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SN0923260003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 06/02/2023 14:54 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (06/02/2023 14:54 (SGT))



## 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.

- 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 williard\_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 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 Mobile Number (Phone) +65-91878173 Alt. Phone Number Email Address williard\_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) 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	SHD9070
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	150
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	ne.
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	-0
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	. <del></del> .
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

Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement	YAW BOON TEANG Female - -
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?	SLIGHT INJURY SLM7635L Yes No

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process,
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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. 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' 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

	1	
Rei	ex to Police Report / 1/20130201 7011	
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		/
		/
	/	/
Addition of the second		
and the same		

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date 3. Time

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

Personnel





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
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Date/Time	_								
05/02/202	Date/Time Report Made: 05/02/2023 15:42			Vid	e Report No.:				Station Diary No.
Informant	's Parti	culars							
Name of Ir	nforman	it:		Add	ress:				
BAY JING						K STREET	22 #07-3	0 SIN	GAPORE 650298
ID Type / I	D No.:	matrial with 1 state		Con	tact No.:				
NRIC NO / S8512712H			Home/Office: Mobile: 91878173						
Nationality SINGAPO	: RF CITI	17EN		Ema					
Sex:	Age:		oto of Dist	Willia	ard_y2k@hotr	mail.com			
Male	37		ate of Birth: 1/05/1985	Drive	of Informant er	:			
Race: Chinese				Lang	juage: ish		Instituti	ion / S	School Name:
Occupation:				ng Licence In	formation:	Date of	Evni		
General Info	ormatio	n of t	ne Accident						
			IC ALCIDENI						
		Injury			Drink	Date/Tin	ne of		T
Type of Accident:		Injury	ed by Police		Drink Drive:	Date/Tim Accident	:		Type of Location
Type of Accident:		Injury				Accident			Type of Location
Type of Accident:		Injury Attend			Drive:	Accident	:		Type of Location
Type of		Injury Attend		Road	Drive:	Accident	: 23 22:35		
Type of Accident: Location: GEYLANG Weather:	BAHRU	Injury Attend		1001100000	Drive: No	Accident	: 23 22:35		Type of Location
Type of Accident: Location: GEYLANG Weather: Traffic Flow	BAHRU :	Injury Attend		1001100000	Drive: No	Accident	: 23 22:35	Road	
Type of Accident: Location: GEYLANG Weather: Traffic Flow	BAHRU :	Injury Attend		1001100000	Drive: No	Accident	: 23 22:35	Road Traffid	Speed Limit:
Type of Accident: Location: GEYLANG Weather: Traffic Flow Type of Coll	BAHRU	Injury Attend	ed by Police	1001100000	Drive: No	Accident	: 23 22:35	Road Traffid Anyon	Speed Limit: c Volume:
Type of Accident: Location: GEYLANG Weather: Traffic Flow	BAHRU	Injury Attend	ed by Police	Traffi	Drive: No	Accident	: 23 22:35	Road Traffid Anyon ambu No	Speed Limit: c Volume:

Details of V	ehicle Insurance			
	Insurance Company	Insurance No	Effective	
SLM7635L	FWD Singapore Pte. Ltd		Lifective	Expiry Date
	. The diffgapore File. Lid	PNPV2022-	07/10/2022	06/10/2023





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

<b>Details of Perso</b>					10000	
Any Pedestrian In						
No. of Pedestrian	s Injured: NIL	Use of Ped	destrian	Cross	ing: NA	
Passenger						
Name	YAW BOON TEANG		ID No.		NIL	
Related Vehicle	SLM7635L (Car)		Contact No.		NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		NIL Expiry: NIL
Date	NIL	Date		NIL		
No. of Days gran	ted Medical Leave 03	Degree of		Serio	us	
Driver						
Name	BAY JING ZHI		ID No.		S85127	12H
Related Vehicle	SLM7635L (Car)		Conta	ct No.	918781	73
Hospital/Clinic	NIL	Class Driving Licence Expiry	g e &	Class: N Date of	NIL Expiry: NIL	
Date	NIL	Date		NIL		
No. of Days gran	ted Medical Leave 03	Degree of		Serio	us	

## 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 / ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:
NP168	



Date of Accident	: 03 02 2023 Accident Time: 2238 (24-HR-FORMAT)
Accident Place	: PIE two s change After sims Ave EXH
Vehicle Reg. No (Car plate No.)	: SLM7635L Vehicle Make/Model: Honda avic
Insurance Company	: FWD Policy No. PNPV 2022 - 00004027
Name of Registered Owner	: Company / Individual Bay Jing Zhi
ID of Registered Owner	: Co Reg No: Owner's NRIC No: \$8512712H
	: Co Contact No: Owner's Contact No:9187 8173
DRIVER'S Name	: Bay Jing Zhi DRIVER'S NRIC No: S8512712H
DRIVER'S Date of Birth	: 04-05-1985 DRIVER'S License Pass Date 28-01-2011
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: _Owner
DRIVER'S Address	: BIK 298 BUKH BOTOK STREET 22 #07-30 S (6507/8)
DRIVER'S Contact No./ Alt No.	:1) 9187 8173 2)
DRIVER'S Occupation	: In DOOR 1001 DOOR (eg. working inside or outside of an ofc)
Email Address	Willard - YZK & hotmail, com
Weather & Road Surface	CLEAR & DRY DAINING & WET AFTER RAIN & WET
Reporting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Dri Was the accident reported to the polic Was there any video Captured by car	Passenger Name: YAW BOON TEANG Gender: M/F  re? YES \ NO Passenger Name: Gender: M/F  camera: YES \ NO Any Injuries YES \ NO Injured Name: BAY JING ZHI
	being used at the time of accident. Private us \ Work purpose
Oth	er Party Driver's Particulars (if any)
Vehicle Reg No SHD9070Y	
Vehicle Make Model.	CONSENSES OF THE PROPERTY OF T
Name DRIVER	
IC No. DRIVER.	
DRIVER'S Contact & add	DRIVER'S Contact & add:
	Party Driver's Particulars (if any)
Vehicle Reg No:	
Vehicle Make Model.	
Name DRIVER.	
IC No DRIVER	IC No. DRIVER
DRIVER'S Contact & aid	DRIVER'S Correct & add





## 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: PNPV2022-00004027 (Comprehensive - Classic Plan)

Car plate number: SLM7635L

Your name (As the policyholder): Bay Jing Zhi

Coverage start date: 07/10/2022 Coverage end date: 06/10/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive: You

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: Maybank Singapore

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

Issued on: 29/09/2022

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.