

# 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	06/02/2023 14:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/02/2023 22:38 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI AFTER SIMS AVENUE EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7635L
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BAY JING ZHI
NRIC No	SXXXX712H
Email Address	willard_y2k@hotmail.com
Mobile Phone No	(Phone) +65-91878173
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1998

### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00004027

### DRIVER

Name of Driver	BAY JING ZHI
NRIC No	SXXXX712H
Date Of Birth	04/05/1985
Occupation	Indoor

Date Of Driving Pass .....	28/01/2011
Driving experience .....	12 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91878173
Alt. Phone Number .....	-
Email Address .....	willard_y2k@hotmail.com
Address .....	BLK 298 BUKIT BATOK STREET 22 #07-30
Address complement .....	-
Postcode .....	650298
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 .....	2
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 .....	YAW BOON TEANG
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

PLEASE REFER TO POLICE REPORT T/20230205/7011

#### 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 .....	SHD9070Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	SNA8878K
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 .....	BAY JING ZHI
Gender .....	Male
Phone No .....	(Phone) +65-91878173
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLM7635L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	YAW BOON TEANG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLM7635L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/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

Sketch Plan

Pls add change  
after Sims Ave Exit

C  
A  
B

A : SUM7635L

B : SHD9070Y

C : SNAB878Y

Describe Circumstances of the Accident

Refer to Police Report / 160230205 / 7011

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

  
Witnessed by Reporting Centre Personnel































**SINGAPORE  
POLICE FORCE**



T/20230205/7011

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

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Report No. T/20230205/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/02/2023 15:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: BAY JING ZHI			Address: 298 BUKIT BATOK STREET 22 #07-30 SINGAPORE 650298		
ID Type / ID No.: NRIC NO / S8512712H			Contact No.: Home/Office: Mobile: 91878173		
Nationality: SINGAPORE CITIZEN			Email: williard_y2k@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 04/05/1985	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:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 03/02/2023 22:35	Type of Location:
Location: GEYLANG BAHRU				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SLM7635L	Car	HONDA	CIVIC 3DRS TYPE R	Silver		1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM7635L	FWD Singapore Pte. Ltd	PNPV2022-00004027	07/10/2022	06/10/2023



**SINGAPORE  
POLICE FORCE**



T/20230205/7011

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

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Report No. T/20230205/7011

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	YAW BOON TEANG	ID No.	NIL
Related Vehicle	SLM7635L (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	03	Degree of	Serious
<b>Driver</b>			
Name	BAY JING ZHI	ID No.	S8512712H
Related Vehicle	SLM7635L (Car)	Contact No.	91878173
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details:**

On the stated date and time I was ferrying my friend (Yaw Boon Teang) on board vehicle SLM7635L.

I was travelling straight on lane 1 along PIE towards Changi.

As the vehicle in front stopped I gradually follow suit.

Suddenly I felt a great impact from behind and the impact propelled my vehicle forward to hit onto my front vehicle.

The impact was great and causes my forehead to hit onto something.

I then check on my friend and realised that he was lunged forward only to be restrained by her seatbelt.

I then alighted and realised that I was involved in a 3 vehicles chain collision and I am the 2nd vehicle.

Order of the vehicles are as follow:

1. SNA8878K



**SINGAPORE  
POLICE FORCE**



T/20230205/7011

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

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Report No: T/20230205/7011

**CONTINUATION OF REPORT**

- 2. SLM7635L
- 3. SHD9070Y

After a while we start to feel pain on our neck, shoulders and back areas.

TP and ambulance came, no one was conveyed.

The next day the pain on our body worsen and both of us proceeded to Unihealth 24-Hr Clinic Jurong East to seek treatment and we were given 3 days MC each.



**SINGAPORE  
POLICE FORCE**

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



T/20230205/7011

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Report No: T/20230205/7011

**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 /  
ROIZMAN BIN MOHAMED POSARI  
Contact No.: 65476131

NP108

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

Date/Time:  
05/02/2023 15:42

Classification Of Case:





**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: SN0923260003 Vehicle Registration No: SLM7635C  
 Name (as shown in NRIC): BOY JULY 2011 NRIC/FIN/Passport No: SXXXX71241  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 91878113  
 Email Address: \_\_\_\_\_  
 Date of Accident: 03/02/2023 Time of Accident: 22:38  
 Place of Accident: PUE TOWARDS CHANGI AF SINGAPORE EXIT  
 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:

EMAIL ADDRESS To WILSON Y2K @ HOTMAIL.COM

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Policyholder / Actual Driver's Signature  
Date:

10/02/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: