# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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**

Honda

Vehicle Registration Number SLM7635L

#### 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

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 No - Claiming third party your vehicle? 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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 **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? 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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	BAY JING ZHI Male (Phone) +65-91878173 SLIGHT INJURY SLM7635L Yes No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-

### SISTICH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the datails of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful migrapresentation 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 tability on the part of the insurance
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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)

Lunderstand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") mey/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;
- (II) carrying out and/or dealing with my instructions or responding to any enquiries by ma-
- (w) administering my claims (including the mailing of correspondence, statements, invoices, raports 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/half 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. usa, 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 &

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

Witnessed by Raporting Cani

Sketch Plan

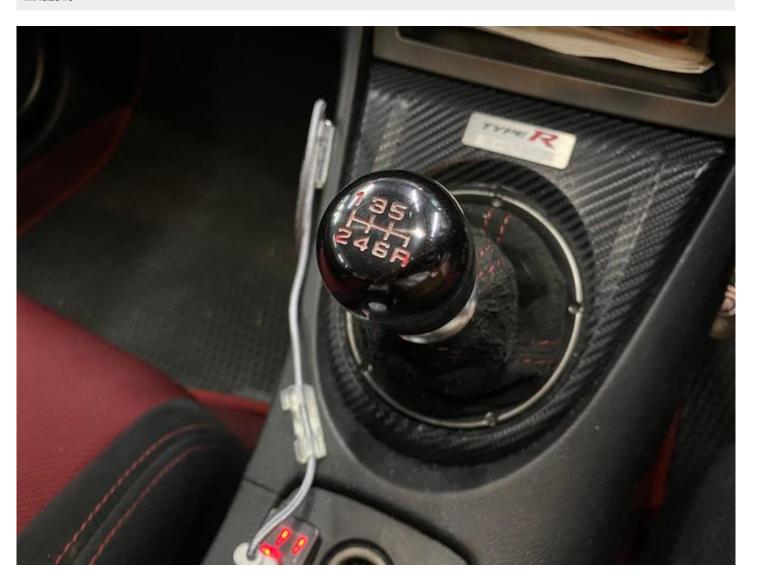
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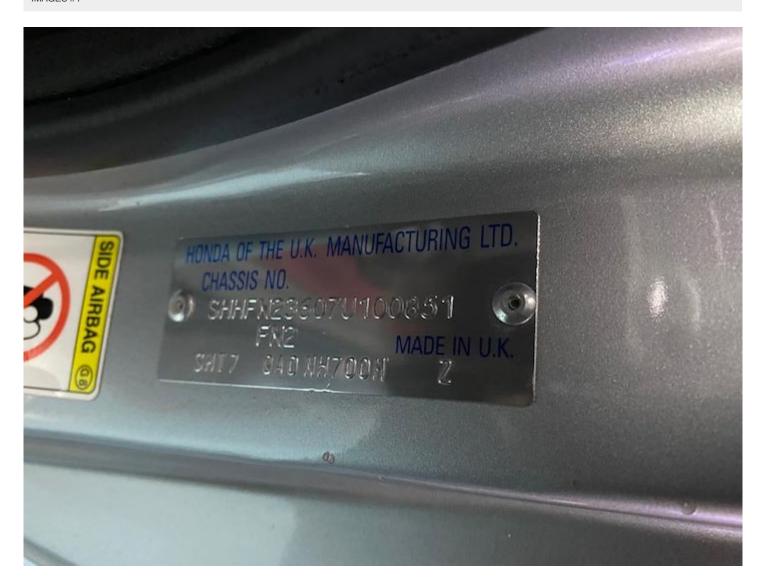
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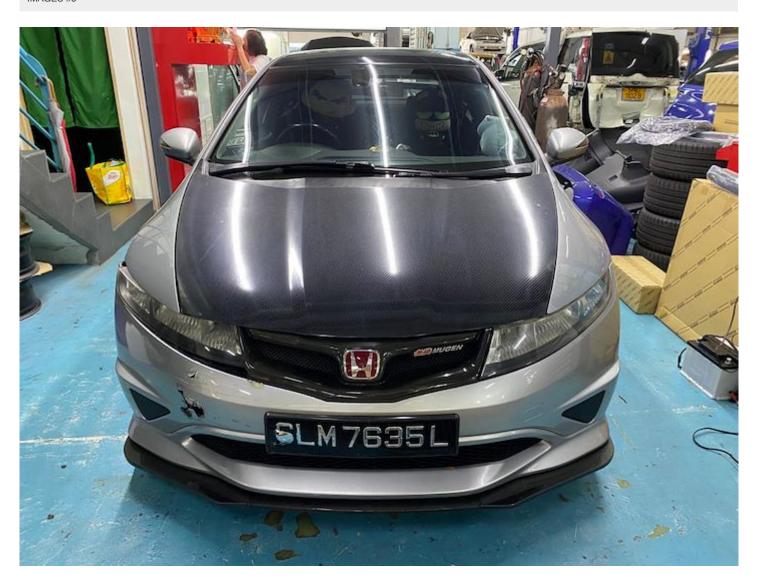
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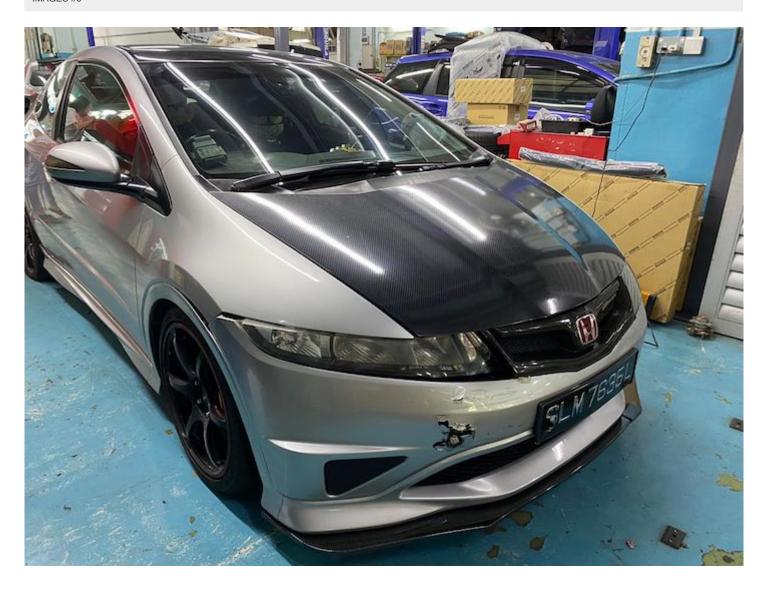


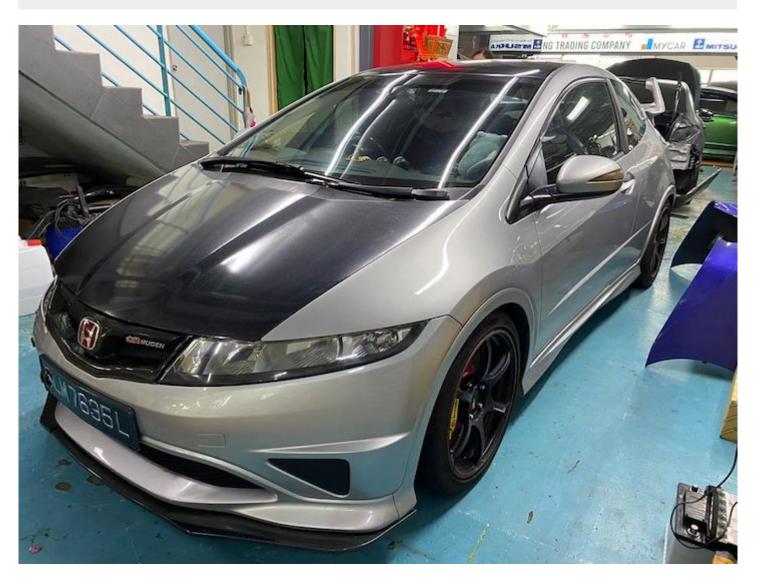




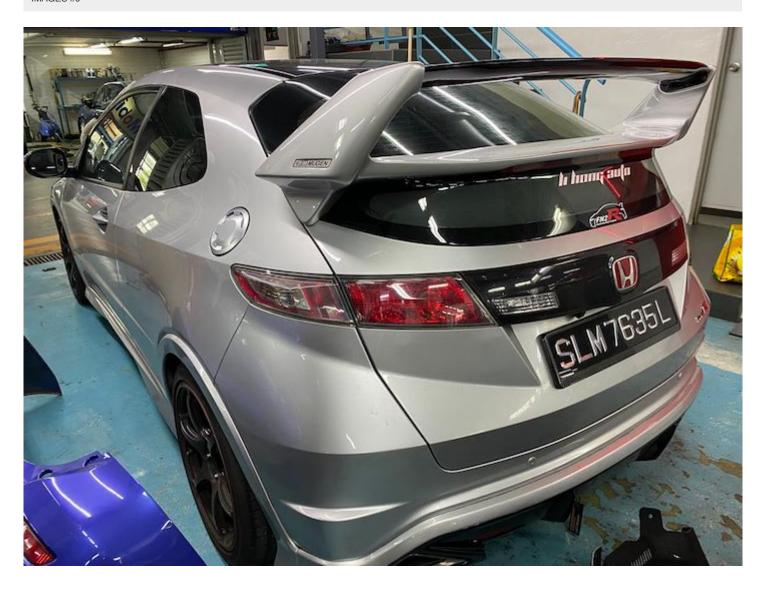
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 4 Report No. T/20230205/7011

### REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 5/02/2023 15:42		Vide Report No.:	Station Diary No.:
Informa	int's Partic	ulars		
Name o BAY JIN	f Informant: IG ZHI		Address: 298 BUKIT BATOK STREET	22 #07-30 SINGAPORE 650298
	NAME OF TAXABLE PARTY.		Contact No.: Home/Office:	Mobile: 91878173
National SINGAR	lity: PORE CITIZ	EN	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:

Type of Attended by Police		Drink Drive; No	Date/Time of Accident: 03/02/2023 22:35	Type of Location
GEYLANG BA	AHRU			
Weather:		Road Surface:	R	oad Speed Limit:
				oad Speed Limit;
Traffic Flow:		Traffic Control:	Ti	affic Volume:

Details of V	ehicle Invo	lved			130 13.25 14	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLM7635L	Car	HONDA	CIVIC 3DRS	Silver		1

Details of V	ehicle Insurance	Total Control	Maria Paris I and	And the state of
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM7635L	FWD Singapore Pte. Ltd	PNPV2022-	07/10/2022	06/10/2023
		00004027	STORT OF STREET	8.345000000000





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

2 of 4 Report No. T/20230205/7011

### CONTINUATION OF REPORT

Details of Perso	on Involved	SHIP CALLS					
Any Pedestrian I							
No. of Pedestrian			Use of Pe	destria	Cross	rinn: NA	
Passenger			220 011 0	GGGHIGI	101033	airig. INA	
Name	YAW BOON TEANG			ID No	V.	NIL	
Related Vehicle	SLM7635L (Car)			Conta	et No.	NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	Degree of		Serio	ne			
Driver			1 = 03.00 01		Geno	us	
Name	BAY JING ZHI			ID No	0	S8512712H	
Related Vehicle	SLM7635L (Car)			Conta	ct No.	91878173	
Hospital/Clinic	NIL			Class Driving Licence Expiry	g :e &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days granted Medical Leave 03			Degree of	- 0	Seriou	IS	

### 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 infront 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



T/20230205/7011

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

3.of 4 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.





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

4 of 4 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 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: 05/02/2023 15:42
Officer In Charge Of Case: TP / TPIB /	Classification Of Case;
ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	



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

	ADDEN	IDUM	
) PARTICULARS OF PERSON	N MAKING THE AMENDME	NTS:	
Original Report No: SUG	1912/260103	Vehicle Registration No	SCM7635C
	The state of the s	NRIC/FIN/Passport No	
(*Vehicle Driver/Policyhol			ii - war (1-1)
Address:		210	Singapore (
Contact (Tel):		Mobile No.:/ Ø_	10117
Email Address:	1	<del></del> s	
Date of Accident: 03 0	12 2013	Time of Accident:	22:38
Place of Accident:	PIFE ZOWAN	ROS CHONCET AF SI	MB ANG FYIT
Insurance Company: Fu			
Insurance Company:	NI)		
) ADDITIONAL INFORMATIO	ON /AMENDMENTS:		
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		and	0/02/20+3
Policyholder / Actual Driv Date:	er's Signature	Reporting Centre I Name (as in NRIC	Personnel's Signature /ID card):

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