SN09228B0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/08/2022 10:46 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (12/08/2022 10:46 (SGT))

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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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 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 12/08/2022 10:46 (SGT) Reported by Date of Accident 10/08/2022 15:17 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TWDS CHANGI B4 THOMSON RD TPY EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

1598

Vehicle Registration Number SJP8649Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HAY YONG LEE NRIC No SXXXX871B Email Address hay0408@gmail.com Mobile Phone No (Phone) +65-96942012 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Avante 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNPV2021-00004090

DRIVER

CC

Name of Driver HAY CHOON LEONG NRIC No SXXXX354A Date Of Birth 04/04/1996 Occupation Indoor

Date Of Driving Pass 21/08/2015 Driving experience 7 YEARS Gender Male Mobile Number (Phone) +65-91910200 Alt. Phone Number Email Address hay0408@gmail.com Address **BLK 409A NORTHSHORE DRIVE** Address complement #19-236 Postcode 821409 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name HENG LEMIAN, NATHANIEL Gender **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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SJQ6885R - -
Vehicle Category	- Private car
Name of Driver NRIC No	KO MING BOON SXXXX324H
Contact Number	(Phone) +65-97398858
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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SJM179G - - -
Vehicle Category	Private car
Name of Driver	LEUNG CHUNG HONG
NRIC No	SXXXX379J
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	-
Injured person in which vehicle?	SJP8649Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	HENG LEMIAN, NATHANIEL
Gender	Male
Phone No	
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	KNEES
Injured person in which vehicle?	
Were seat belts worn?	Yes
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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")

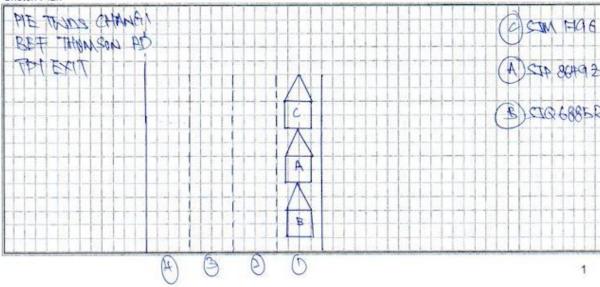
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 (Name as in NRIC/ID card)

11/08/22

Sketch Plan



Consider Circumstance of the Assistant
escribe Circumstance of the Accident
ON 10 08/2002 ISHAM, AS I WAS TRAFILING @ LANE
ALONG PIE TWOS CHANGI BET THOMSON RD TRY EXIT.
TOTAL TIE TO STATE BOT WOMEN AS IT LEVEL.
(P. P. P. MIZZ) ZIM TO TWORK ON ZUNHAU ZIFT WAZ I WATHLY
(CONNETE!
TO A CHA! SPAD AND LAND CARDISE I , GOTE A OT FIND CAP
A CHARLE TO BE STOP . I STOPPED THE CHARLEST OF TEXT AS THE
TOPM TENE IN BETWEEN . SUMMENLY, THERE WAS A HUBE IMPACT
(STOLESEL) & CANSED
FROM BEHIND, CAUCIAS MY VEHICLE CILLED TO THE CAR IN FRONT
THEM STATUS ASTRONE CONTROL TO THE CUT WANTED
J NE.

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 (Name as in NRIC/ID card)

2





2 of 4 Report No. T/20220811/7023

CONTINUATION OF REPORT

Driver		SAUCESTA			Maria Indiana
Name	HAY CHOON LEO	HAY CHOON LEONG			S9627354A
Related Vehicle	SJP8649Z (Car)			Contact	No. 91910200
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	N	IL
No. of Days gran	ted Medical Leave	05	Degree of		erious

Brief Details.

On the stated date and time, I was driving SJP8649Z along PIE(Changi) when I had gradually come to a stop before Onraet Road due to traffic conditions.

My friend, Nathaniel Heng, was my front passenger at that time.

We were chatting while waiting for traffic in front to move off when suddenly, a massive impact slammed into the rear of my vehicle.

Having been caught off guard, our bodies lurched forward due to the impact only to be restrained by our seat belts.

Despite keeping ample safety distance from the vehicle in front, the impact was so huge that my vehicle surged forward to hit onto the vehicle in front, when I was already stepping on my brakes.

Nathaniel knocked both his knees against the glove compartment as a result of the accident.

Upon alighting, I realised that we were involved in a 3 car chain collision involving:

SJM179G SJP8649Z SJQ6885R

where mine was the middle vehicle.

Shortly after the accident, I started feeling aches in my neck, shoulders, chest and back areas while Nathaniel complained of pain in his neck, shoulders, back and knees.

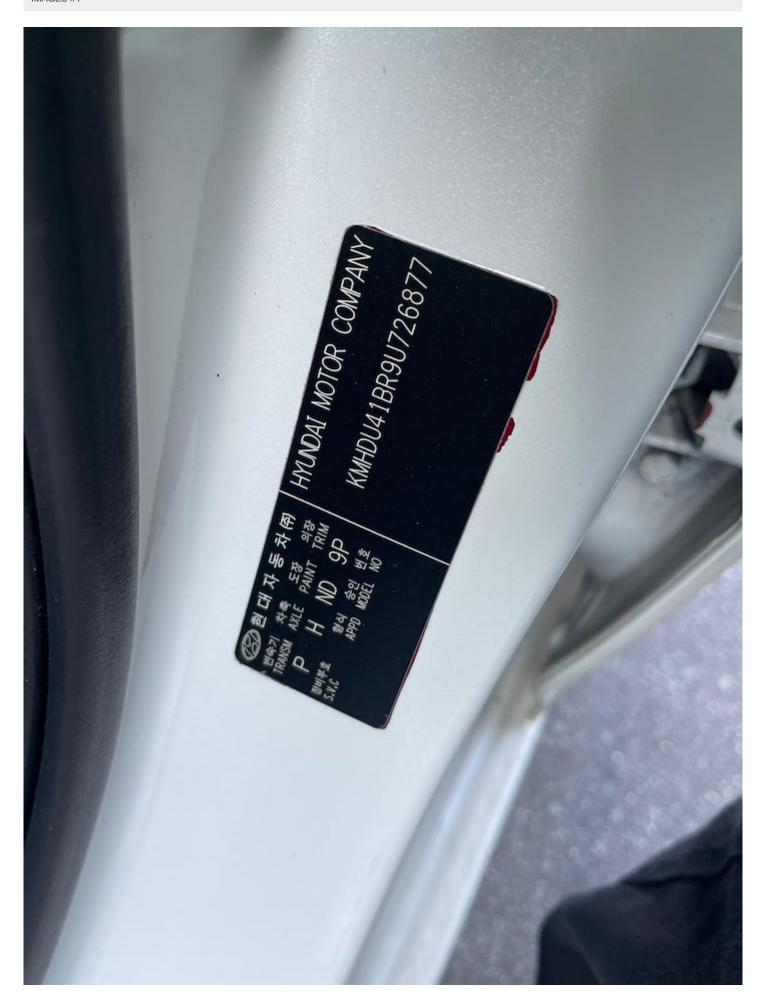
We proceeded to seek treatment at Sunshine Family Clinic near my clubhouse the same evening.

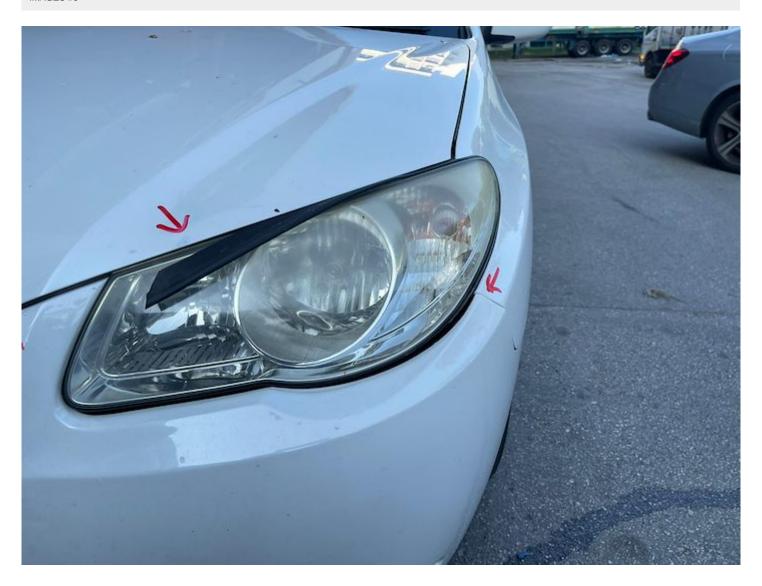
Both Nathaniel and I were given 5 days MC each for injuries caused by the accident.









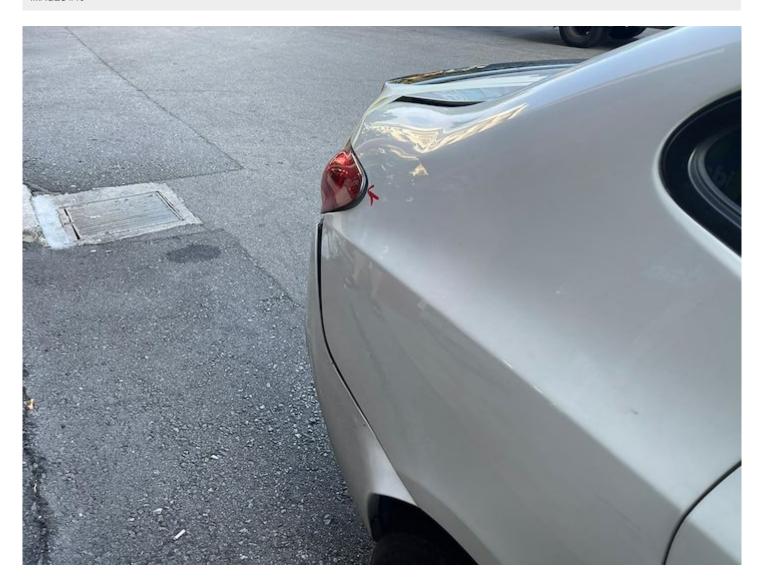


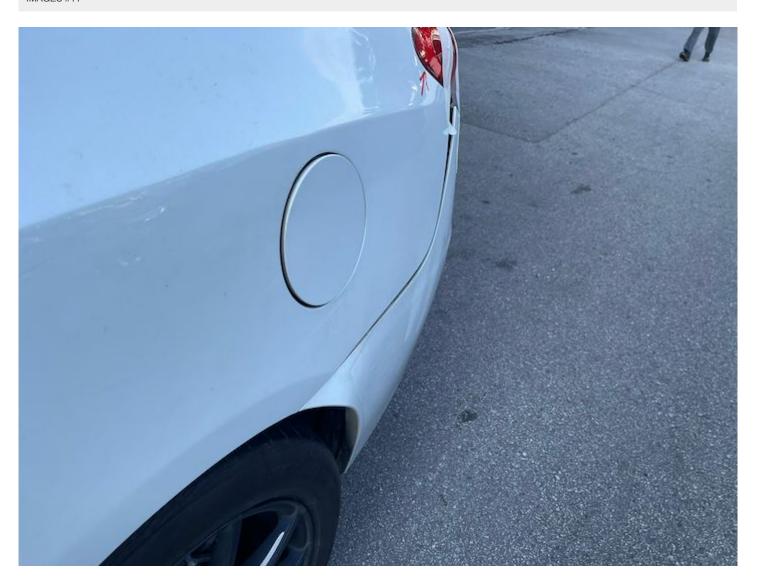


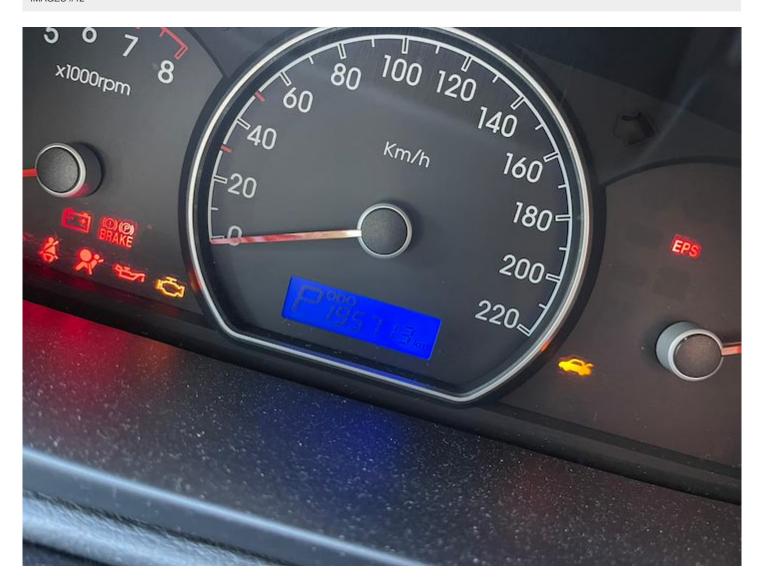






























1 of 4 Report No. T/20220811/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 11/08/20	ne Report I 022 15:05	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	AND THE PERSON NAMED IN		
	f Informant: IOON LEOI		Address: 409A NORTHSHORE DRIV	E #19-236 SINGAPORE 821409	
	/ ID No.: O / S96273	54A	Contact No.: Home/Office:	Mobile: 91910200	
National SINGAP	ity: ORE CITIZ	EN	Email: hay0408@gmail.com	Models: 51510200	
Sex: Male	Age: 26	Date of Birth: 04/08/1996	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2022 15:15	Type of Location
	EXPRESSWAY			
Weather:		Road Surface:	Ro	oad Speed Limit:
Traffic Flow:		Traffic Control:	Tra	affic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	N
		mano	Model	00101	Conditio	No of
SJP8649Z Car				Seriously	1	
				Damaged	1.24	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4 Report No. T/20220811/7023

CONTINUATION OF REPORT

Driver		BRUSSIY	No. of the last of		Marine and the second
Name	HAY CHOON LEONG		ID No.	S9627354A	
Related Vehicle	SJP8649Z (Car)			Contact N	lo. 91910200
Hospital/Clinic	NIL .			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NII	(C)
No. of Days gran	nted Medical Leave 05		Degree o		rious

Brief Details.

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Both Nathaniel and I were given 5 days MC each for injuries caused by the accident.





3 of 4 Report No. T/20220811/7023

CONTINUATION OF REPORT





4 of 4 Report No. T/20220811/7023

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: 11/08/2022 15:05
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME	Classification Of Case:
Contact No.: 65470000	