

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 25/04/2022 11:20 (SGT)
Date of Accident 22/04/2022 19:10 (SGT)
Exact Location of Accident E Coast Park Service Rd, Singapore
Additional Location Information TOWARDS CHANGI BEFORE LAGOON
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS3270A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOH WEE KIAN
NRIC No SXXXX566H
Email Address xkiane@hotmail.com
Mobile Phone No (Phone) +65-88626804
Alternative Phone No +65-88626804

VEHICLE PARTICULARS

Manufacturer Honda
Model City
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 1497

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2022-00000415
Cover Note Number -

DRIVER

Name of Driver LOH WEE KIAN
NRIC No SXXXX566H

Date Of Birth	12/05/1992
Occupation	Indoor
Date Of Driving Pass	28/12/2021
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88626804
Alt. Phone Number	+65-88626804
Email Address	xkiane@hotmail.com
Address	BLK 609C TAMPINES NORTH DRIVE 1 #07-386
Address complement	-
Postcode	523609
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 - Major/Minor Rd
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JANE SIM
Gender	Female

PASSENGER 2

Name	OWEN LOW
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SKW5555G
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	JANE SIM
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS3270A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

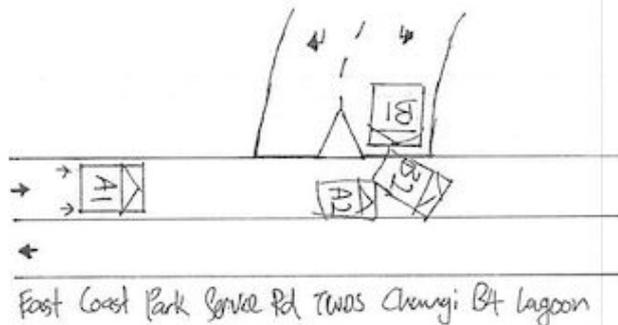
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel

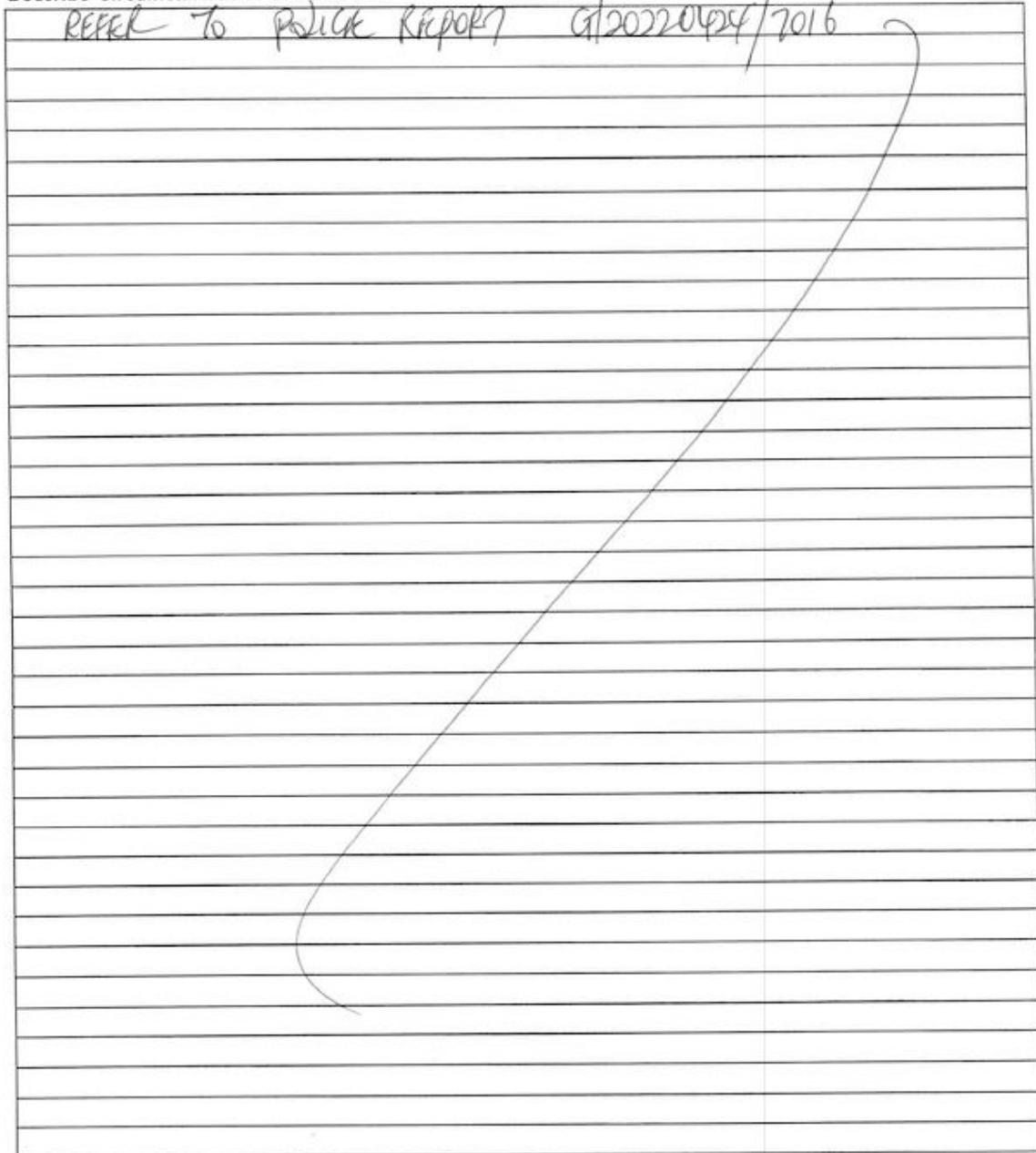
Sketch Plan



Vehicle A : SLS 3230 A
 Vehicle B : SKW 5555 G

Describe Circumstances of the Accident

REFER TO POLICE REPORT G/20220424/2016



Declaration

I/We declare the foregoing particulars are true in every respect.



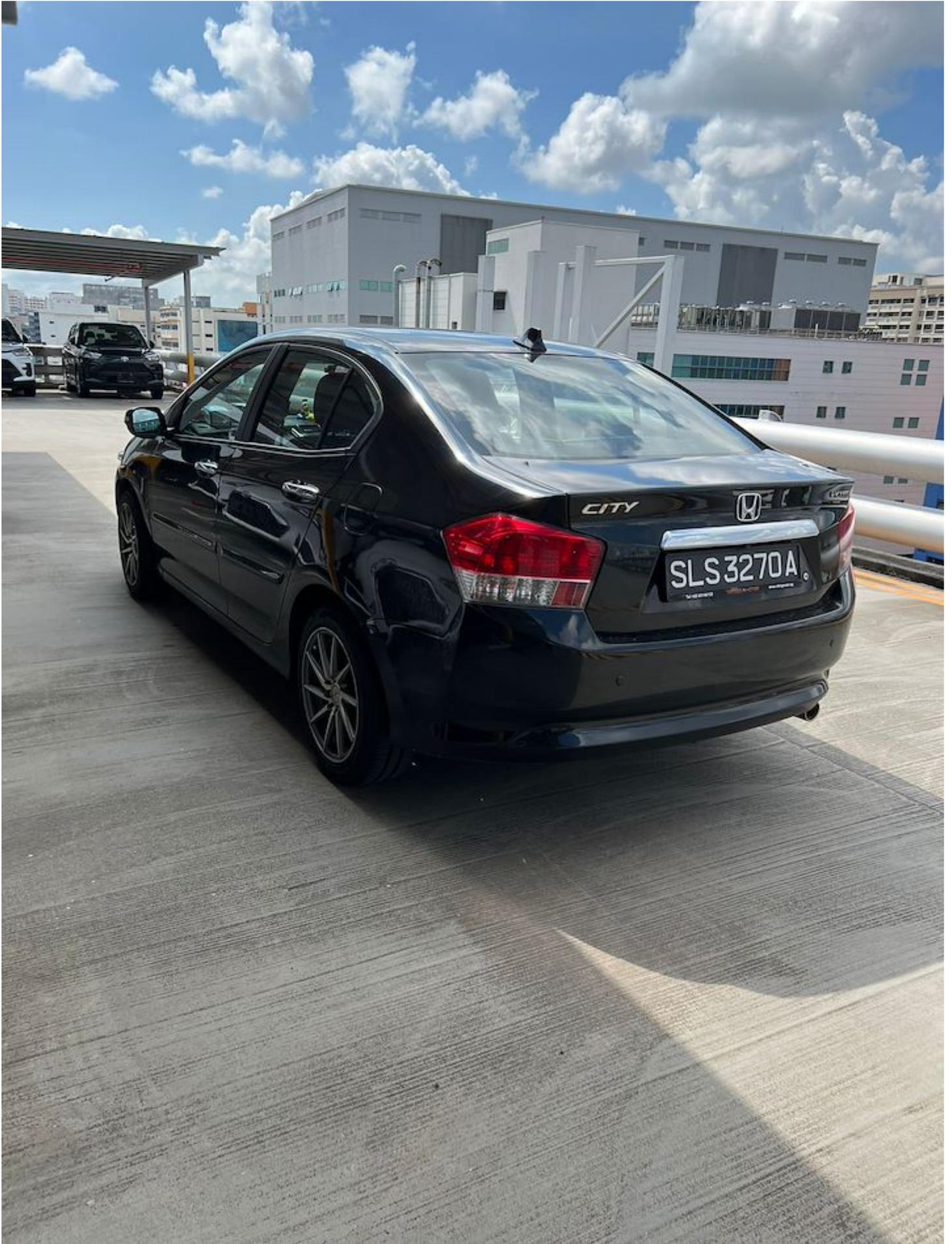
Policyholder's Signature / Date & Time

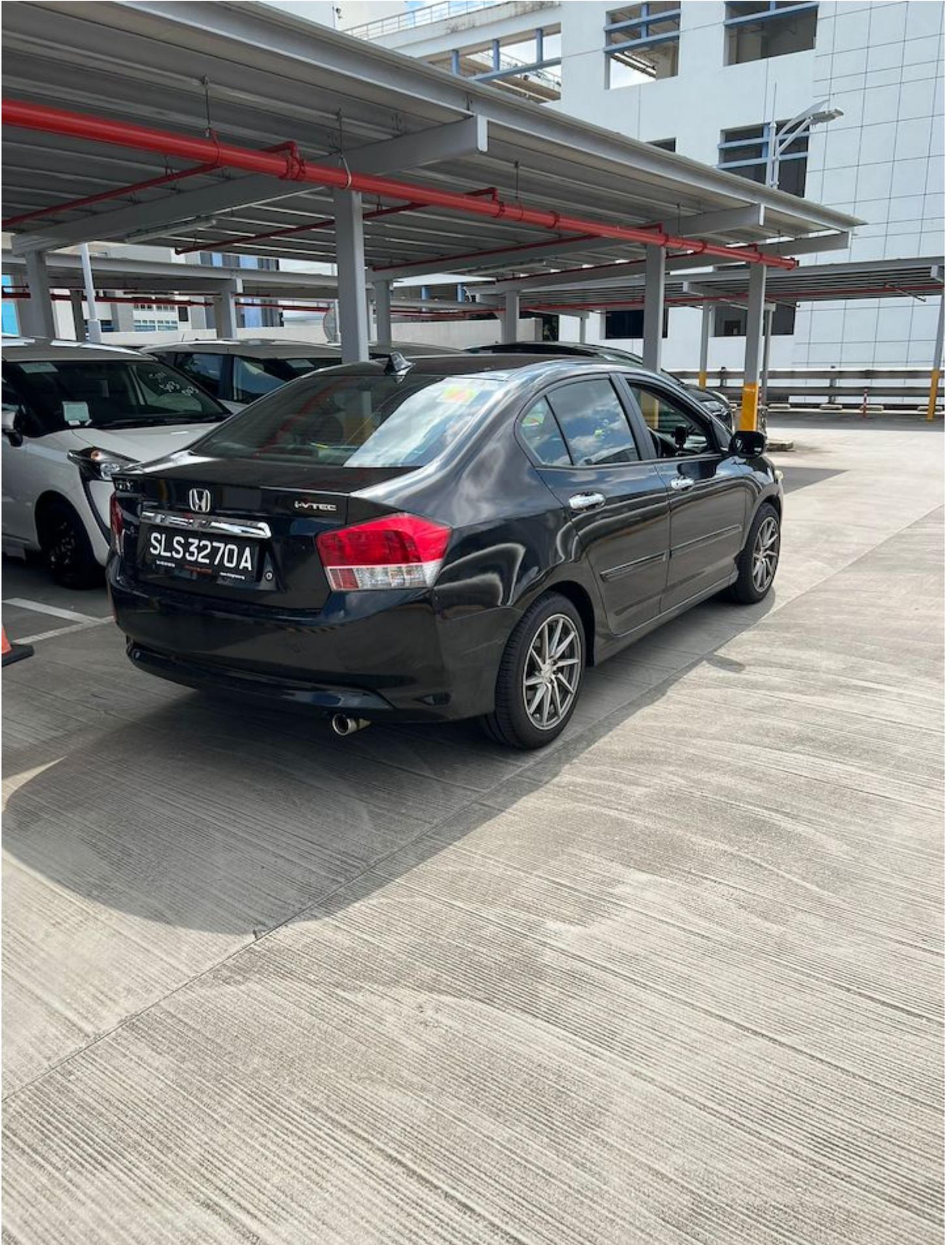
Driver's Signature (if driver is not the policyholder) / Date & Time

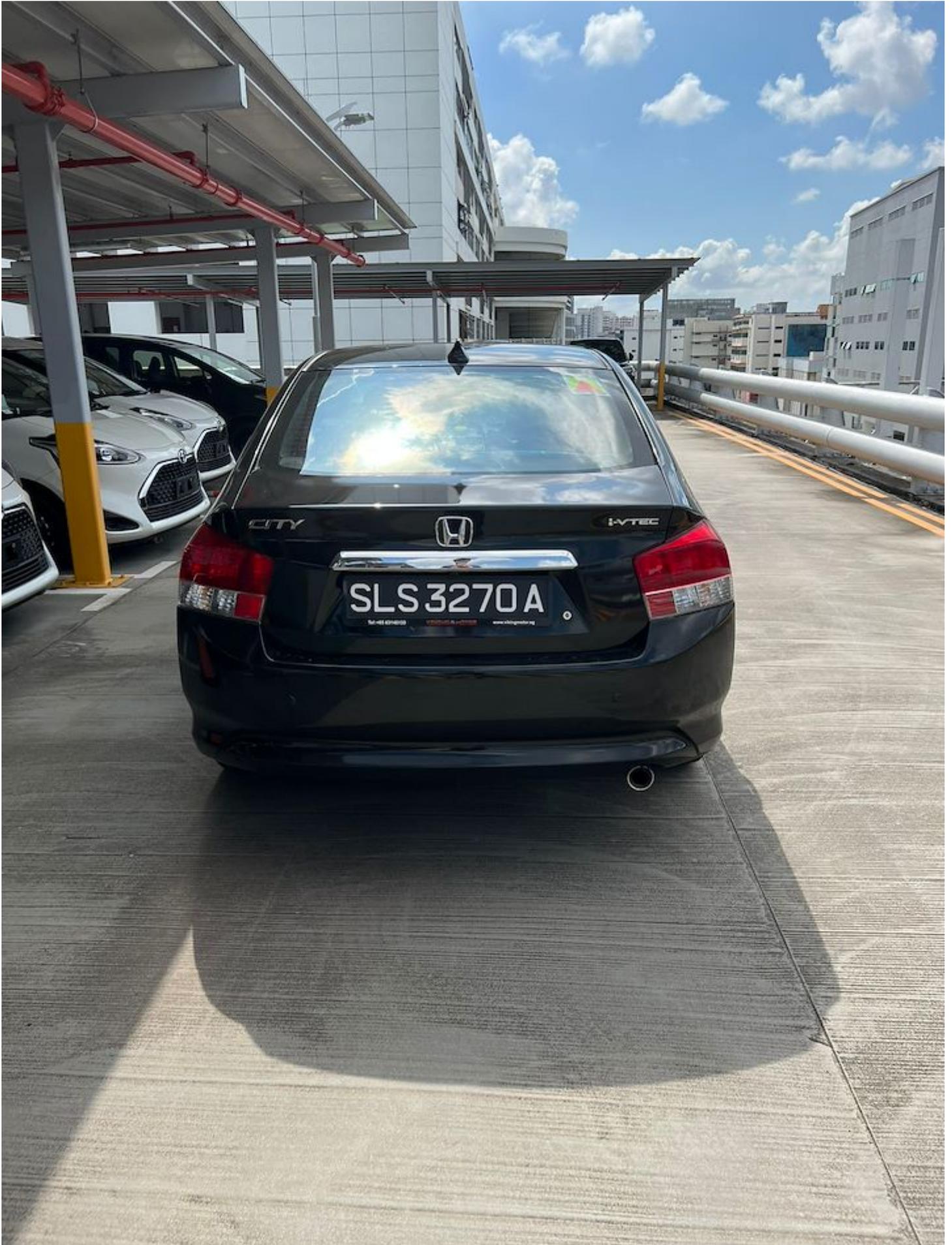


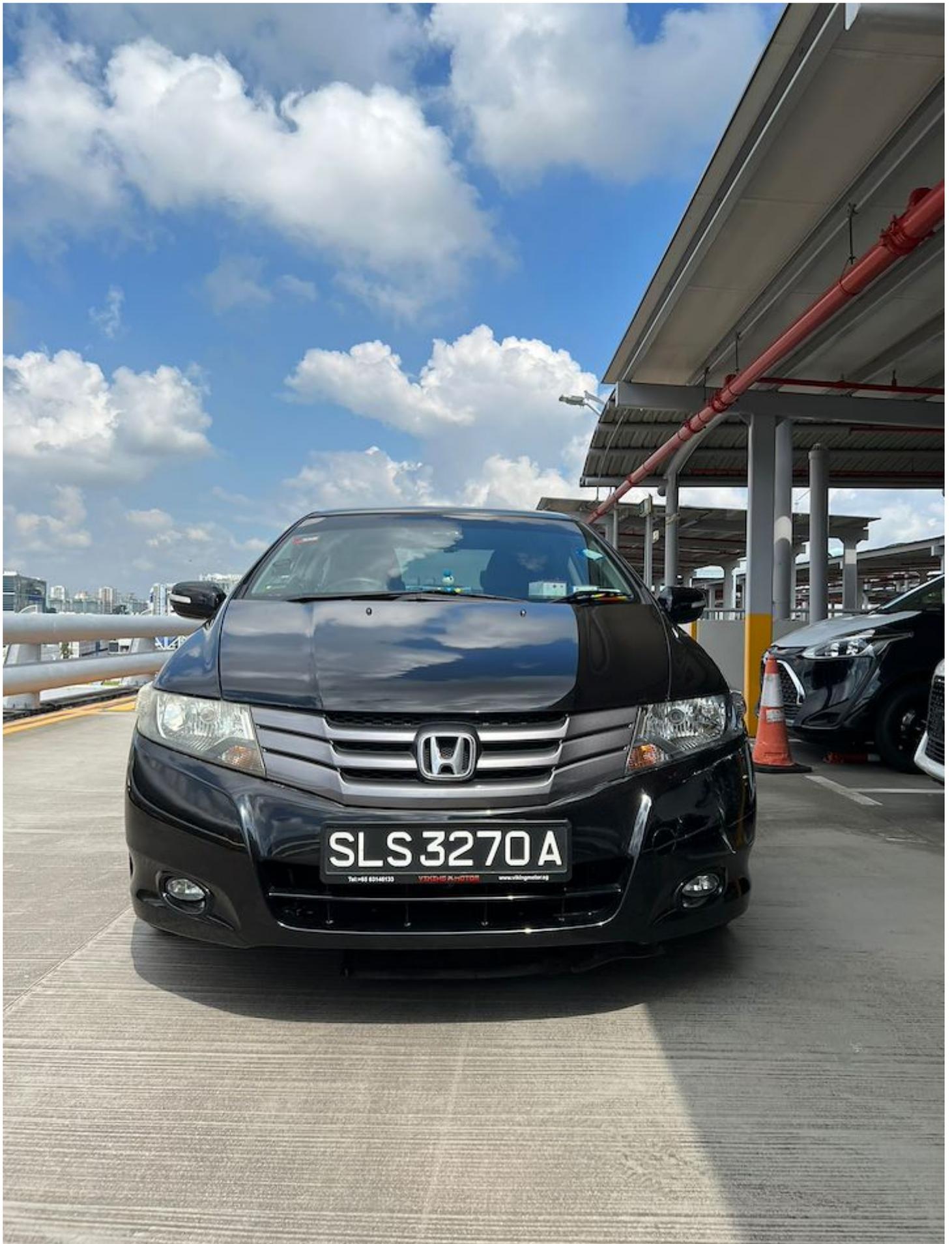
Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



G/20220424/7016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220424/7016

However, just as I was about to reach the intersection, SKW5555G abruptly dashed out past the stop line.

I attempted to jam on my brakes but due to the proximity of the 2 vehicles, there was no way that I could avoid the collision. Hence, upon checking that there were no oncoming vehicles on the other lane, I immediately swerved to my right in a bid to avoid the collision but to no avail.

SKW5555G's rear right portion still collided into the front left portion of my vehicle.

After the accident, my son Owen was crying profusely while my wife, despite being belted, knocked both her knees against the glove compartment of our vehicle as her body lurched forward, having been caught completely off guard.

After a while she started to feel pain on her body.

The next morning the pain worsen and she went to Sunshine clinic family practise and surgery to seek treatment and was given 5 days MC.

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: 24/04/2022 13:27
Officer In-Charge Of Case:	Classification Of Case: