

## 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              | 13/10/2021 20:48 (SGT) |
| Date of Accident                | 12/10/2021 13:10 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | Hougang ave 4          |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJG53S               |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | No                   |
| Name Of Registered Owner    | GOH SIEW KHIM GLORIA |
| NRIC No                     | S8806132B            |
| Email Address               | Gloriagks5@gmail.com |
| Mobile Phone No             | (Phone) +65-90262086 |
| Alternative Phone No        | +65-90262086         |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Prius                     |
| Variant  | PLUS (AUTO)               |
| 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   | 1798                      |

#### INSURANCE COMPANY

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Type of Coverage          | Comprehensive           |
| Fleet Policy              | No                      |
| Policy Number             | PNPV202100003613        |
| Cover Note Number         | -                       |

#### DRIVER

|                |                   |
|----------------|-------------------|
| Name of Driver | Lim ee thor nivel |
| NRIC No        | S8722586J         |



|  |                        |
|--|------------------------|
| Date Of Birth  | 14/07/1987             |
| Occupation   | Indoor                 |
| Date Of Driving Pass   | 02/11/2006             |
| Driving experience   | 14 YEARS AND 11 MONTHS |
| Gender   | Male                   |
| Mobile Number  | (Phone) +65-90262086   |
| Alt. Phone Number  | -                      |
| Email Address  | Nivel87@hotmail.com    |
| Address  | 258A                   |
| Address complement   | 05-11                  |
| Postcode   | 821258                 |
| 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   | Hit and run / Vandalism / Damaged whilst parked |
| 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| 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                       | 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

REFER TO POLICE REPORT I WAS DRIVING ALONG HOUEHANG AVE 4 BESIDE HOUEHANG POLYCLINIC WHERE THERE WERE ROAD WORKS ON ONE LANE WITH THE TRAFFIC MERGING FROM 2 LANES INTO 1. I WAS WAITING BEHIND THE VEHICLES WHILE THEY WERE CLEANING UP IN FRONT WHEN A VAN (PC 4047 J ) SIDE SWIPPED THE REAR RIGHT OF MY CAR . THE VAN DRIVER DID NOT STOP AND CHECK AND SEE IF HIS DANGEROUS AND RECKLESS DRIVING DID ANY DAMAGE TO MY VEHICLE (SJK53S ) YOU MAY REFER TO THE ATTACHED VIDEO BETWEEN 00:53 TO 00:58 FOR THE OBVIOUS BUMP AND JERK OF MY VEHICLE EHEN PC 4047 J SIDE SWIPPED ME AND OVERTOOK MY VEHICLE . I HAVE ALSO ATTACHED THE PHOTOS OF THE DAMAGE DONE TO MY CAR WITHIN THE LINK .

#### 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 | PC4047J |
|-----------------------------|---------|

|   |                    |
|---|--------------------|
| 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)     | -                  |



**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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 lodgment 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 purposes 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 making 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 internal 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 used 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.

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR**

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/IRE No:

ACCIDENT DIAGRAM Ver. 30942021

ASJ9558  
B-PC40473

HAILING  
NE  
4.

(STATIONARY)

ROAD WORKS

CONTACT

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/PIV No.:





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000



1/20211013/7029

1 of 3

Report No: 1/20211013/7029

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>12/10/2021 16:00 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>UM EE THOR, NIVEL    |            |                              | Address:<br>256A PUNGGOL FIELD #05-11 SINGAPORE 821256 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8722586J   |            |                              | Contact No.:<br>Home/Office: Mobile: 90262086          |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>NIVEL87@HOTMAIL.COM                          |                    |                            |
| Sex:<br>Male                               | Age:<br>34 | Date of Birth:<br>14/07/1987 | Type of Informant:<br>Driver                           |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                   |                    | Institution / School Name: |
| Occupation:<br>Interior designer           |            |                              | Driving Licence Information:<br>Class:                 |                    | Date of Expiry:            |

|   |                    |  |                                     |  |
|---|--------------------|--|-------------------------------------|--|
| <b>General Information of the Accident</b>                                  |                    |  |                                     |  |
| Type of Accident:<br>Non-Injury Hit and Run                                 | Drink Drive:<br>No | Date/Time of Accident:<br>12/10/2021 13:10 | Type of Location:<br>Straight Road  |  |
| Location:<br>HOUGANG AVENUE 4   |                    |  |                                     |  |
| Weather:<br>Clear   |                    | Road Surface:<br>Dry                       | Road Speed Limit:<br>50 Km/h        |  |
| Traffic Flow:<br>Two Way  |                    | Traffic Control:<br>Not Controlled         | Traffic Volume:<br>Moderate         |  |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                    |  | Anyone conveyed by ambulance:<br>No |  |

| Details of Vehicle Involved |                   |        |           |        |                  |        |
|-----------------------------|-------------------|--------|-----------|--------|------------------|--------|
| Vehicle No.                 | Type              | Make   | Model     | Color  | Condition        | No. of |
| PD4047J                     | Bus/Coach/M-nibus | TOYOTA |           | Silver | Slightly Damaged | 0      |
| SIG53S                      | Car               | TOYOTA | Prus Plus | White  | Slightly Damaged | 0      |



**SINGAPORE  
POLICE FORCE**



T202110127029

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Uti Avenue 3 SINGAPORE 408866  
Tel No: 65470000

Report No: T202110127029

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |                        |                   |                         |
|------------------------------|------------------------|-------------------|-------------------------|
| Vehicle No.                  | Insurance Company      | Insurance No.     | Effective / Expiry Date |
| SJG53S                       | FWD Singapore Pte. Ltd | PNPV2021-00003813 | 26/08/2021 / 25/08/2022 |



| Details of Person Involved        |                    |                                   |                                   |
|-----------------------------------|--------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved No.       |                    |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                    | Use of Pedestrian Crossing: NA    |                                   |
| Name                              | LIM EE THOR, NIVEL | ID No.                            | S8722586J                         |
| Related Vehicle                   | SJG53S (Car)       | Contact No.                       | 90262066                          |
| Hospital/Clinic                   | NIL                | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                | Degree of                         | NIL                               |

## Brief Details:

I was driving along Hougang Ave 4, beside Hougang Polyclinic, where there were road works on one lane, with the traffic merging from 2 lanes into 1. I was waiting behind the vehicles, while they were clearing up in front, when a van (PC 4047J) side swiped the rear right of my car. The van driver did not stop and check and see if his dangerous and reckless driving did any damage to my vehicle (SJG 53S). You may refer to the attached video, between 00:53 to 00:58 for the obvious bump and jerk of my vehicle when PC 4047J side swiped me, and overtook my vehicle. I have also attached the photos of the damage done to my car within the link.

<https://www.dropbox.com/sh/zg6p18cdy5naiek/AADkuZEazPS0TynPW78mbYUfa?dl=0>



|   |  |  |
|---|--|--|
|                    | <b>SINGAPORE<br/>POLICE FORCE</b>  |  |
| Police Station Of Origin:<br>Traffic Police<br>10 Ubi Avenue 3 SINGAPORE 408665<br>Tel No: 65470000 |  | 3 of 3<br>Report No: T20211012/026   |
| CONTINUATION OF REPORT  |  |  |
| <u>Sketch Plan</u><br>Informant is not able to provide sketch                                       |  |  |
| Signature Of Officer Recording The Report:<br>Not applicable  | Signature Of Informant:<br>The identity of the person making this report has<br>been authenticated by Singpass. No signature is<br>required. |  |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>12/10/2021 16:00   |  |
| Officer In Charge Of Case:<br>TP / TP15 /<br>AEO ZHI YUAN<br>Contact No: 65470079                   | Classification Of Case:  |  |