

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	14/12/2022 15:22 (SGT)
Reported by	Both
Date of Accident	08/12/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE Exit 10B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8662Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ling Wei Chang
NRIC No	SXXXX524F
Email Address	cliffordling88@gmail.com
Mobile Phone No	(Phone) +65-96805012
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2021-00001782-01

DRIVER

Name of Driver	Ling Wei Chang
NRIC No	SXXXX524F
Date Of Birth	30/07/1988
Occupation	Indoor

Date Of Driving Pass	14/05/2008
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96805012
Alt. Phone Number	-
Email Address	cliffordling88@gmail.com
Address	Blk 352 Tampines Street 33
Address complement	#07-492
Postcode	520352
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	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	4
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)	4
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	Koh Swee Gee
Gender	Female

PASSENGER 2

Name	Koh Teck Kee
Gender	Male

PASSENGER 3

Name	Khang Lucy
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. L/20221209/7085

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 SME9838K
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMJ3664H
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLC1470L
 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	Ling Wei Chang
Gender	Male
Phone No	(Phone) +65-96805012
Address	Blk 352 Tampines Street 33
Address Complement	#07-492
Post Code	520352
Approximate Age Years Old	34
Injuries Sustained	Seriously injured.
Injured person in which vehicle?	SJD8662Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	Koh Swee Gee
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Seriously injured
Injured person in which vehicle?	SJD8662Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	Koh Teck Lee
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Seriously injured.
Injured person in which vehicle?	SJD8662Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	Khang Lucy
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Seriously Injured.
Injured person in which vehicle?	SJD8662Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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

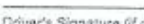
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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

 14/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT.

