

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 20/08/2021 17:15 (SGT)
Date of Accident 19/08/2021 20:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information IRRAWADDY RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT5709H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOO HAN KWANG
NRIC No SXXXX283A
Email Address JASONKCAPL@GMAIL.COM
Mobile Phone No (Phone) +65-96349158
Alternative Phone No (Home) +65-96349158

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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
Transmission Auto
CC 1400

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2020-00010024
Cover Note Number -

DRIVER

Name of Driver HO WENG YEW
NRIC No SXXXX872Z

Date Of Birth	15/04/1962
Occupation	Indoor
Date Of Driving Pass	28/03/1980
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90093461
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 484 JURONG WEST AVE 1 #10-83
Address complement	-
Postcode	640484
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	IN-LAW
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 - Major/Minor Rd
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 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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SHD2370C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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 HO WENG YEW
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SJT5709H
 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 fore-ordered 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' law yers/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/parcel 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 yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

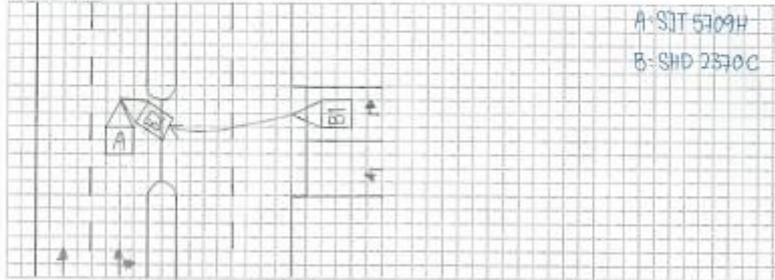
SHUYI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

















**SINGAPORE
POLICE FORCE**



T/20210820/2015

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20210820/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2021 09:24	Wide Report No.:	Station Diary No.: 36
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Informant's Particulars

Name of Informant: HO WENG YEW			Address: APT BLK 494 JURONG WEST AVENUE 1 #10-83 SINGAPORE 640484		
ID Type / ID No.: NRIC NO / S15328722			Contact No.: Home/Office: Mobile: 90093461		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 15/04/1962	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: FREE LANCE DELIVERY			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2021 20:50	Type of Location: Straight Road
Location: IRRAWADDY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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	Condition	No of Passenger
9HD2370C	Car	TOYOTA	COROLLA AXIO HYBRID 1.5 CVT	Brown	Slightly Damaged	0
SJT5709H	Car	VOLKSWAGO N	NEW GOLF 1.4 AT 8K13G5	Grey	Slightly Damaged	0



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T/20210820/2015

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Tel No: 1800-2689999

2 of 3
Report No. T/20210820/2015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO WENG YEOW	ID No.	S1532872Z
Related Vehicle	SJT5709H (Car)	Contact No.	90093461
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/08/2021	Date Discharge	20/08/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	CHUA HONG SOON	ID No.	S1267529C
Related Vehicle	NIL	Contact No.	90618075
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/08/2021 at 2050hrs, I was driving my vehicle along Irrawaddy Rd on the first lane of the two lane road. As I was approaching a yellow box, a taxi was seen making a right turn towards the first lane and was already in the lane I was. I was not able to stopped on time hence both vehicles collided. Subsequently, I went out of my vehicle to make a check and discovered that the taxi had collided on my vehicle's driver side. There were damages sustained by both vehicle, my vehicle had scratches with slight dents on the front wheel area and my front bumper while the other party had a dent on his vehicle's passenger door. We then exchanged particulars and left the scene.

During the accident, I felt pain on my right area of my body.

On 20/08/2021, the pain did not subside hence I went to made a check and was given 05 days of medical leave and medications for the injuries.
I wish to state that there were no government property damaged.



T20210820/2015

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T20210820/2015

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 /
Sgt 2 TAN CHIN ANN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/08/2021 09:24

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP188 Signature:

Classification Of Case:

Singapore Police Force



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 : SY09218K0006 Vehicle Registration No: SJT 5709H
 Name (as shown in NRIC) : Loo Han Kwang NRIC/FIN/Passport No : S1737283A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : Blk 554 Pasir Ris Street 51 # 10-129 Singapore (510554)
 Contact (Tel) : _____ Mobile No. : 9634 9158
 Email Address : jasonkcap@gmail.com
 Date of Accident : 19.08.2021 Time of Accident : 20:50 pm
 Place of Accident : Irrawaddy Road
 Insurance Company: FWD

(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:

Additional Location Information : Irrawaddy Road change to Irrawaddy Road

Relationship of the Driver with the Insured : Son-In law change to In-Laws



 Policyholder / Driver's Signature
 Date:

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