

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 01/11/2021 18:00 (SGT)
Date of Accident 31/10/2021 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TWDS TUAS B4 CLEMENTI RD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDV284J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHERYL LEE SIEW FUNG
NRIC No SXXXX817D
Email Address lee.cheryl08@gmail.com
Mobile Phone No (Phone) +65-97451800
Alternative Phone No +65-97451800

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 2000

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number PNPV2019-00003186-02
Cover Note Number -

DRIVER

Name of Driver CHERYL LEE SIEW FUNG
NRIC No SXXXX817D

Date Of Birth	24/08/1980
Occupation	Outdoor
Date Of Driving Pass	18/09/2004
Driving experience	17 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97451800
Alt. Phone Number	+65-97451800
Email Address	lee.cheryl08@gmail.com
Address	BLK 458 CHOA CHU KANG AVE 4
Address complement	#14-197
Postcode	680458
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	Raining
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KYAN KOH
Gender	Male

PASSENGER 2

Name	KAELAN KOH
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	CHERYL LEE SIEW FUNG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SDV284J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

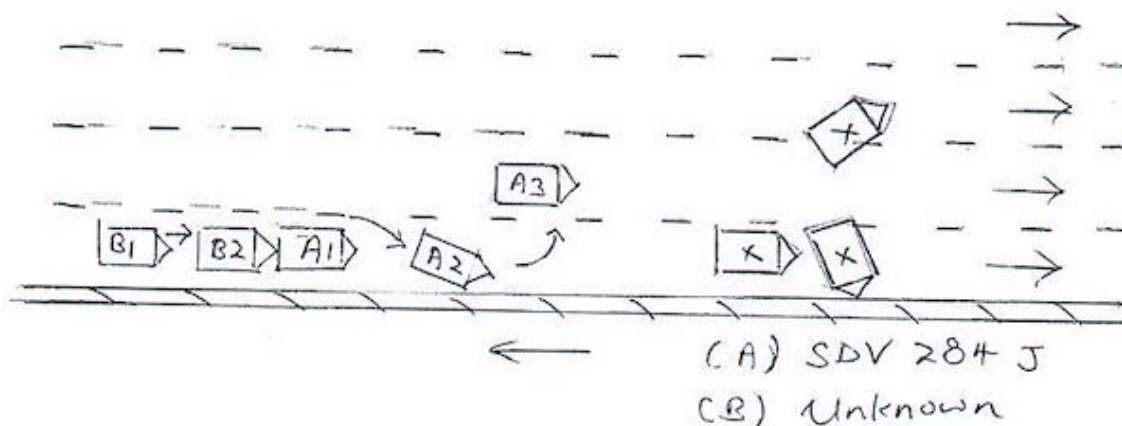
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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

PIE towards Tuas before Clementi Rd Exit



Describe Circumstances of the Accident

Refer to Police Report

Report No :-

T/20211101/7016



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

01/11/21

Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE

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



T/20211101/7016

3 of 4

Report No. T/20211101/7016

CONTINUATION OF REPORT

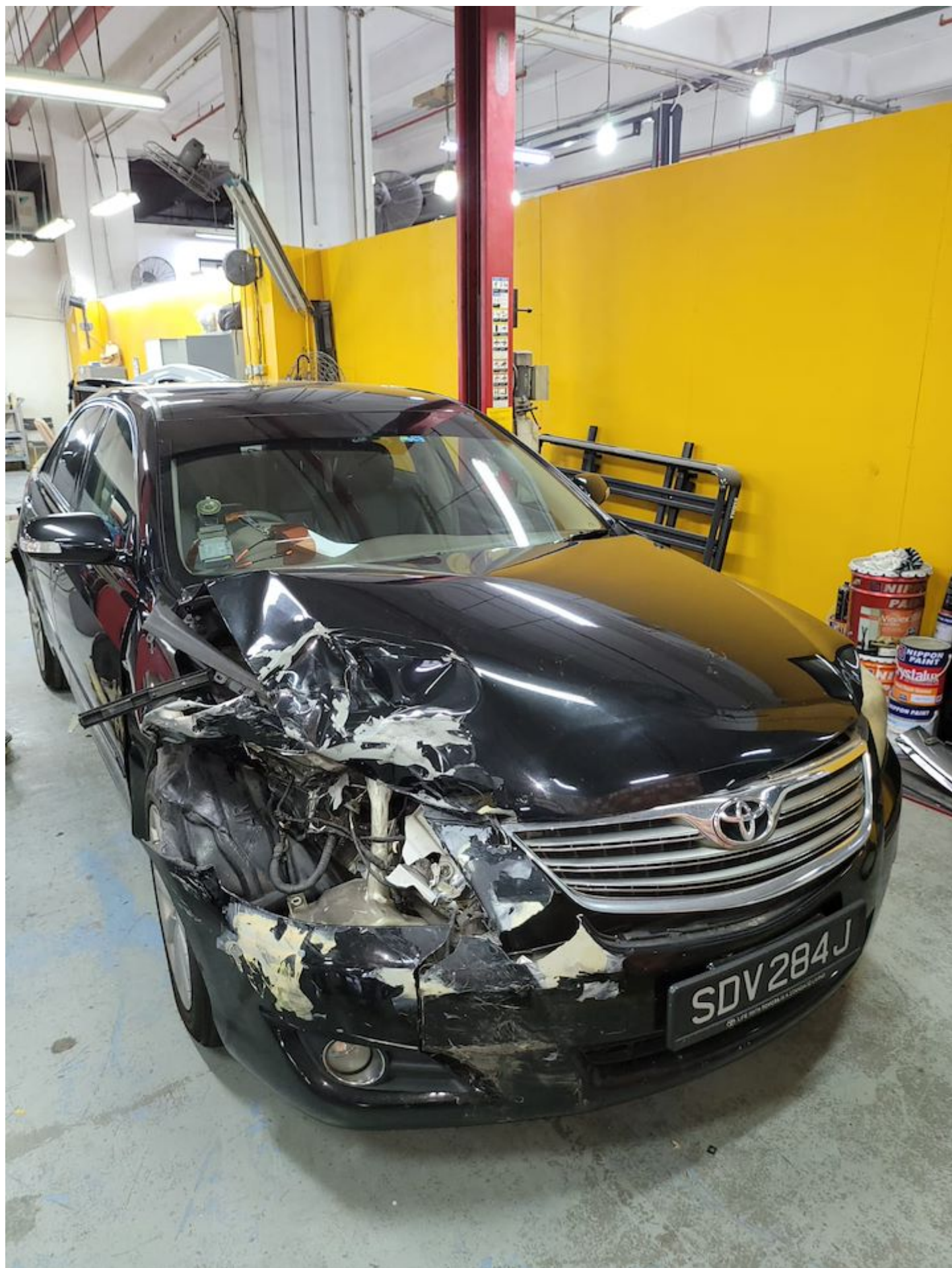
Brief Details.

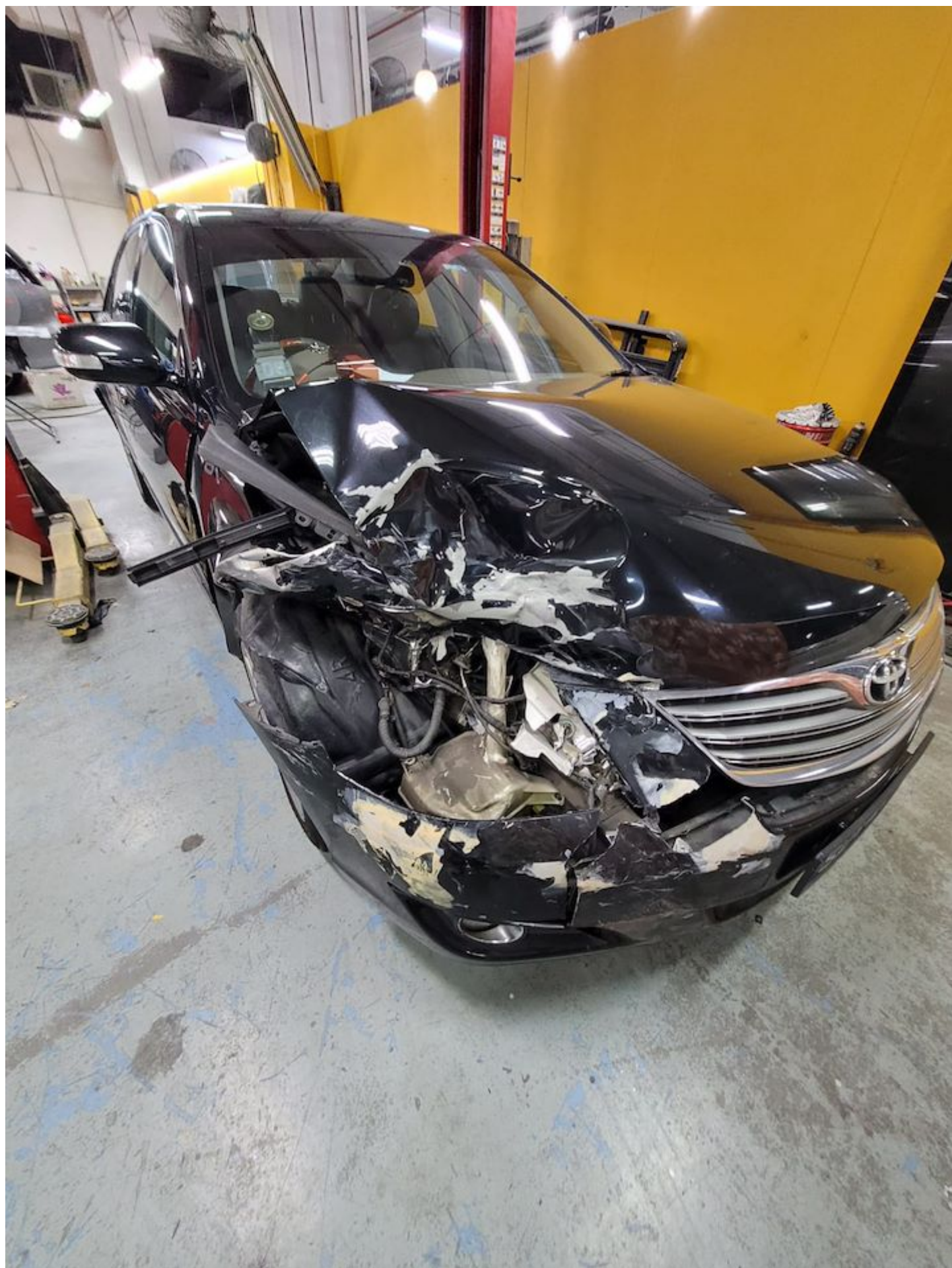
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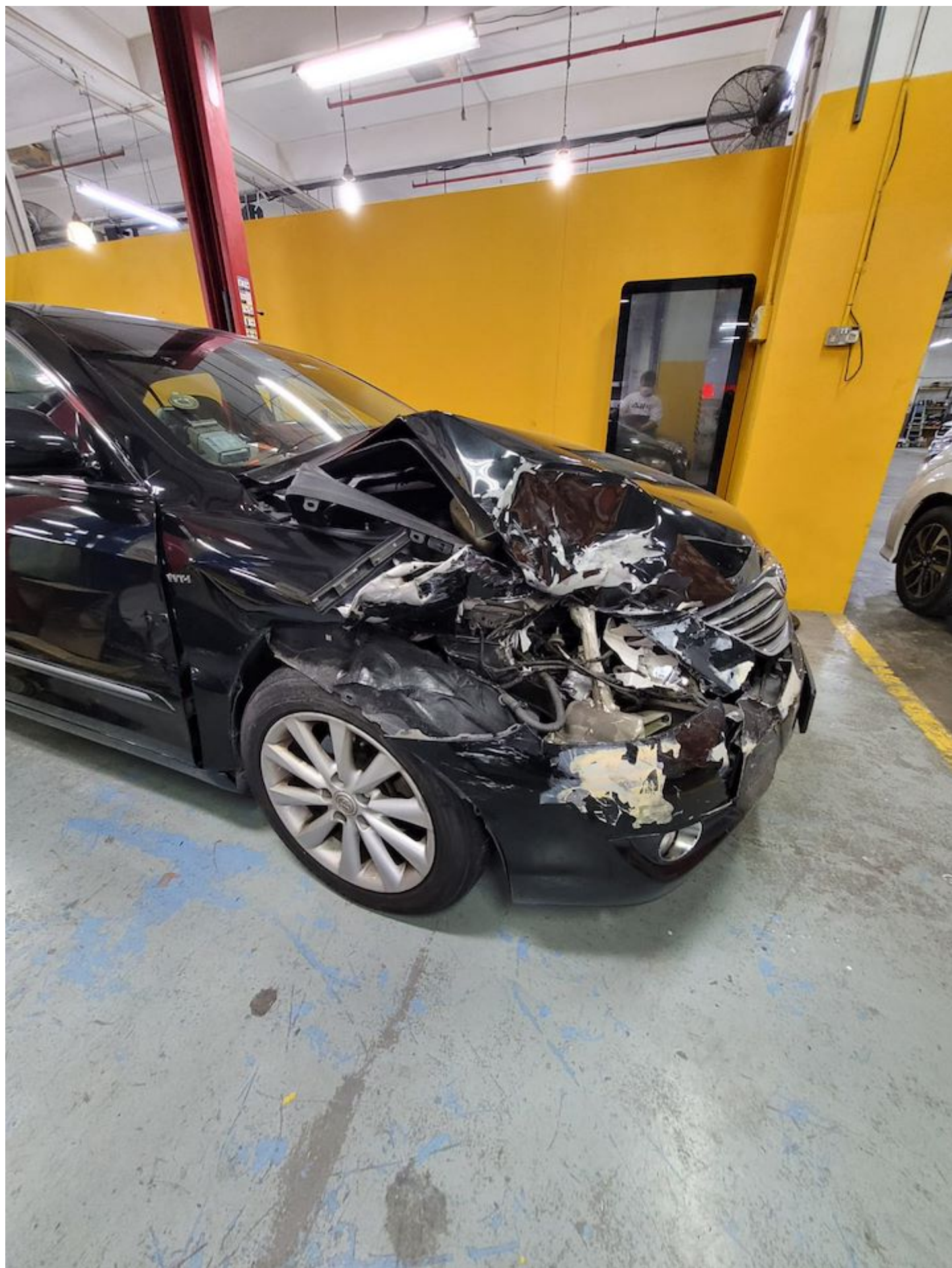
(A) SDV284J
(B) UNKNOWN

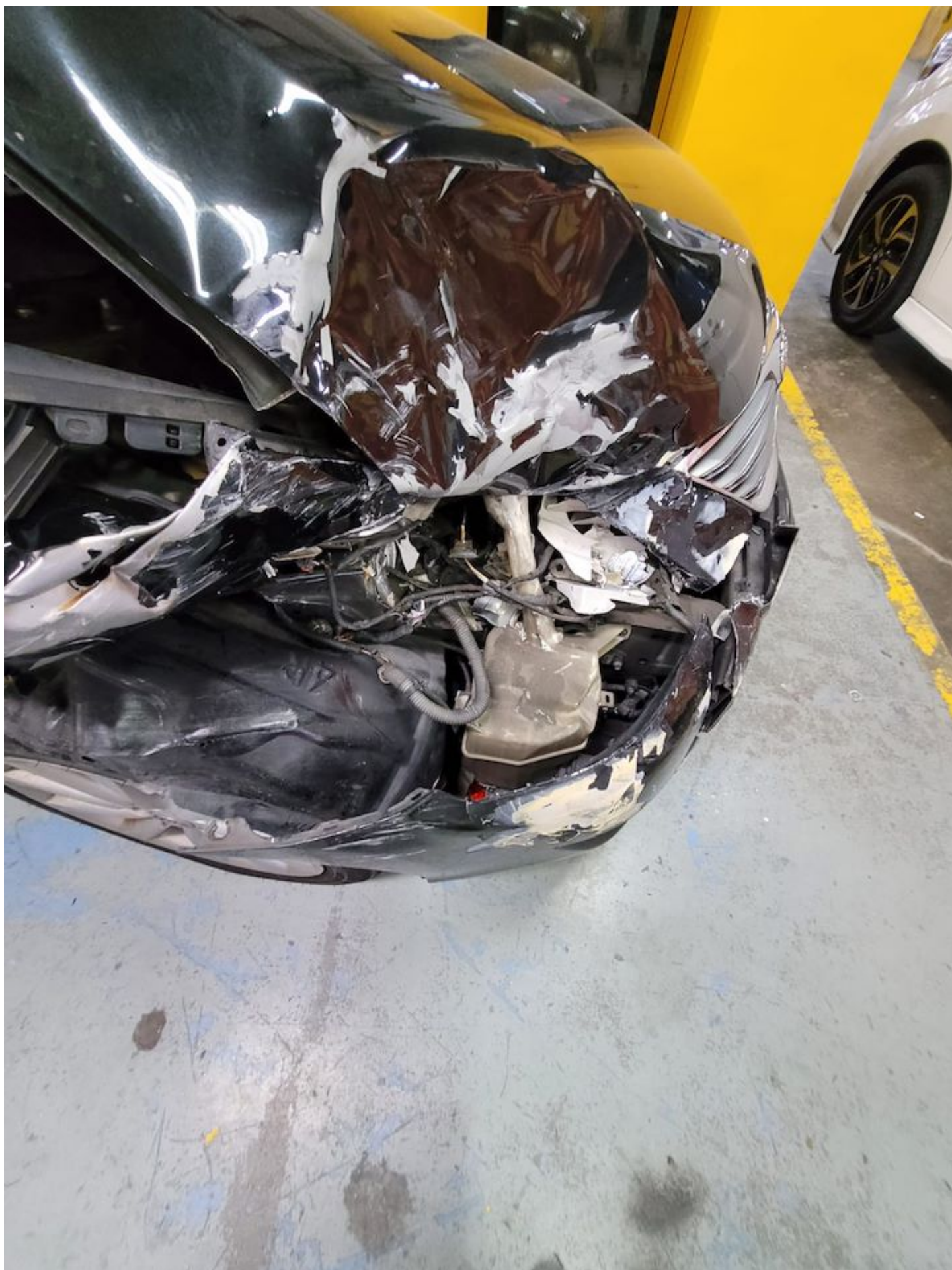




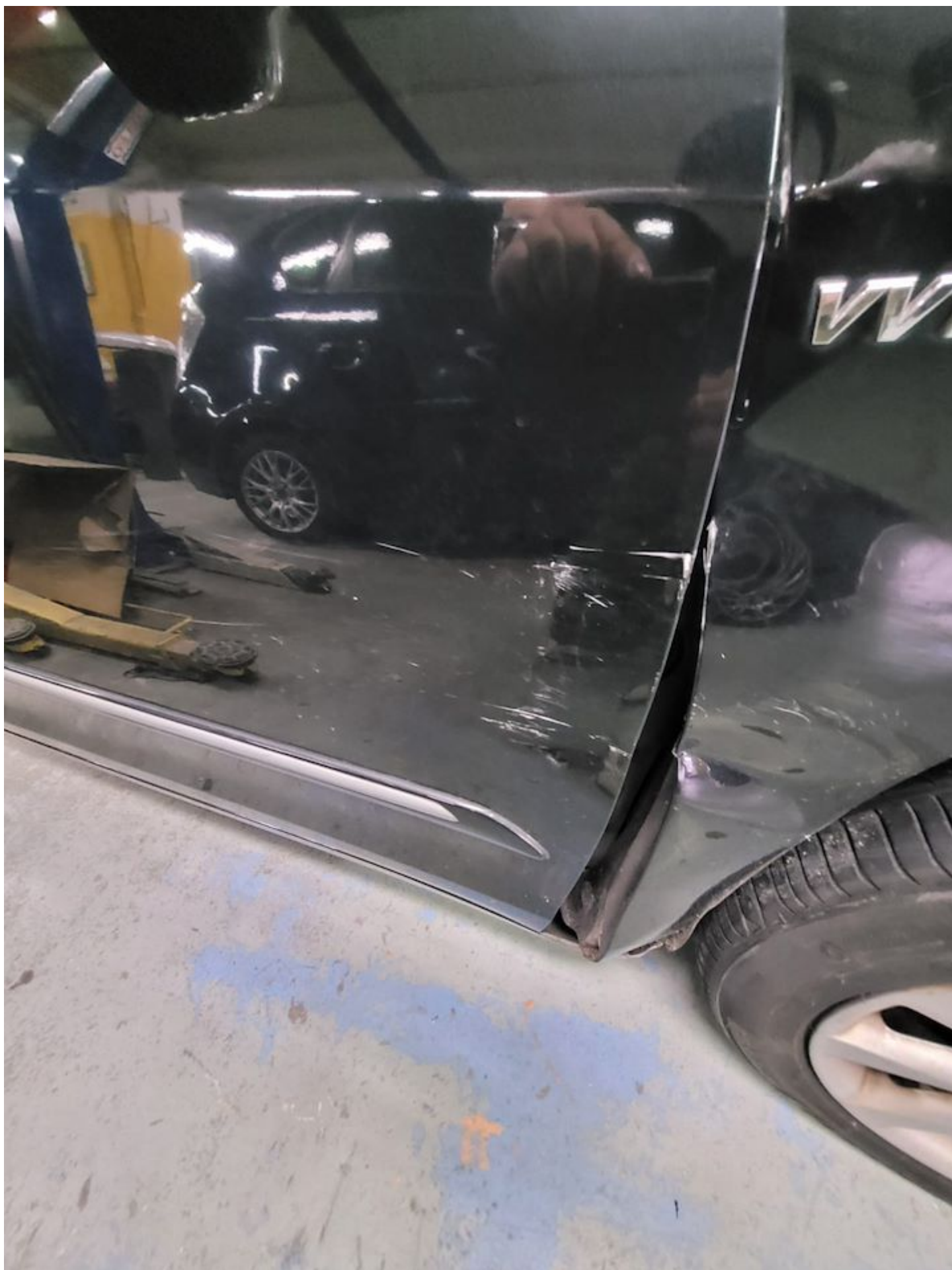




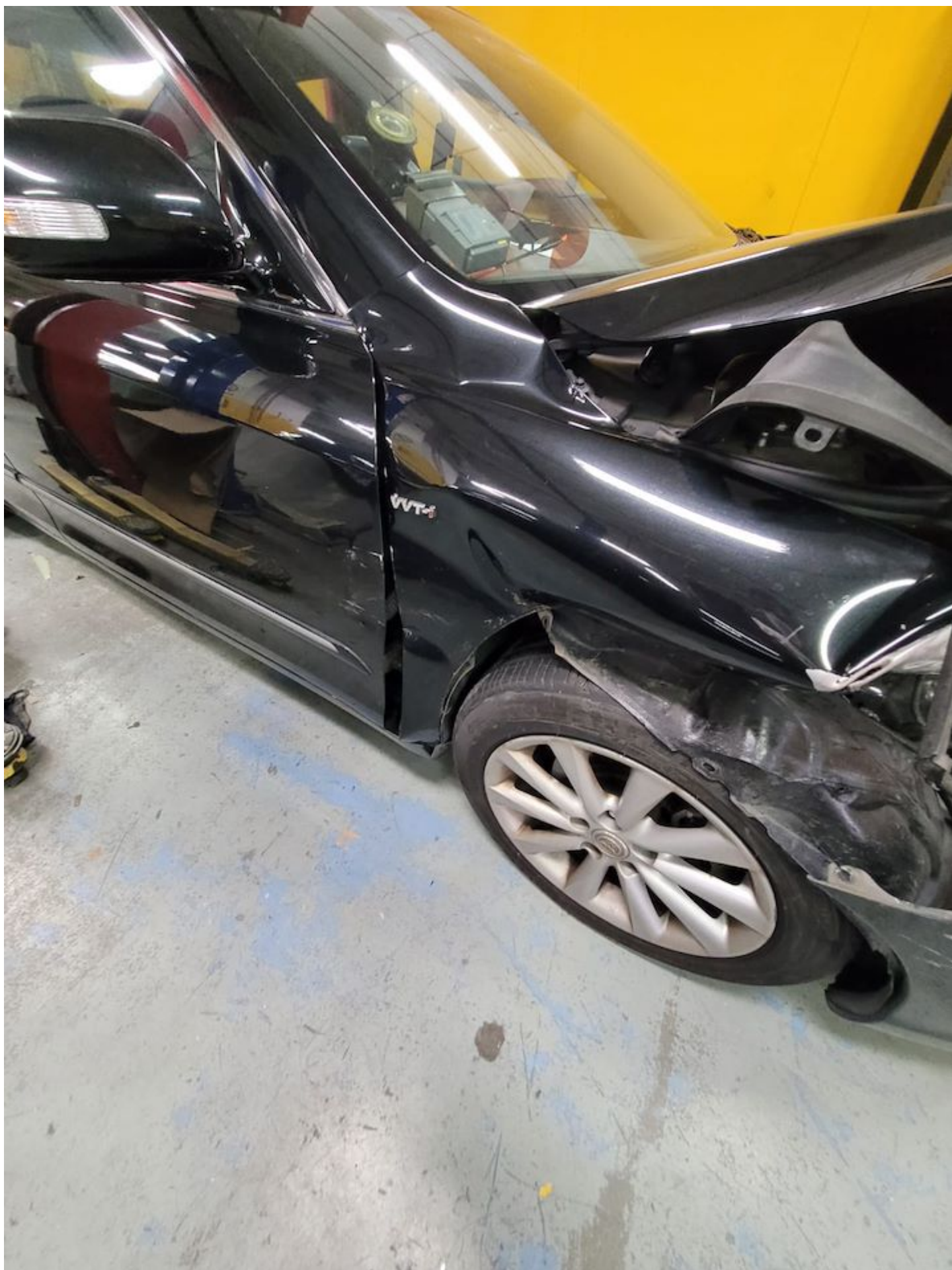















**SINGAPORE
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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20211101/7016

1 of 4

Report No. T/20211101/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2021 13:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHERYL LEE SIEW FUNG			Address: 458 CHOA CHU KANG AVENUE 4 #14-197 SINGAPORE 680458		
ID Type / ID No.: NRIC NO / S8072817D			Contact No.: Home/Office: Mobile: 97451800		
Nationality: SINGAPORE CITIZEN			Email: LEE.CHERYL08@GMAIL.COM		
Sex: Female	Age: 41	Date of Birth: 24/08/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/10/2021 14:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SDV284J	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Black		2
UNKNOWN	CAR					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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10 Ubi Avenue 3 SINGAPORE 408865
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T/20211101/7016

2 of 4

Report No. T/20211101/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDV284J	FWD Singapore Pte. Ltd	PNPV2019-00003186-02	09/02/2021	08/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	CHERYL LEE SIEW FUNG	ID No.	S8072817D	
Related Vehicle	SDV284J (Car)	Contact No.	97451800	
Hospital/Clinic	HARMONY FAMILY CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	01/11/2021	Date	NIL	
No. of Days granted Medical Leave	07	Degree of	Serious	
Passenger				
Name	KAE LAN KOH	ID No.	NIL	
Related Vehicle	SDV284J (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	
Passenger				
Name	KYAN KOH	ID No.	NIL	
Related Vehicle	SDV284J (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	



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T/20211101/7016

4 of 4

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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 / TPHQ /
TAN JUN YAN
Contact No.: 65476311

NP168

Signature Of Informant:

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

Date/Time:
01/11/2021 13:18

Classification Of Case: