

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 26/10/2021 12:02 (SGT)
Date of Accident 24/10/2021 15:30 (SGT)
Exact Location of Accident Balestier Rd, Singapore
Additional Location Information BEFORE CTE (CITY) EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG8076A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KEVIN ANG CHENG SOON
NRIC No SXXXX364I
Email Address malldeluxury@gmail.com
Mobile Phone No (Phone) +65-87924687
Alternative Phone No +65-87924687

VEHICLE PARTICULARS

Manufacturer Citroen
Model C4 picasso
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 Commercial vehicle
Transmission Auto
CC 1560

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNCV2019-00001455-01
Cover Note Number -

DRIVER

Name of Driver KEVIN ANG CHENG SOON
NRIC No SXXXX364I

Date Of Birth	20/10/1974
Occupation	Outdoor
Date Of Driving Pass	28/12/1996
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87924687
Alt. Phone Number	+65-87924687
Email Address	malldeluxury@gmail.com
Address	37 SIMEI RISE #03-15
Address complement	-
Postcode	528782
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	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 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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20211025/7037

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	GBC8281M
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KEVIN ANG CHENG SOON
Gender	Male
Phone No	(Phone) +65-87924687
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLG8076A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

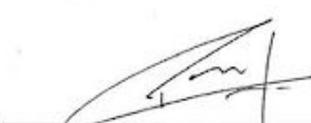
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8. **Consent under the Personal Data Protection Act (PDPA)**

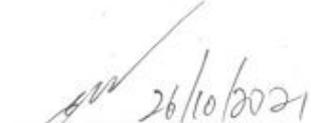
I understand, acknowledge, agree and consent that:

(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' 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.

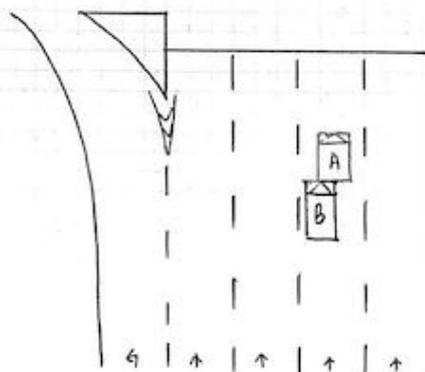

 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

Sketch Plan

Balestier Road
 before (TE(City)Exit



Vehicle A: SLG 8076A
 Vehicle B: G1BC 8281M

Describe Circumstances of the Accident

on the stated date & time; I, vehicle A (SL6 B076A) was stationary at the stated location on Lane 2. As the traffic light turn green, front vehicle started to move off, when I was about to move off, out of sudden, I felt an impact from the rear left portion of my vehicle. I alighted & realized vehicle B (618C0201M) collided onto the rear left portion of my vehicle causing damages.

POLICE REPORT 1/02/1025/7037

Declaration

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

 26/10/2009

Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20211025/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20211025/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2021 18:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KEVIN ANG CHENG SOON		Address: 37 SIMEI RISE #03-15 SINGAPORE 528782	
ID Type / ID No.: NRIC NO / S7435364I		Contact No.: Home/Office: Mobile: 87924687	
Nationality: SINGAPORE CITIZEN		Email: malldeluxury@gmail.com	
Sex: Male	Age: 47	Date of Birth: 20/10/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Freelancer Consultant		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/10/2021 15:30	Type of Location: Straight Road
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC8281M	Van					0
SLG8076A	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211025/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20211025/7037

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SLG8076A (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Driver			
Name	KEVIN ANG CHENG SOON		ID No. S7435364I
Related Vehicle	SLG8076A (Car)		Contact No. 87924687
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	25/10/2021		Date 25/10/2021
No. of Days granted Medical Leave	03		Degree of Slight

Brief Details.

ON 24/10/2021 AROUND 1530HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SLG8076A) STATIONARY AT BALESTIER ROAD BEFORE CTE(CITY) EXIT ON LANE 2. AS THE TRAFFIC LIGHT TURN GREEN, THE FRONT VEHICLE STARTED TO MOVE OFF, WHEN I WAS ABOUT TO MOVE OFF OUT OF SUDDEN, I FELT AN IMPACT FROM THE REAR LEFT PORTION OF MY VEHICLE. I ALIGHTED AND REALISED VEHICLE BEARING NUMBER PLATE (GBC8281M) COLLIDED ONTO THE REAR LEFT PORTION OF MY VEHICLE CAUSING DAMAGESS. I THEN FELT UNWELL AND WENT TO CONSULT A DOCTOR AT UNIHEALTH 24-HR CLINIC (JURONG EAST), THE DOCTOR WAS GIVEN ME 3 DAYS MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20211025/7037

3 of 3

Report No. T/20211025/7037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
25/10/2021 18:16

Classification Of Case: