

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	24/02/2023 14:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/02/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST PARKWAY (ECP) , (CHANGI) AFTER STILL ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7474L
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CASEY WONG KOK CHUN
NRIC No	SXXXX309Z
Email Address	caseywkc90@gmail.com
Mobile Phone No	(Phone) +65-87207375
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116i
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	1499

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00004883

DRIVER

Name of Driver	CASEY WONG KOK CHUN
NRIC No	SXXXX309Z
Date Of Birth	14/08/1990

Occupation	Indoor
Date Of Driving Pass	09/02/2010
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-87207375
Alt. Phone Number	-
Email Address	caseywkc90@gmail.com
Address	APT BLK 13 UPPER BOON KENG ROAD
Address complement	# 10-945
Postcode	380013
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	3
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)	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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230223/2110

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	SMP7228B
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla

Vehicle Variant	-
Vehicle Colour	Gray
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC8553H
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)	-

SKETCH PLAN

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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' 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.

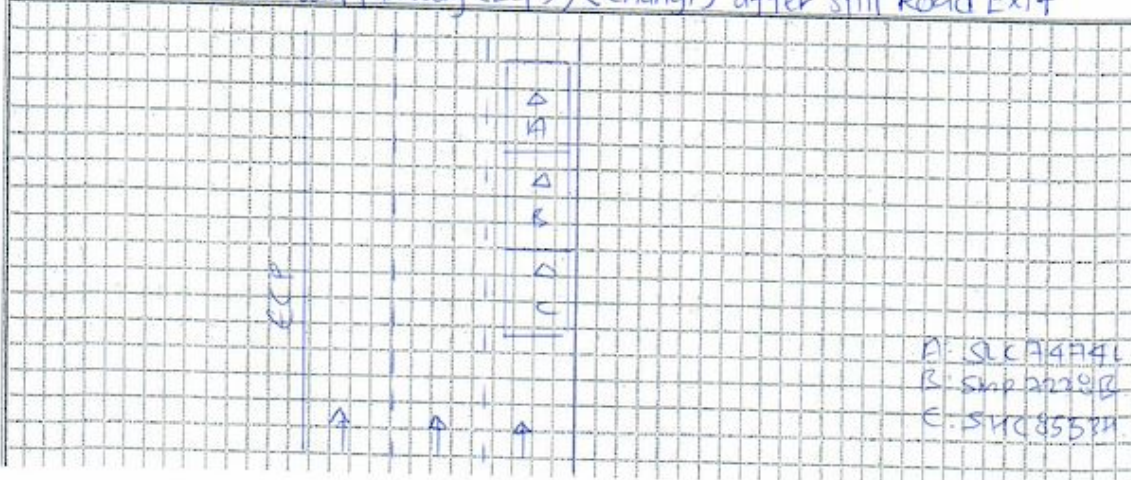
Policyholder's Signature / Date & Time

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

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

Sketch Plan

East Coast Parkway (ECP), (Changi) after still Road Exit



Describe Circumstance of the Accident

PLEASE REFER POLICE REPORT.

— T120230223/2110—

Declaration

I/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

 24/2/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230223/2110

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20230223/2110

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC7474L	FWD Singapore Pte. Ltd	PNPV2022-00004883	25/12/2022	24/12/2023

Brief Details.

On 23/02/2023 at about 1800hrs, I was driving my vehicle bearing plate number SLC7474L along East Coast Parkway Express and heading towards Singapore Expo. I was driving on lane 1 and the vehicle in front of me suddenly braked.

I managed to brake in time to avoid colliding with the vehicle in front of me. However, a vehicle bearing plate number SMP7228B collided onto the rear of my vehicle. After the collision I went down my vehicle and spoke to the driver of the vehicle who had one passenger. I called for police assistance. Subsequently, the passenger also informed that she is in pain and ambulance was activated.

I exchanged particulars with the driver. Traffic Police came down to scene. Ambulance arrived and conveyed the passenger to the hospital.

I would like to state that Traffic Police took my SD card.





























**SINGAPORE
POLICE FORCE**



T/20230223/2110

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20230223/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2023 22:32	Vide Report No.: G/20230223/0144	Station Diary No.: 96
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: CASEY WONG KOK CHUN			Address: APT BLK 13 UPPER BOON KENG ROAD #10-945 SINGAPORE 380013		
ID Type / ID No.: NRIC NO / S9072309Z			Contact No.: Home/Office: Mobile: 87207375		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 14/08/1990	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/02/2023 18:00	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC7474L	Car	BMW	116I LED HL SPORTLINE	Red	Slightly Damaged	0
SMP7228B	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Grey	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20230223/2110

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20230223/2110

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC7474L	FWD Singapore Pte. Ltd	PNPV2022-00004883	25/12/2022	24/12/2023

Brief Details.

On 23/02/2023 at about 1800hrs, I was driving my vehicle bearing plate number SLC7474L along East Coast Parkway Express and heading towards Singapore Expo. I was driving on lane 1 and the vehicle in front of me suddenly braked.

I managed to brake in time to avoid colliding with the vehicle in front of me. However, a vehicle bearing plate number SMP7228B collided onto the rear of my vehicle. After the collision I went down my vehicle and spoke to the driver of the vehicle who had one passenger. I called for police assistance. Subsequently, the passenger also informed that she is in pain and ambulance was activated.

I exchanged particulars with the driver. Traffic Police came down to scene. Ambulance arrived and conveyed the passenger to the hospital.

I would like to state that Traffic Police took my SD card.



**SINGAPORE
POLICE FORCE**



T/20230223/2110

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20230223/2110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

G /

SGT 2 MUHAMMAD FIRDAUS
BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/02/2023 22:32

Officer In Charge Of Case:

TP / GIT /

STAFF SGT NUR HAFIZAH BINTE NORIZAN

Contact No.: 96189347

Classification Of Case:

NP168