

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	26/10/2022 14:34 (SGT)
Reported by	Both
Date of Accident	25/10/2022 13:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(CHANGI)AFT JURONG WEST AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK119D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU JIA YANG ANDY
NRIC No	SXXXX146D
Email Address	elin.cqw@gmail.com
Mobile Phone No	(Phone) +65-91149880
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
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	2000

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00001264

DRIVER

Name of Driver	LAU JIA YANG ANDY
NRIC No	SXXXX146D
Date Of Birth	13/04/1981
Occupation	Indoor

Date Of Driving Pass	26/04/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91149880
Alt. Phone Number	-
Email Address	elin.cqw@gmail.com
Address	285 WESTWOOD AVE
Address complement	-
Postcode	648458
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PASSENGER
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/20221025/7064. I WISH TO ADD ON THAT MY REAR RIGHT RIM TYRE HAD BEEN DAMAGED BY THE ACCIDENT AS WELL.

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	SKS9495R
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)	-

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 processed 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.

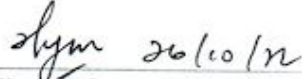
(collectively the "Purposes")

(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.


Insured Person's Signature / Date & Time

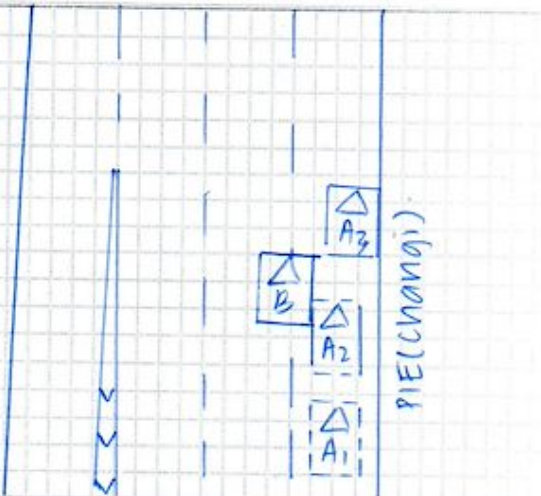

Driver's Signature (if driver is not the policyholder) / Date & Time

 26/10/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Vehicle A: SKK119D

Vehicle B: SKS9495R




Describe Circumstance of the Accident

- Refer to Police Report - 7/20221025/7064

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

 26/10/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221025/7064

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

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Report No. T/20221025/7064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU JIA YANG ANDY	ID No.	S8111146D
Related Vehicle	SKK119D (Car)	Contact No.	91149880
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details

On 25/10/2022 at about 13:25hr, I was driving my vehicle - SKK119D, along PIE in the direction of Changi, with my wife in my vehicle. Approximately after the entrance of Jurong West Avenue 1, I was travelling on the extreme right lane when vehicle number - SKS9495R, swerved into my lane and grazed onto my vehicle's front left portion. The impact caused my vehicle to brush against the roadworks divider on my right. The said vehicle then sped off from the accident scene.





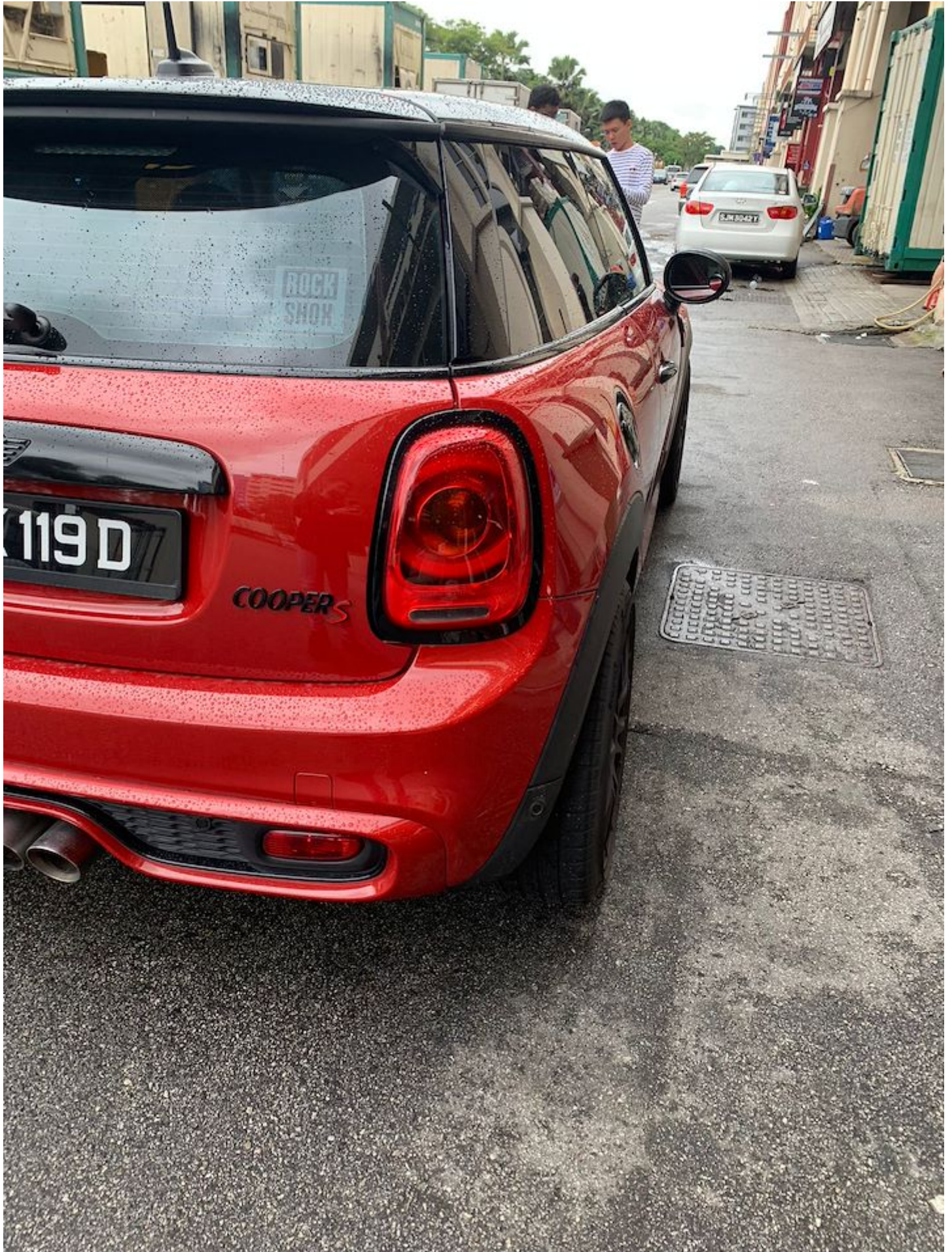
















**SINGAPORE
POLICE FORCE**



T/20221025/7064

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

1 of 3

Report No. T/20221025/7064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2022 19:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LAU JIA YANG ANDY			Address: 258 WESTWOOD AVENUE SINGAPORE 648458		
ID Type / ID No.: NRIC NO / S8111146D			Contact No.: Home/Office: Mobile: 91149880		
Nationality: SINGAPORE CITIZEN			Email: APPLEWERK@MAC.COM		
Sex: Male	Age: 41	Date of Birth: 13/04/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/10/2022 13:25	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKK119D	Car	MINI	Cooper S 2.0	Red	Slightly Damaged	1
SKSD495R	Car	AUDI	TT 2.0 S-Tronic	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221025/7064

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

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Report No. T/20221025/7064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU JIA YANG ANDY	ID No.	S8111146D
Related Vehicle	SKK119D (Car)	Contact No.	91149880
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details

On 25/10/2022 at about 13:25hr, I was driving my vehicle - SKK119D, along PIE in the direction of Changi, with my wife in my vehicle. Approximately after the entrance of Jurong West Avenue 1, I was travelling on the extreme right lane when vehicle number - SKS9495R, swerved into my lane and grazed onto my vehicle's front left portion. The impact caused my vehicle to brush against the roadworks divider on my right. The said vehicle then sped off from the accident scene.



SINGAPORE
POLICE FORCE



T/20221025/7064

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

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Report No. T/20221025/7064

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: 25/10/2022 19:07
Officer In Charge Of Case: TP / TP1B / SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:

SP108



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922AQ000D Vehicle Registration No: SKK119D
 Name (as shown in NRIC): Lau Jia Yang Andy NRIC/FIN/Passport No: S8111146D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 285 Westwood Avenue Singapore (648458)
 Contact (Tel): _____ Mobile No.: 91149880
 Email Address: elin.cqw@gmail.com
 Date of Accident: 25/10/2022 Time of Accident: 13:25hr
 Place of Accident: PIE (changji) after Jurong West Ave 1
 Insurance Company: FWD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I wish to add on that my rear right rim/tyre
had been damaged by the accident as well.

Policyholder / Driver's Signature
 Date:

[Signature] 01/11/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: