

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	25/01/2023 17:54 (SGT)
Reported by	Both
Date of Accident	24/01/2023 12:00 (SGT)
Exact Location of Accident	Near 279 Thomson Rd, Singapore 307645
Additional Location Information	Along Thomson Road towards PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3969B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOO JUI YEANG
NRIC No	SXXXX939H
Email Address	choonazz@gmail.com
Mobile Phone No	(Phone) +65-86069628
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2018-00013260-04

DRIVER

Name of Driver	CHOO JUI YEANG
NRIC No	SXXXX939H
Date Of Birth	17/02/1977
Occupation	Indoor

Date Of Driving Pass	09/07/1999
Driving experience	23 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86069628
Alt. Phone Number	-
Email Address	choonazz@gmail.com
Address	119 Wak Hassan Drive
Address complement	-
Postcode	757599
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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)	5
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	LOH AIZHEN
Gender	Female

PASSENGER 2

Name	LOH SIEW CHOO
Gender	Female

PASSENGER 3

Name	ANDERS CHOO
Gender	Male

PASSENGER 4

Name	ANTON CHOO
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan.

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 PC2372H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver ROZAIL BIN BUANG
 NRIC No SXXXX393E
 Contact Number (Phone) +65-86557433
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT NOTICE

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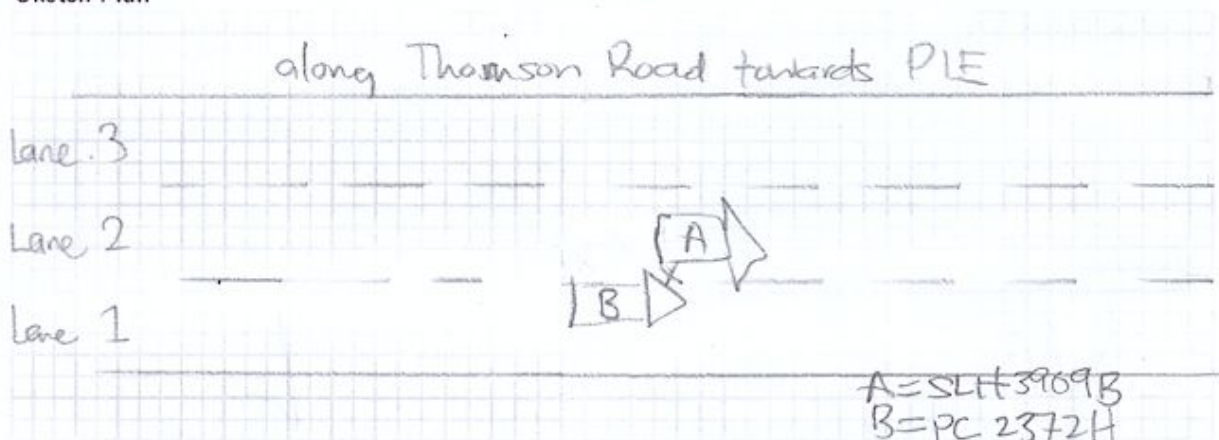
8. Consent under the Personal Data Protection Act (PDPA)

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

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

Describe Circumstance of the Accident

On 24 Jan, about 1200H, I was travelling along Thomson Road heading towards PIE, the traffic was moderate and the road surface was wet due to drizzle at that time.

I was in the car, 52H3969B, with my family (total 5 pax) driving in lane 2 (middle lane) at a 50 km/hr, at the point just opposite of Novena Church, I felt a collision on my right rear. I realised, I have been rear-ended by a shuttle van PC 2372H, it was on the Lane 1.

Upon collision, we ~~have~~ pulled over to the left lane, and assessed the damage.

The van driver claimed he was ~~changing from~~ Lane 1 (extreme right) to lane 2 (center) as he was trying to avoid the brick barriers in the middle of the road.

Pictures of damages to my car was taken, and driver of PC 2372H driver license, contact number was also exchanged.

It was ~~assess~~ assessed that there were minimal, no damage to the van.

For my car, the bumper, taillight and right rear-panel were damaged.

With no further exchanges, we left the scene at about 1250H.

Contact of van driver: 86557433

He works for Lim Transport, contact of his boss: 98731138.

Declaration

We declare the foregoing particulars are true in every respect.


25 Jan '23
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)





