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

 14/12/2022
Witnessed by Reporting Centre Personnel







12/12/2022 16:15











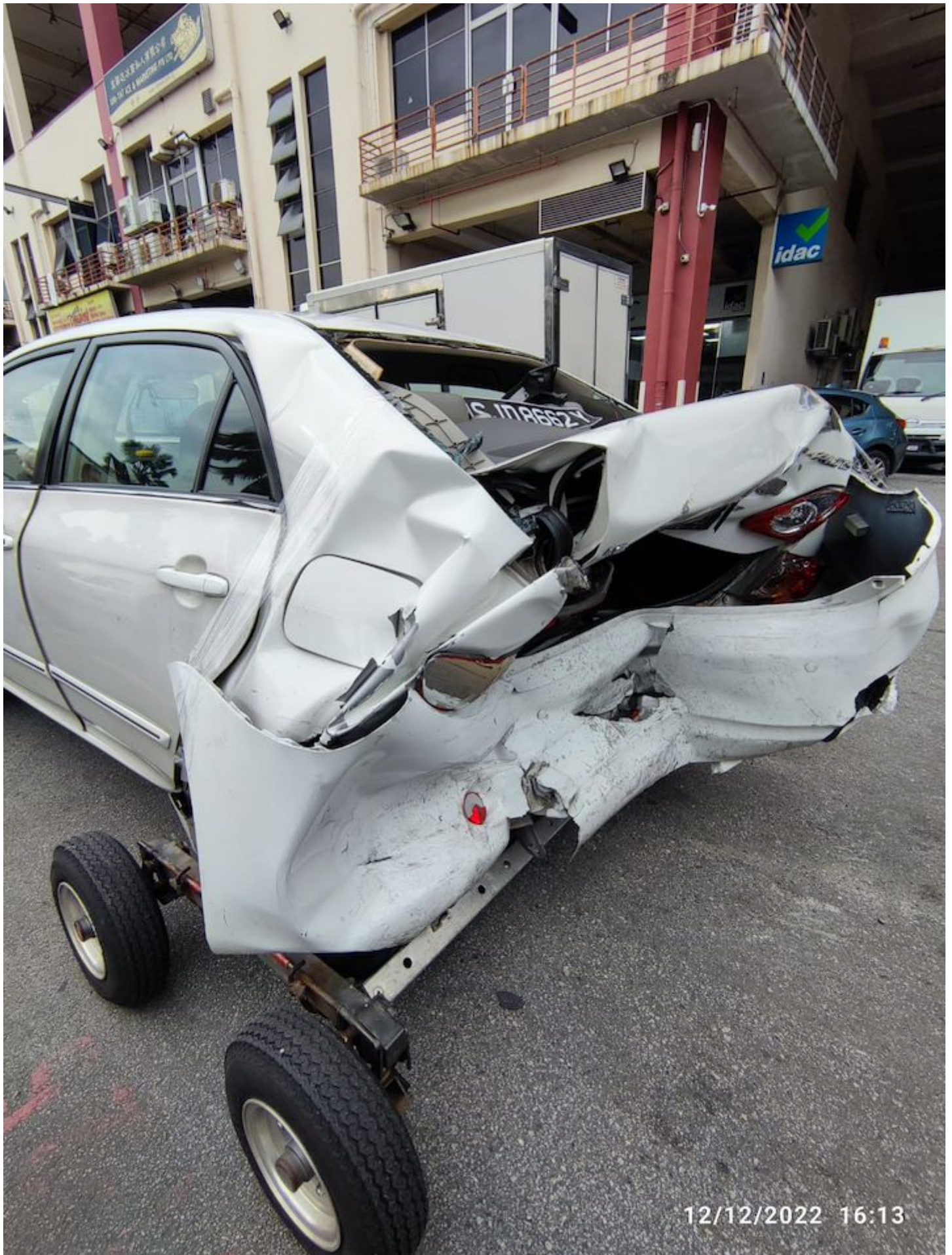




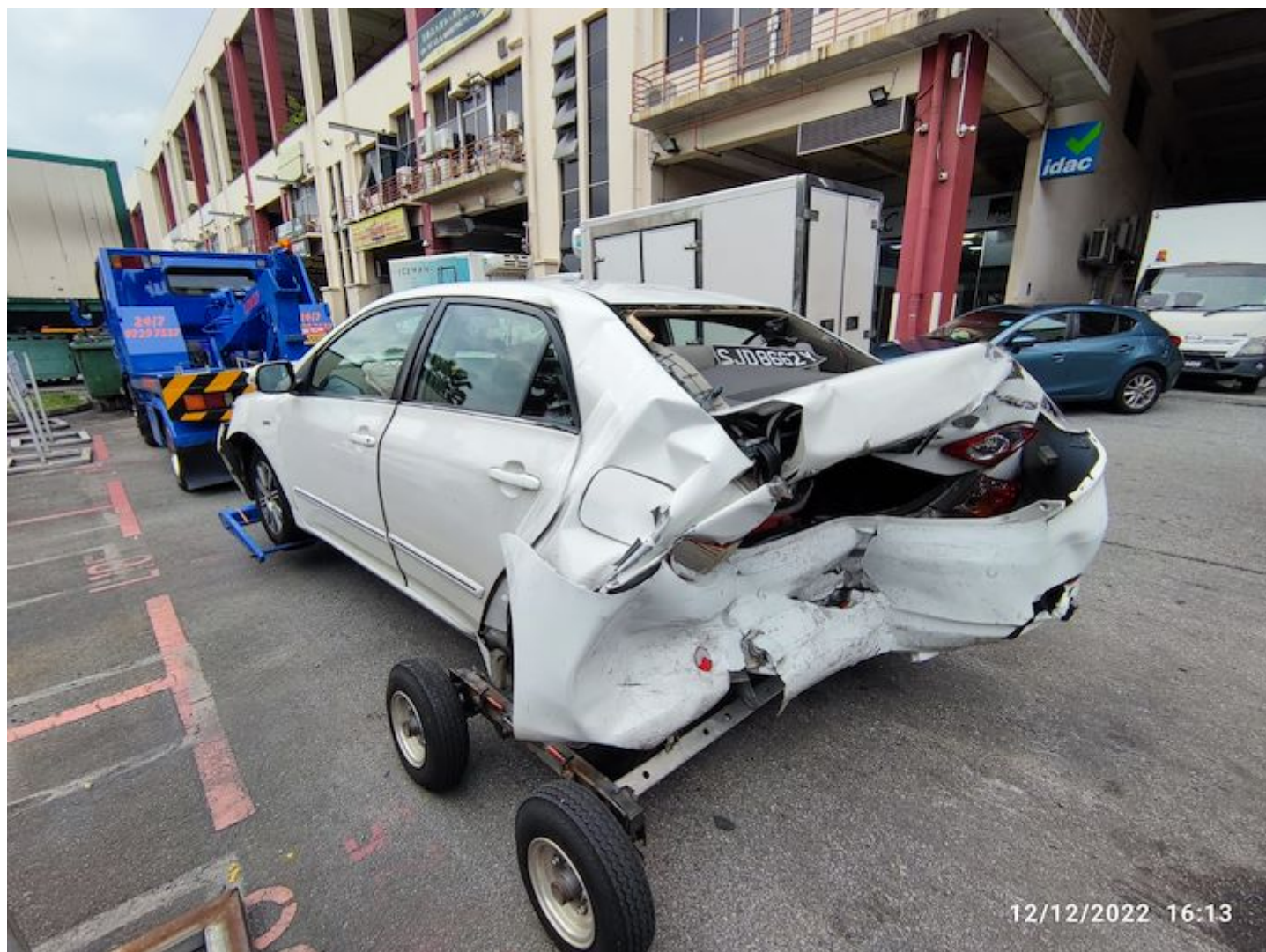


12/12/2022 16:14

















**SINGAPORE
POLICE FORCE**



L/20221209/7085

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POLICE REPORT (NP299)

Report No. L/20221209/7085

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 09/12/2022 23:12	Vide Report No.	Station Diary No.
Name Of Informant LING WEI CHANG	Address 352 TAMPINES STREET 33 #07-492 SINGAPORE 520352	
ID Type / ID No. NRIC NO / S8826524F	Contact No. Home/Office:	Mobile: 96805012
Nationality SINGAPORE CITIZEN	Email Address CLIFFORDLING88@GMAIL.COM	
Occupation Sales manager	Sex Male	Age 34
Institution/School Name	Date of Birth 30/07/1988	Race Chinese
Date/Time Of Incident 08/12/2022 10:30 - 08/12/2022 12:00	Location Of Incident #NA-NA BKE EXIT 10B	
Brief details.		

On the stated time and date, my vehicle A SJD8662Y was stationary at BKE towards Johor Bahru on lane 1 as there was a heavy traffic congestion. Suddenly vehicle B SME9838K hit me from behind with a strong impact causing my vehicle to surge forward and hit onto Vehicle C SLC1470L. When I alight, I realised that I was involved in a 4 vehicle chain accident. My 3 passengers and I were all admitted to the hospital by ambulance. I was hospitalised and given 10 days hospitalisation leave. All of my passengers were given 5 days MC each.

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: 09/12/2022 23:12
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20221209/7085

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20221209/7085

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male		
Victim			
Person Name	LING WEI CHANG		
ID Type	NRIC NO	ID No	S8826524F
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Sales manager	Address	352 TAMPINES STREET 33 #07-492 SINGAPORE 520352
Mobile No	96805012	Is Informant A Victim?	Yes
Person Name	LING WEI CHANG (Informant)		

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: 09/12/2022 23:12
Officer In-Charge Of Case:	Classification Of Case: