

# 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 15:55 (SGT)  
Date of Accident ..... 21/01/2022 16:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MANDAI ROAD AND MANDAI LAKE ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU1240P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOH MOI CHOO ANNIE  
NRIC No ..... SXXXX034E  
Email Address ..... zoomautowerks@gmail.com  
Mobile Phone No ..... (Phone) +65-93860686  
Alternative Phone No ..... +65-83892868

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
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 hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... PNCV2021-00000130  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... FONG WENG KIN DEXTER  
NRIC No ..... SXXXX862A

Date Of Birth .....	16/09/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	01/03/1994
Driving experience .....	27 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83892868
Alt. Phone Number .....	-
Email Address .....	DEXXXFONG@GMAIL.COM
Address .....	BLK 972 HOUGANG STREET 91
Address complement .....	#03-186
Postcode .....	530972
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 .....	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? .....	Yes
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 .....	KOH MOI CHOO ANNIE
Gender .....	Female

#### 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/20220122/7009

#### 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 .....	SLH699A
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	FONG WENG KIN DEXTER
Gender .....	Male
Phone No .....	(Phone) +65-83892868
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	SLU1240P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	KOH MOI CHOO ANNIE
Gender .....	Female
Phone No .....	(Phone) +65-93860686
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	SLU1240P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

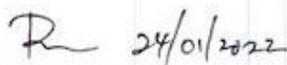
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(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

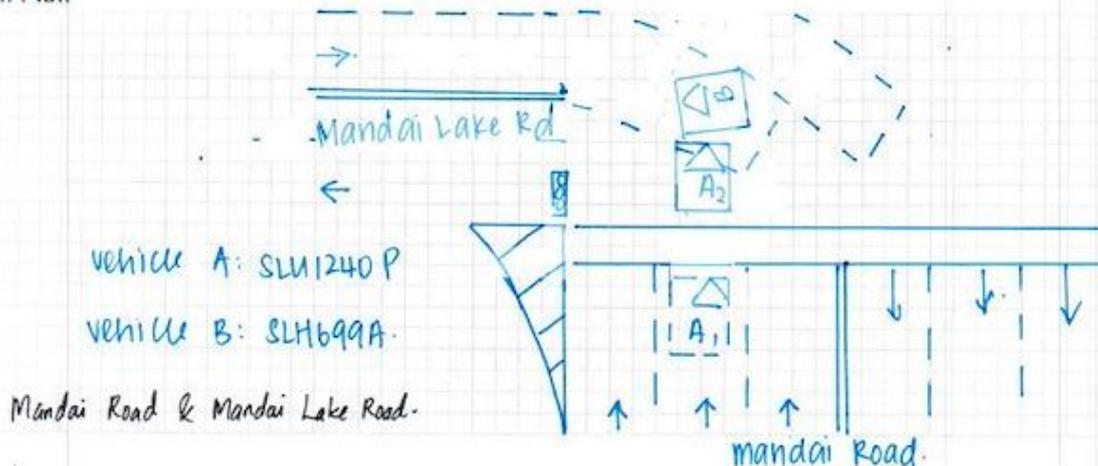
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

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

 24/01/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

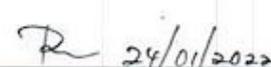
- Refer to Police Report -  
T/20220122/7009

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

 24/01/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel


























**SINGAPORE  
POLICE FORCE**


T/20220122/7009

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

Report No. T/20220122/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/01/2022 12:02	Vide Report No.: L/20220121/0073	Station Diary No.:
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Informant's Particulars			
Name of Informant: FONG WENG KIN DEXTER		Address: 972 HOUGANG STREET 91 #03-186 SINGAPORE 530972	
ID Type / ID No.: NRIC NO / S1530862A		Contact No.: Home/Office:                      Mobile: 83892868	
Nationality: SINGAPORE CITIZEN		Email: DEXXXFONG@GMAIL.COM	
Sex: Male	Age: 59	Date of Birth: 16/09/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		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: 21/01/2022 16:10	Type of Location: T-Junction
Location: MANDAI 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 On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLH699A	Car	TOYOTA	HARRIER	White	Slightly Damaged	2
SLU1240P	Car	HONDA	FREED	Blue	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220122/7009

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

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Report No. T/20220122/7009

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU1240P	FWD Singapore Pte. Ltd			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	KOH MOI CHOO ANNIE	ID No.	S1644034E	
Related Vehicle	SLU1240P (Car)	Contact No.	93860686	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	21/01/2022	Date	21/01/2022	
No. of Days granted Medical Leave	07	Degree of	Serious	
Driver				
Name	FONG WENG KIN DEXTER	ID No.	S1530862A	
Related Vehicle	SLU1240P (Car)	Contact No.	83892868	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	21/01/2022	Date	21/01/2022	
No. of Days granted Medical Leave	07	Degree of	Serious	

## Brief Details.

ON 21/01/2022 AT ABOUT 16:10HR, I WAS DRIVING ALONG MANDAI ROAD TOWARDS BKE WITH MY WIFE IN MY VEHICLE. I WAS TRAVELLING STRAIGHT ALONG THE MIDDLE LANE WHEN SUDDENLY, VEHICLE NUMBER - SLH699A, TURNED RIGHT FROM THE OPPOSITE DIRECTION AND CAME INTO MY PATH AND CAUSED OUR VEHICLES TO COLLIDE. MY VEHICLE WAS BADLY DAMAGED ON THE FRONT PORTION.

SUBSEQUENTLY, I CALLED FOR THE POLICE AT ABOUT 16:13HR, AND AMBULANCE CONVEYED MY WIFE TO KHOO TECK PUAT HOSPITAL FROM THE ACCIDENT SCENE. THE TRAFFIC POLICE ATTENDED THE SCENE AND I WAS ADVISED TO SUBMIT THIS POLICE REPORT. I WISH TO STATE THAT I HAD SOUGHT FOR MEDICAL ATTENTION AS WELL AFTER THE ACCIDENT.



**SINGAPORE  
POLICE FORCE**

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



T/20220122/7009

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Report No. T/20220122/7009

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
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T/20220122/7009

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Report No. T/20220122/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2022 12:02
Officer In Charge Of Case: TP / TPIB / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:

NP168

