

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	03/01/2022 17:46 (SGT)
Date of Accident	01/01/2022 01:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUANGKOK GREEN WITH YIO CHU KANG ROAD, JUNCTION ALONG ANG MO KIO AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5935C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BOON JONG
NRIC No	SXXXX542Z
Email Address	limyian@gmail.com
Mobile Phone No	(Phone) +65-97658012
Alternative Phone No	+65-97658012

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2017-00000277-04
Cover Note Number	-

DRIVER

Name of Driver	LIM YIAN (LIN YAN)
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NRIC No	SXXXX555I
Date Of Birth	30/12/1978
Occupation	Indoor
Date Of Driving Pass	10/05/2001
Driving experience	20 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98802797
Alt. Phone Number	-
Email Address	limyian@gmail.com
Address	29 WEST COAST RISE
Address complement	#01-14 MONTEREY PARK CONDOMINIUM
Postcode	127472
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN BOON JONG
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 POLICE REPORT : T/20220101/7006

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH THE POLICE OFFICER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6710R
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJB5522Z
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
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)	-




DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJS7202U
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)	-

SKETCH PLAN

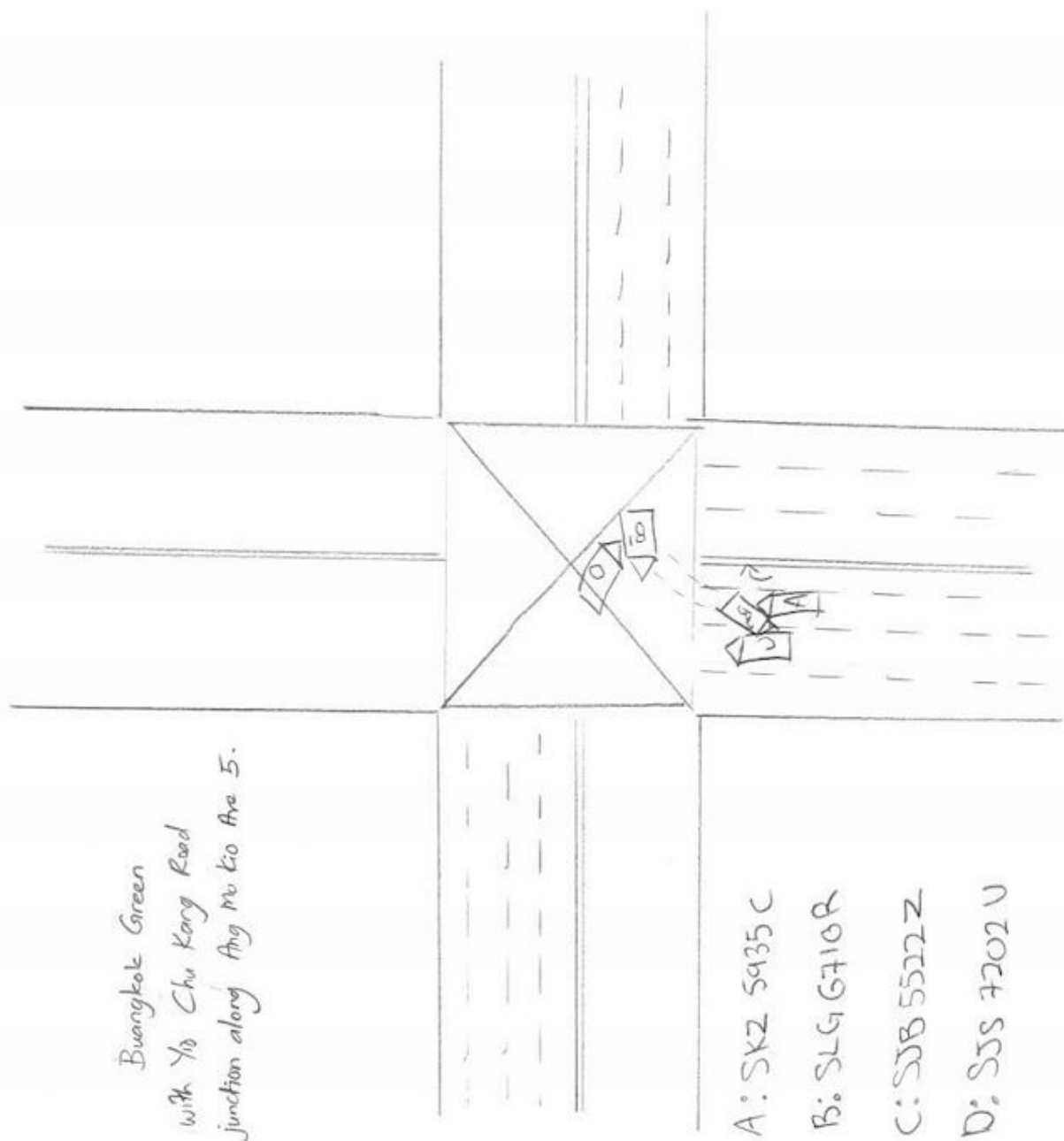
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	 03/1/2022 Witnessed by Reporting Centre Personnel
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Sketch Plan

- AS Attached -



Describe Circumstances of the Accident

I, vehicle 'A', was stationary waiting for the traffic light
Suddenly, I felt a huge impact,

I alighted to check, it was a 4 car collision.

A: JKZ 5935C

B: SLG 6710 R

C: SJB 5522 Z

D: SJS 7202 U

— Pls refer to the police report: T/20220101/7006.

Declaration

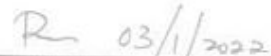
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 03/1/2022

Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**



T/20220101/7006

1 of 4

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

Report No. T/20220101/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2022 13:02		Vide Report No.: F/20220101/0048		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM YIAN			Address: 29 WEST COAST RISE #01-14 MONTEREY PARK CONDOMINIUM SINGAPORE 127472		
ID Type / ID No.: NRIC NO / S7839555I			Contact No.: Home/Office: Mobile: 98802797		
Nationality: SINGAPORE CITIZEN			Email: LIMYIAN@GMAIL.COM		
Sex: Female	Age: 43	Date of Birth: 30/12/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other teaching professionals nec			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2022 01:15	Type of Location: X-Junction
Location: BUANGKOK GREEN				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKZ5935C	Car	MAZDA	3+281.51% 29	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ5935C	FWD Singapore Pte. Ltd	PNPV2017- 00000277-04	29/01/2021	28/01/2022



**SINGAPORE
POLICE FORCE**



T/20220101/7006

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

Report No. T/20220101/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TAN BOON JONG	ID No.	S7904542Z
Related Vehicle	SKZ5935C (Car)	Contact No.	97658012
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM YIAN	ID No.	S7839555I
Related Vehicle	SKZ5935C (Car)	Contact No.	98802797
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Our vehicle was travelling along Buangkok Green towards Ang Mo Kio Ave 5. We came to a stop at a signalised junction along Ang Mo Kio Ave 5/ Buangkok Green with Yio Chu Kang Road. (The traffic lights were already red and we had stopped on the third lane from the right, beside a white Toyota Harrier, SJB5522Z, on our left). Both our vehicles were behind the white stop line.

While waiting for the traffic lights to turn green in our favour, I heard a loud bang. At the next instance, a white Honda Vezel, SLG6710R, travelling along Yio Chu Kang Road (towards Ang Mo Kio Ave 3) veered left towards the Harrier and our vehicle. The Vezel crashed head-on onto the right side of the Toyota Harrier first before hitting the front of our car.

After getting out of our vehicle to survey the bigger area, we noticed that a collision had occurred between a grey Toyota, SJS7202U, and the Honda Vezel in the middle of the junction, which resulted in the accident. We took some photos of the scene with our handphones.

An ambulance arrived to transport an injured passenger from the Honda Vezel. Thereafter, the Traffic Police arrived at the scene. The police officer also removed the SD card from our in-car camera for their investigations.



**SINGAPORE
POLICE FORCE**



T/20220101/7006

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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20220101/7006

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220101/7006

4 of 4

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

Report No. T/20220101/7006

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

NP168

Signature Of Informant:

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

Date/Time:
01/01/2022 13:02

Classification Of Case: