

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 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	11/10/2022 16:36 (SGT)
Reported by	Both
Date of Accident	10/10/2022 18:55 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX3868L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL HAMID BIN BAKAR
NRIC No	SXXXX081H
Email Address	hamid@cityenergy.com.sg
Mobile Phone No	(Phone) +65-98358281
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	2362

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2021-00003330

DRIVER

Name of Driver	ABDUL HAMID BIN BAKAR
NRIC No	SXXXX081H
Date Of Birth	24/07/1968
Occupation	Indoor

Date Of Driving Pass	02/09/1988
Driving experience	34 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98358281
Alt. Phone Number	-
Email Address	hamid@cityenergy.com.sg
Address	BLK 627 HOUGANG AVENUE 8 #08-136
Address complement	-
Postcode	530627
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221010/2113

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN663U
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Lancer
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG WEI GUANG
NRIC No	TXXXX725I
Contact Number	(Phone) +65-98369768
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG WEI GUANG
Gender	Male
Phone No	(Phone) +65-98369768
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN663U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

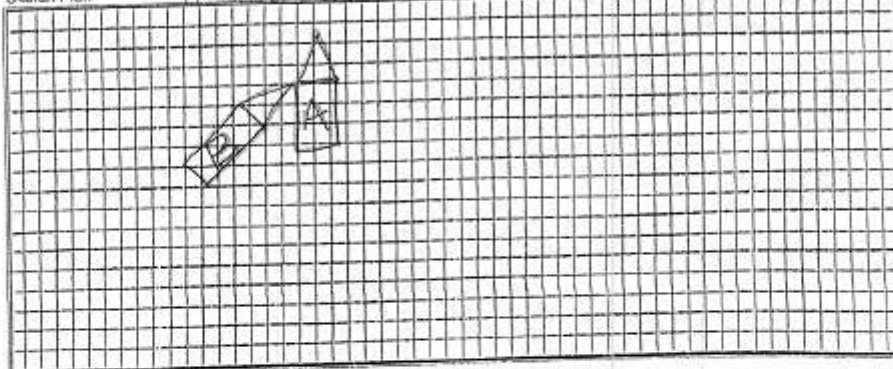
1. Please report correctly the details of the accident to speed up the claims process.
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 5. Any false reporting may be referred to the Traffic Police Department for investigation.
 6. This report will be forwarded by the Insurers to the GIA Records 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.
 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/are 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)

Sketch Plan



A = SKX 3868L

B = SN 663U

Scanned with CamScanner

Describe Circumstance of the Accident

As per Police Report 1/202210/10/2113

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

11/10/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Scanned with CamScanner




























**SINGAPORE
POLICE FORCE**


T/20221010/2113

1 of 4

Report No. T/20221010/2113

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2022 22:51		Vide Report No.: F/20221010/0146		Station Diary No.: 180	
Informant's Particulars					
Name of Informant: ABDUL HAMID BIN BAKAR			Address: APT BLK 627 HOUGANG AVENUE 8 #08-136 SINGAPORE 530627		
ID Type / ID No.: NRIC NO / S6828081H			Contact No.: Home/Office:		Mobile: 98358281
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 24/07/1968	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: PROCUREMENT LOGISTICS MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2022 18:55	Type of Location: X-Junction
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN663U	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	White	Slightly Damaged	2
SKX3868L	Car	TOYOTA	ESTIMA 2.4 A	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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T/20221010/2113

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Tel No: 1800-4890999

Report No. T/20221010/2113

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX3868L	FWD Singapore Pte. Ltd	PNPV2021-00003330	05/08/2021	01/01/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ABDUL HAMID BIN BAKAR		ID No.	S6828081H
Related Vehicle	SKX3868L (Car)		Contact No.	98358281
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 10/10/2022 at about 1855hrs while I was traveling along Yio Chu Kang Road towards Upper Serangoon Road in my vehicle bearing registration number SKX3868L with no passenger on board, I was travelling on the left most lane while approaching Buangkok Green cross junction, I did notice a vehicle at the slip road waiting to merge into Yio Chu Kang Road and right after I approached the slip road, I felt an impact on the left of my vehicle's front and my vehicle then swerved to the right and I did not managed to turn my vehicle back on track and it was stuck on the second lane as the engine could not be started and therefore, I alighted to make a check on my vehicle.

(Signature)
Nol: 50 Serangoon Ave 1
601402 Singapore 55612
1800 489 0999

Upon alighting, I took photos of my vehicle damages and proceeded to the other party vehicle bearing registration number SJN663U with 2 passengers on board, to snap some photos of the damages before exchanging particulars with the other driver namely Mr Ong Wei Guang Terry, T02327251, HPN: 98369768 and shortly after, ambulance and traffic police arrived, and they conveyed the driver to the nearest hospital.

Both my vehicle and the other party vehicle was towed away, and my vehicle was towed towards my preferred workshop located at AutoPoint (Ang Mo Kio Industrial Park 2).

I was provided with a case card from the traffic police and advised to lodge a traffic accident report at the nearest police center.

I wish to state that I do have slight neck strain but its still bearable for now and would be monitoring my condition till tomorrow and would be seeking medical treatment if need be.



**SINGAPORE
POLICE FORCE**

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60 Hougang Avenue 9 SINGAPORE 538775
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Report No. T/20221010/2113

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20221010/2113

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Report No: T/20221010/2113

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:

F /
SGT 2 TONG KAI YONG,
GODWIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/10/2022 22:51

Officer In Charge Of Case:
TP / GIT /
SGT 2 PHUA TIAK YEE
Contact No.: 65476200

Classification Of Case:

NP168