

# 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 .....	21/11/2022 19:40 (SGT)
Reported by .....	Both
Date of Accident .....	20/11/2022 17:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PAN ISLAND EXPRESSWAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKV4206B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JAMIAH BTE NANI
NRIC No .....	S1539928G
Email Address .....	adamlangton3@gmail.com
Mobile Phone No .....	(Phone) +65-96227103
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Jetta
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 .....	1400

### INSURANCE COMPANY

Name of Insurance Company .....	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	PNPV2021-00003363-01

### DRIVER

Name of Driver .....	ADAM EDWARD JOHN LANGTON BIN ADIL
NRIC No .....	T0044183F
Date Of Birth .....	14/12/2000
Occupation .....	Indoor

Date Of Driving Pass .....	15/03/2019
Driving experience .....	3 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96587942
Alt. Phone Number .....	-
Email Address .....	adamlangton3@gmail.com
Address .....	96 FLORA ROAD
Address complement .....	#04-53
Postcode .....	507007
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	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 .....	5
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) .....	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 .....	NUR DINI MANSOR
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

SEE ATTACHED SKETCH PLAN, PHOTO AND POLICE REPORT

#### 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 .....	SHA1206S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	GOH CHIK JOO
- .....	S7229388F
Contact Number .....	-
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 .....	SMM1916D
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	ASHRAF BIN HASSAN
NRIC No .....	S7641733D
Contact Number .....	-
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 3

Vehicle Registration Number .....	SNB8027U
Vehicle Manufacturer .....	MG
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	WEBB SANFORD ROBERT CHRISTOPHER
NRIC No .....	S1758949J
Contact Number .....	-
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 4

Vehicle Registration Number .....	SLV9506R
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
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 ..... NUR DINI MANSOR  
 Gender ..... Female  
 Phone No ..... (Phone) +65-93881313  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... 20  
 Injuries Sustained ..... BACK INJURY  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

### INJURED 2

Name of injured person ..... ADAM EDWARD JOHN LANGTON BIN ADIL  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... 96 FLORA ROAD  
 Address Complement ..... #04-53  
 Post Code ..... 507007  
 Approximate Age Years Old ..... 22  
 Injuries Sustained ..... BACK INJURY  
 Injured person in which vehicle? ..... SKV4206B  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

# SKETCH PLAN

## IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.
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.

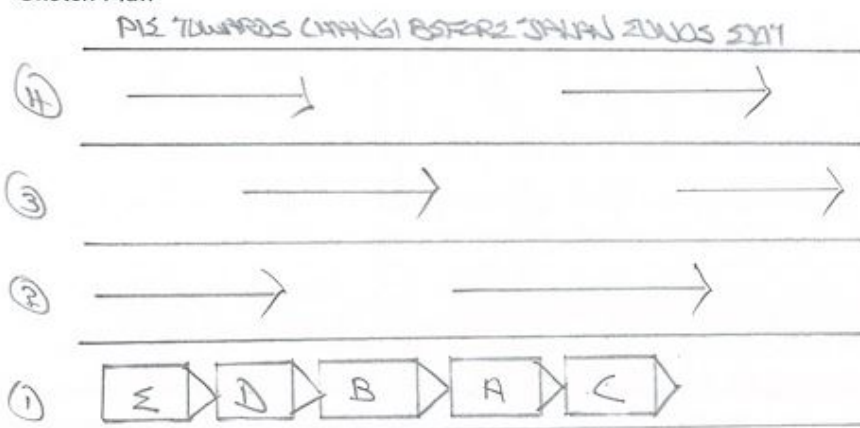
AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408023  
TEL: 6390 9666 FAX: 6846 7483

Jom:uh nani  
Policyholder's Signature / Date & Time  
21/11/22 16:40

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

Witnessed by Reporting Centre Personnel  
ELINER ARFONSO  
GXXXX824L

## Sketch Plan



A : SKV H206 B  
B : SHH 1206 S  
C : SMM 1916 D  
D : SUB 8227 U  
E : SKV 4506 R

Describe Circumstances of the Accident

Refer to Police Report No. 3 71202211217039

Declaration

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

Jamiah Nani  
Policyholder's Signature / Date &  
Time 21/11/22 1640

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

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408673  
TEL: 6490 9666 FAX: 6846 7483  
Witnessed by Reporting Centre  
Personnel E1m62 A1tonso  
Gyxxx824L

































**SINGAPORE  
POLICE FORCE**



T/20221121/7039

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

1 of 5  
Report No. T/20221121/7039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/11/2022 16:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ADAM EDWARD JOHN LANGTON BIN ADIL			Address: 96 FLORA ROAD #04-53 SINGAPORE 507007		
ID Type / ID No.: NRIC NO / T0044183F			Contact No.: Home/Office: Mobile: 96587942		
Nationality: SINGAPORE CITIZEN			Email: ADAMLANGTON3@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 14/12/2000	Type of Informant: Driver		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2022 17:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA1206S	TAXI					0
SKV4206B	Car					0
SLV9506R	Car					0
SMM1916D	Car	BMW				0



**SINGAPORE  
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T/20221121/7039

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

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Report No, T/20221121/7039

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNB8027U	Car					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH CHIK JOO	ID No.	S7229388F
Related Vehicle	SHA1206S (TAXI)	Contact No.	NIL
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
Driver			
Name	ADAM EDWARD JOHN LANGTON BIN ADIL	ID No.	T0044183F
Related Vehicle	SKV4206B (Car)	Contact No.	96587942
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/11/2022	Date	21/11/2022
No. of Days granted Medical Leave	07	Degree of	Slight
Passenger			
Name	NUR DINI MANSOR	ID No.	T0126924G
Related Vehicle	SKV4206B (Car)	Contact No.	93881313
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/11/2022	Date	21/11/2022
No. of Days granted Medical Leave	07	Degree of	Slight



**SINGAPORE  
POLICE FORCE**



T/20221121/7039

Police Station Of Origin:  
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Tel No: 65470000

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Report No. T/20221121/7039

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SLV9506R (Car)		Contact No. NIL
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
<b>Driver</b>			
Name	ASHRAF BIN HASSAN		ID No. S7641733D
Related Vehicle	SMM1916D (Car)		Contact No. NIL
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
<b>Driver</b>			
Name	WEBB SANFORD ROBERT CHRISTOPHER		ID No. S1758949J
Related Vehicle	SNB8027U (Car)		Contact No. NIL
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 20/11/2022 AT ABOUT 1700HRS, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI BEFORE JALAN EUNOS EXIT.

TRAFFIC WAS HEAVY AND SLOW MOVING.

I DROVE ON THE LANE IN SEQUENCE.

OUT OF A SUDDEN, I FELT A VERY HUGE IMPACT FROM BEHIND AND MY VEHICLE JERKED INTO THE VEHICLE INFRONT.

I IMMEDIATELY ALIGHTED TO CHECK ON MY VEHICLE AND DISCOVERED THAT IS WAS A





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T/20221121/7039

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Report No. T/20221121/7039

**CONTINUATION OF REPORT**

CHAIN COLLISION INVOLVING 5 VEHICLES.

POLICE AND AMBULANCE ARRIVED AT THE SCENE BUT NO ONE WAS CONVEYED TO HOSPITAL BY THE AMBULANCE.



**SINGAPORE  
POLICE FORCE**



T/20221121/7039

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

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Report No. T/20221121/7039

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/11/2022 16:28

Classification Of Case:

NP168



Celebrate living  
fwd.com.sg

### Certificate of Insurance

Please call **+65-6322-2072** for FWD Emergency Assistance  
if your car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**Policy number: PNPV2021-00003363-01 (Comprehensive - Executive Plan)**

Car plate number: SKV4206B

Your name (As the policyholder): JAMIAH BTE NANI

Coverage start date: 17/09/2022

Coverage end date: 16/09/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive :

(a) You; and

(b) Anyone with a valid driving license who you give permission to drive your car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to drive your car understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if your car is being used for non-commercial activities in accordance with your contract.

Finance company:

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 03/08/2022

**Khor Kee Eng**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6820-8888**  
or email us at **contact.sg@fwd.com** if any details  
in this Certificate of Insurance need to be changed.