

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	24/01/2022 10:44 (SGT)
Date of Accident	22/01/2022 13:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TWDS TAMPINES RD EXIT 7A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1491D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG JOO YONG
NRIC No	SXXXX969E
Email Address	bendevon@gmail.com
Mobile Phone No	(Phone) +65-86882785
Alternative Phone No	+65-86882785

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS PLUS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2018-00000391-03
Cover Note Number	-

DRIVER

Name of Driver	TANG JOO YONG
NRIC No	SXXXX969E

Date Of Birth	23/04/1968
Occupation	Outdoor
Date Of Driving Pass	26/01/1986
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-86882785
Alt. Phone Number	+65-86882785
Email Address	bendevon@gmail.com
Address	BLK 724 BEDOK RSERVOIR RD
Address complement	#12-5226
Postcode	470724
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T20220122/2070

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	KIV
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT4832R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	OW RONG YI
NRIC No	SXXXX351J
Contact Number	(Phone) +65-91904737
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	SJR5121M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD NURHISYAM BIN JASNI
NRIC No	SXXXX648A
Contact Number	(Phone) +65-92344793
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	TANG JOO YONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,CHEST & KNEE
Injured person in which vehicle?	SME1491D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.

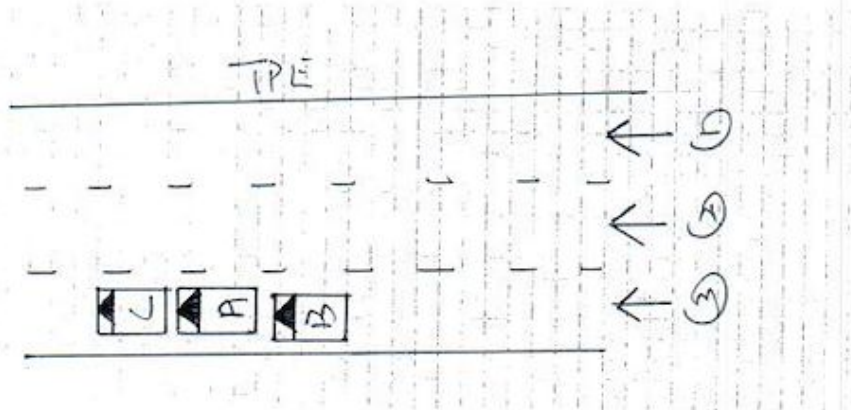
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: SME 1491D
Veh B: SST 4832R
Veh C: SSR 5121M




Describe Circumstances of the Accident


Pls refer to Police Report
T/2020/22/2070

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

 24/01/22
Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE



T/20220122/2070

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20220122/2070

CONTINUATION OF REPORT

Brief Details.

On 22/01/2022 at about 1300hr, I was driving my grab vehicle bearing registration number SME1491D along the Tampines Expressway on the lane toward Tampines Road exit 7A. Suddenly, there was a vehicle bearing registration number SJT4832R (Suzuki swift) red in colour collided onto my vehicle back portion, while resulted my vehicle to collided to the front vehicle bearing registration number SJR5121M (Honda fit) white in color rear bumper slight dented. We then stopped our vehicle to exchange particular and only the SJT4832R (Suzuki swift) was towed away. My vehicle back bumper was dented and carboot damaged.

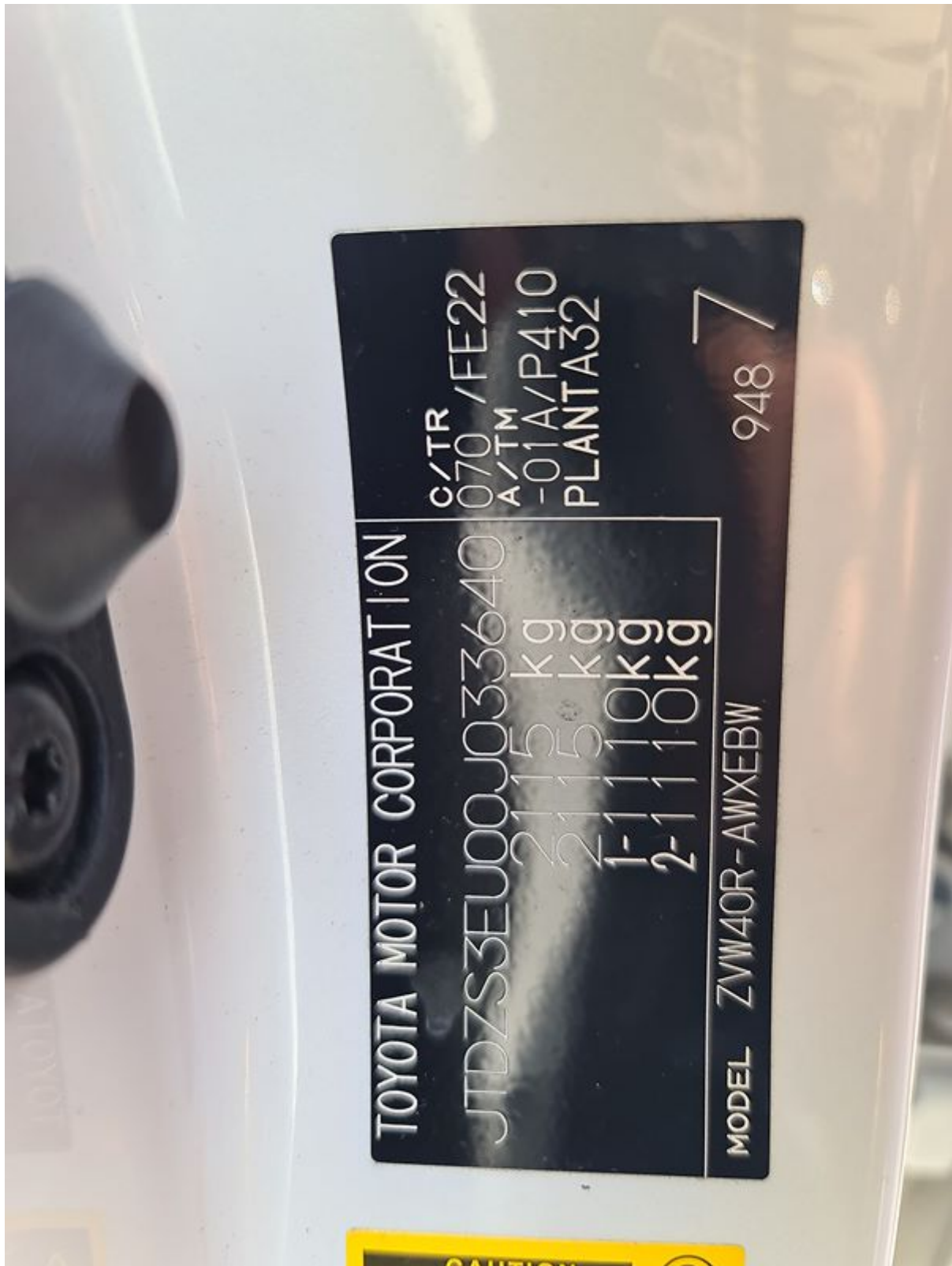
After which, I pain on my neck, chest and knee area, I had went to Mount Alvernia Hospital to consult doctor and I was given 7 days Medical certificate by the doctor.

































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T/20220122/2070

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93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

1 of 4

Report No. T/20220122/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2022 18:10		Vide Report No.:		Station Diary No.: 89	
Informant's Particulars					
Name of Informant: TANG JOO YONG			Address: APT BLK 724 BEDOK RESERVOIR ROAD #12-5226 SINGAPORE 470724		
ID Type / ID No.: NRIC NO / S6815969E			Contact No.: Home/Office: Mobile: 86882785		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 23/04/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2022 13:00	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain accident				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR5121M	Car	SUZUKI			Slightly Damaged	0
SJT4832R	Car	HONDA			Slightly Damaged	0
SME1491D	Car	TOYOTA	PRIUS PLUS (AUTO)	White	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220122/2070

Police Station Of Origin:

2 of 4

Toa Payoh N.P.C

Report No. T/20220122/2070

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME1491D	FWD Singapore Pte. Ltd	PNCV2018-00000391-03	12/10/2021	11/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Muhammad Nurhisyam Bin Jasni		ID No.	S8911648A
Related Vehicle	SJR5121M (Car)		Contact No.	92344793
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Ow Rong Yi		ID No.	S9039351J
Related Vehicle	SJT4832R (Car)		Contact No.	91904737
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TANG JOO YONG		ID No.	S6815969E
Related Vehicle	SME1491D (Car)		Contact No.	86882785
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/01/2022		Date Discharge	22/01/2022
No. of Days granted Medical Leave	07		Degree of Injury	Slight



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T/20220122/2070

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After which, I pain on my neck, chest and knee area, I had went to Mount Alvernia Hospital to consult doctor and I was given 7 days Medical certificate by the doctor.



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T/20220122/2070

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Community Building SINGAPORE 319194
Tel No: 1800-2519999

4 of 4

Report No. T/20220122/2070

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
E/
Sr Staff Sgt LIM WEI MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/01/2022 18:10

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP158

