pte. Ltd	PNCV2020-00000549	13/10/2020	12/10/2021





**SINGAPORE  
POLICE FORCE**



T/20210707/2014

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20210707/2014

**CONTINUATION OF REPORT**

**Brief Details.**

On the 6th of July 2021 at 1920hrs, I was driving along Marymount Road towards Sin Ming Walk doing my Grab order (RB-182635-7533986). I was at a slip road and I wanted to enter the 1st lane to the left, I decided to slow down to check my right to see if there was any cars. All of sudden, I felt a sudden impact from the rear of my car (SJC6430T, Dark Blue Hyundai Avante). I immediately came to a stop and made a check on my vehicle. I found out that my rear bumper had been heavily damaged, with multiple dents, major scratches and as well as hole on my rear bumper.

I immediately went to confront the driver who had collided with my car. (Pung Wan Hou S7772828G) he was driving a black vehicle (Black Toyota SNA120R). He informed that while he usually drives on the slip road, he will usually check his right side blindspot to see if there was any incoming traffic and not his front. Hence he did not see that my car was slowing down. Hence he collided with my rear of my car. We decided to have a private settlement and left shortly after.

I decided to go to Prohealth 24 Hour Medical Clinic (Blk 259 Bukit Panjang Ring Road #01-18) as I felt pain on my neck after the collision. I informed the doctor of what had happened, I was given a 3 day medical certificate.

I am lodging this police report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20210707/2014

Police Station Of Origin:  
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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20210707/2014

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:

J/  
SC2 CAMERON CHIN WEN LOONG

Signature Of Informant:

*[Handwritten signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

07/07/2021 09:56

Officer In Charge Of Case:

TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

*[Handwritten signature]*