

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	23/02/2023 17:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/02/2023 19:15 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4535K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOW TECK LEONG
NRIC No	SXXXX741E
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-90057511
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNCV2020-00000599-01

DRIVER

Name of Driver	CHOW TECK LEONG
NRIC No	SXXXX741E
Date Of Birth	18/05/1964
Occupation	Outdoor

Date Of Driving Pass	27/04/1988
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90057511
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 290 CHOA CHU KANG AVENUE 3 #04-252
Address complement	-
Postcode	680290
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 - Head to Rear
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20230222/7001

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	SLS897L
Vehicle Manufacturer	BMW
Vehicle Model	520i

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NGUYEN VAN HUAN
NRIC No	SXXXX078F
Contact Number	-
Address	-
Address complement	BLK 515A TAMPINES CENTRAL 7 #05-02
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	521515

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOW TECK LEONG
Gender	Male
Phone No	(Phone) +65-90057511
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLR4535K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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: Chew
 Driver's Signature (if driver is not the policyholder) / Date & Time: Chew
 Witnessed by Reporting Centre Personnel (Date as in NRIC/ID card): 23/07/2023
 Sketch Plan: MOORE VOWLER DELTA ROAD SLIP ROAD

vehicle A SLR 4535K vehicle B SLS 897L	
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Describe Circumstance of the Accident

Refer to Police Report.
A/20230222/7001

Declaration

(We declare the foregoing particulars are true in every respect.)

Chow.

Insured Person's Signature / Date & Time

Chow.

Driving Signature of driver at the policyholder / Date & Time

Chow 23/10/2023

Witnessed by Reporting Officer / Police
(Please use a NRICD card)





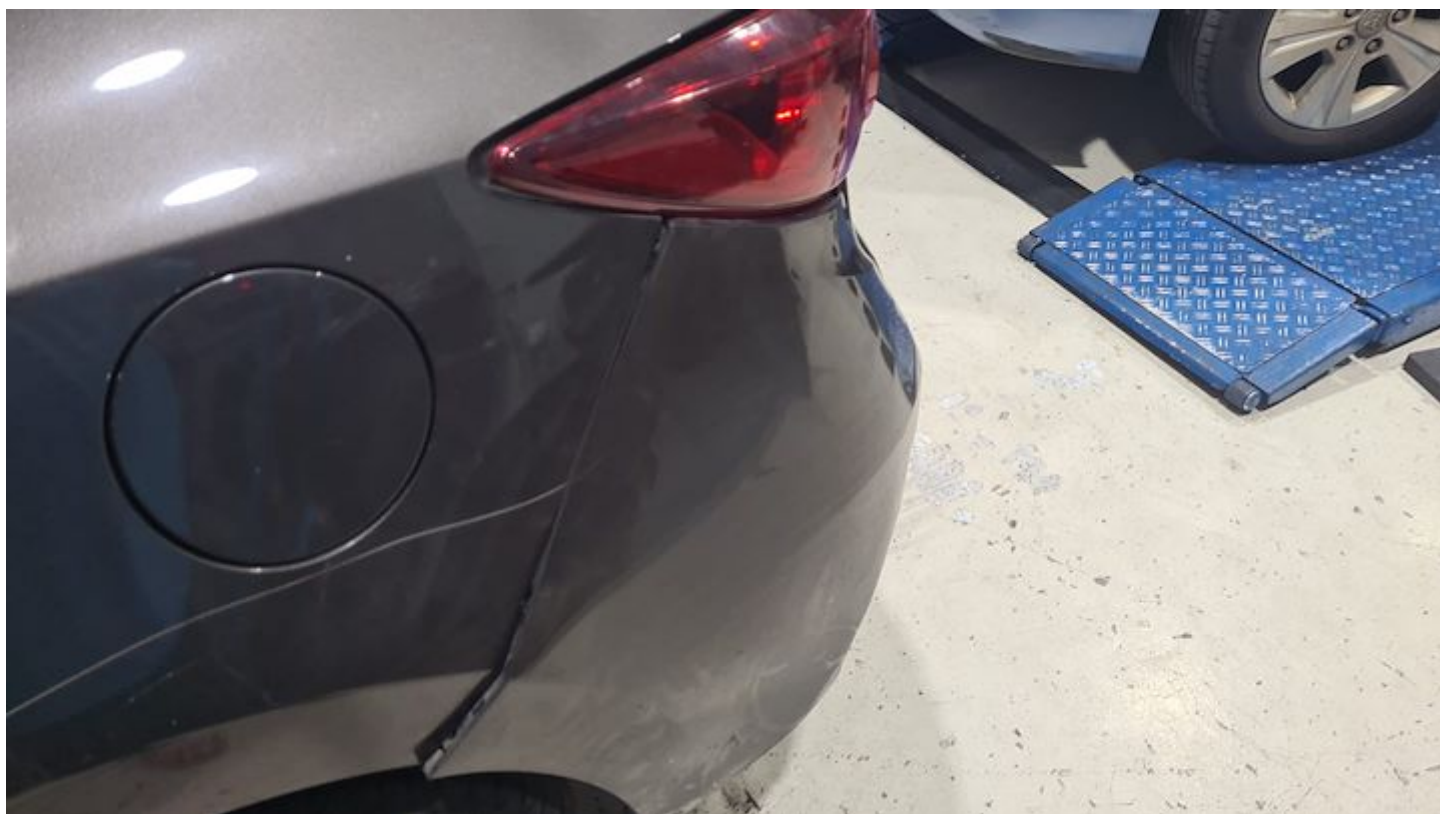


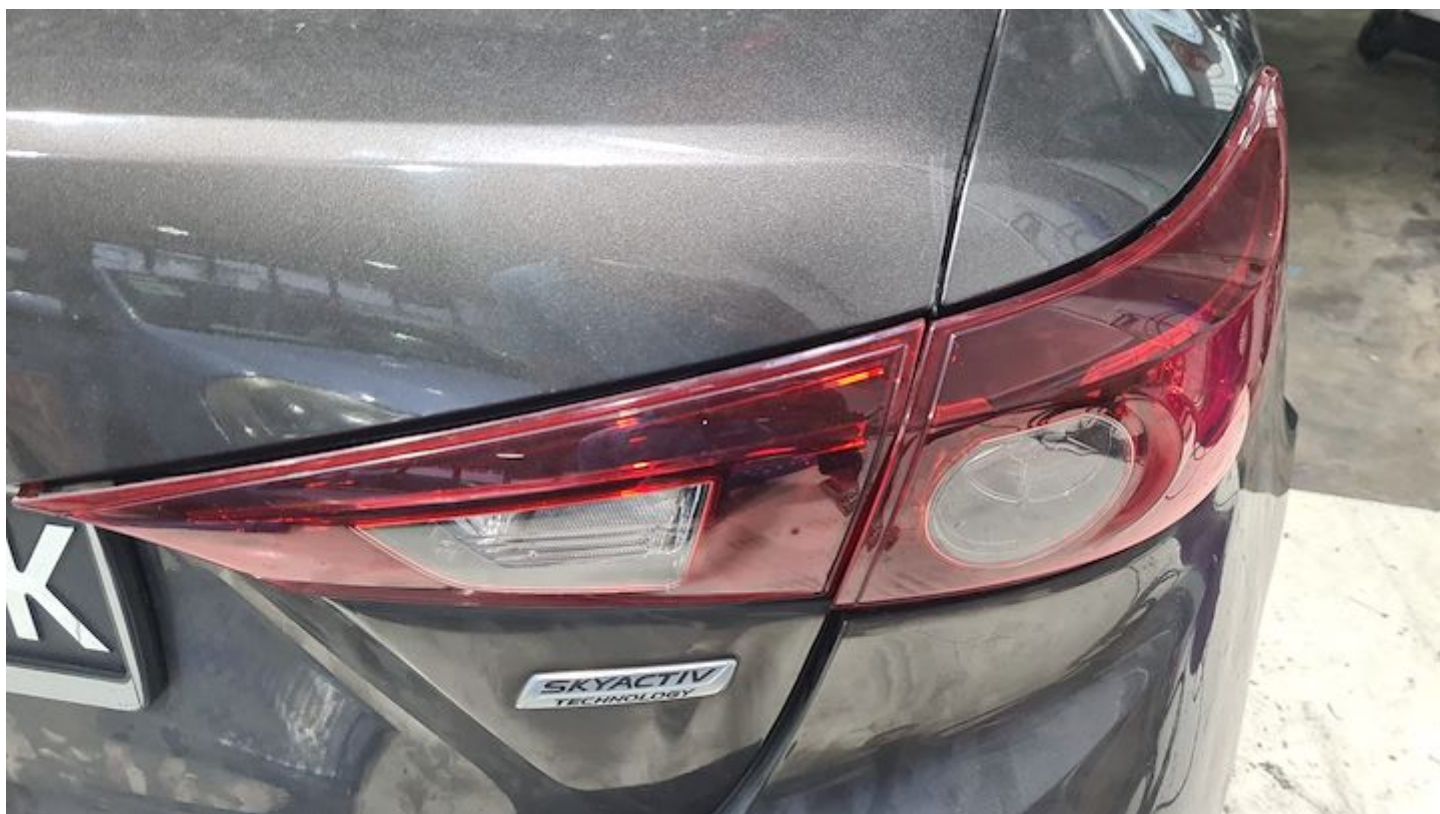


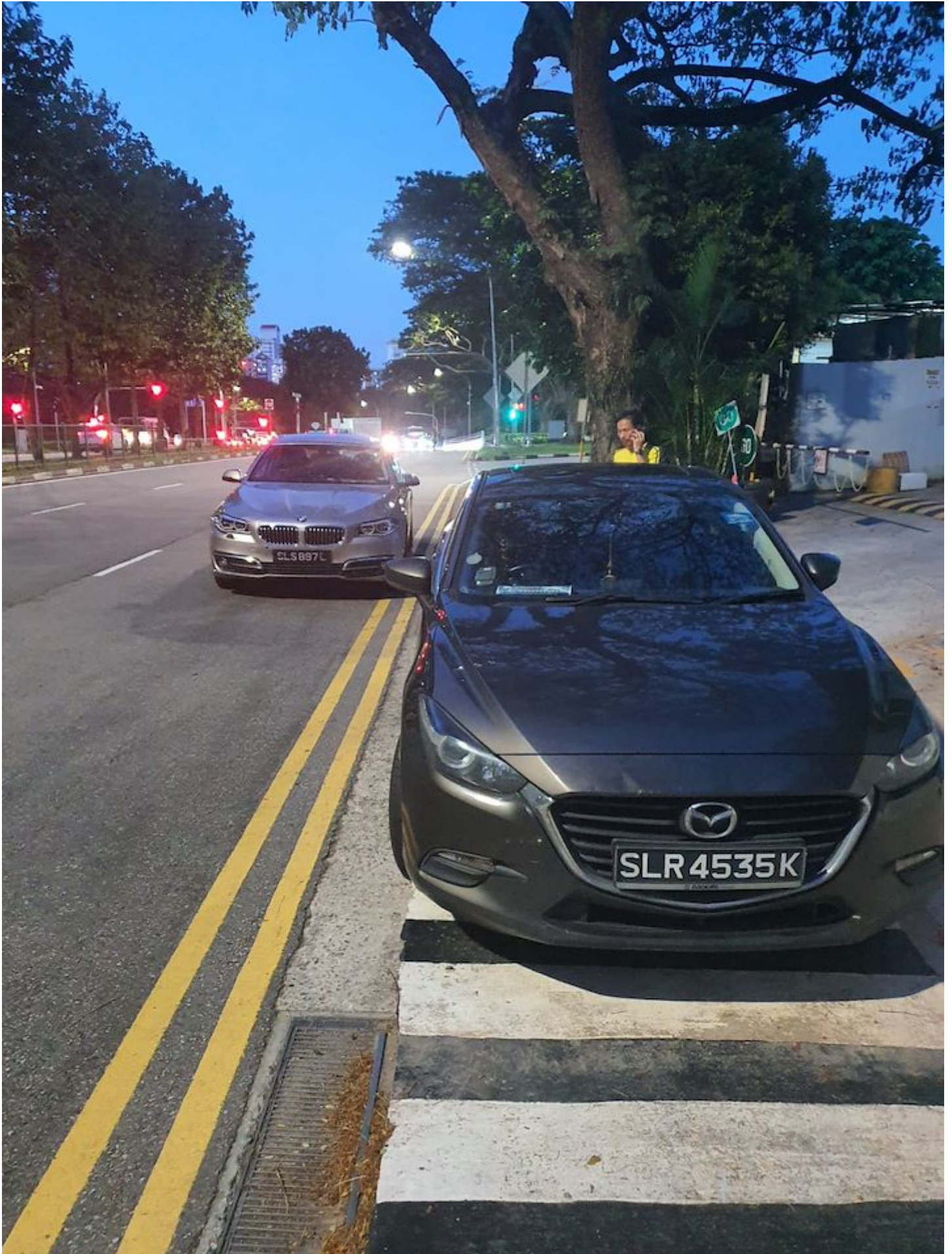


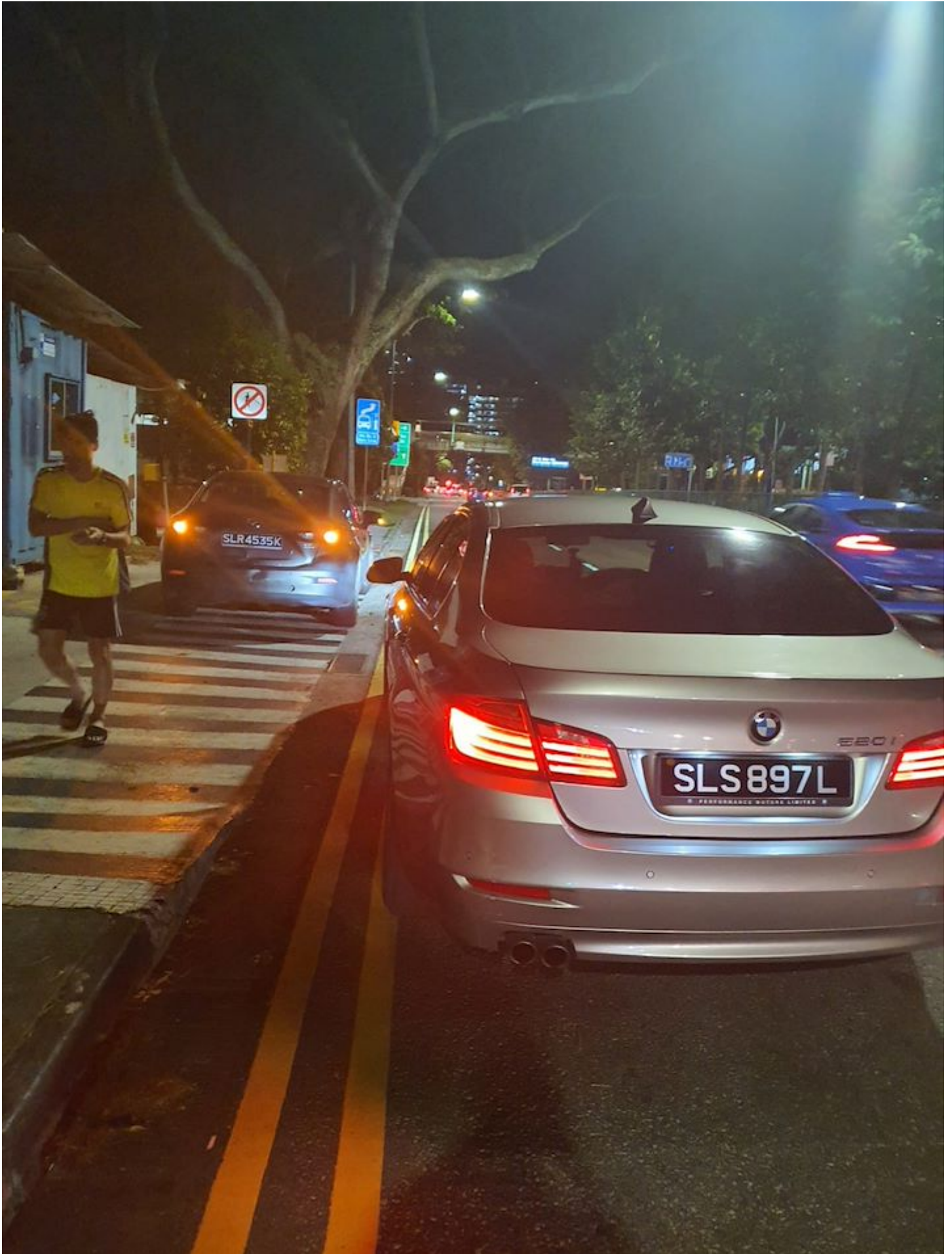
















**SINGAPORE
POLICE FORCE**



A/20230222/7001

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POLICE REPORT (NP299)

Report No. A/20230222/7001

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No: 1800-2240000

Date/Time Report Made 22/02/2023 00:24	Vide Report No.	Station Diary No.
Name Of Informant CHOW TECK LEONG	Address 290 CHOA CHU KANG AVENUE 3 #04-252 SINGAPORE 680290	
ID Type / ID No. NRIC NO / S2621741E	Contact No. Home/Office:	Mobile: 90057511
Nationality SINGAPORE CITIZEN	Email Address CHOW.TL66@GMAIL.COM	
Occupation Other car and light goods vehicle drivers	Sex Male	Age 58
Institution/School Name	Date of Birth 18/05/1964	Race Chinese
Date/Time Of Incident 21/02/2023 19:15 - 21/02/2023 19:30	Location Of Incident 19 TELOK BLANGAH CRESCENT MOUNT FABER VIEW SINGAPORE 090019	

Brief details.

I had just turned out of AYE to enter into Lower Delta Rd, when I stopped my car on the slip road to check for oncoming vehicles from Lower Delta Rd. However, before I entered into Lower Delta Rd, vehicle SLS897L rammed into my vehicle, SLR4535K from the back. As a result, my vehicle sustained damages on the rear bumper and boot lid. Furthermore, I had felt nauseas and had a headache after. I also experience pain in my neck and back after the incident. I have since visited the doctor and received a 3 day MC.

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: 22/02/2023 00:24
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20230222/7001

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20230222/7001

Subjects Involved			
Victim			
Person Name	CHOW TECK LEONG		
ID Type	NRIC NO	ID No	S2621741E
Gender	Male	Age	58
Race	Chinese	Language	English
Occupation	Other car and light goods vehicle drivers	Address	290 CHOA CHU KANG AVENUE 3 #04-252 SINGAPORE 680290
Mobile No	90057511	Is Informant A Victim?	Yes
Person Name	CHOW TECK LEONG (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: 22/02/2023 00:24
Officer In-Charge Of Case:	Classification Of Case: