

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 | 08/03/2023 17:59 (SGT) |
| Reported by | Driver |
| Date of Accident | 07/03/2023 07:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TELOK KURAU ROAD TOWARDS MARINE PARADE ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMN5462P |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | TAN KAR LUAN |
| NRIC No | SXXXX458Z |
| Email Address | shannonwong14@gmail.com |
| Mobile Phone No | (Phone) +65-83333483 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volkswagen |
| Model | Beetle |
| 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 | 1197 |

INSURANCE COMPANY

| | |
|---|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | PNPV2023-00001059 |

DRIVER

| | |
|----------------------|----------------------|
| Name of Driver | SHANNON WONG SOK YEE |
| NRIC No | SXXXX775Z |
| Date Of Birth | 14/10/1999 |
| Occupation | Indoor |

| | |
|--|-------------------------|
| Date Of Driving Pass | 13/10/2018 |
| Driving experience | 4 YEARS AND 5 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-83333483 |
| Alt. Phone Number | - |
| Email Address | shannonwong14@gmail.com |
| Address | 58 JOO CHIAT WALK |
| Address complement | - |
| Postcode | 427123 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Relative |
| 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 | Side Swipe |
| 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? | 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 | 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 THE ATTACHED POLICE REPORT- T/20230307/7009

ATTACHMENT(S)

| | |
|---|--------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | FILE TOO BIG |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SNJ3834Y |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | KICKS |

| | |
|---|-------------|
| Vehicle Variant | - |
| Vehicle Colour | Orange |
| 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

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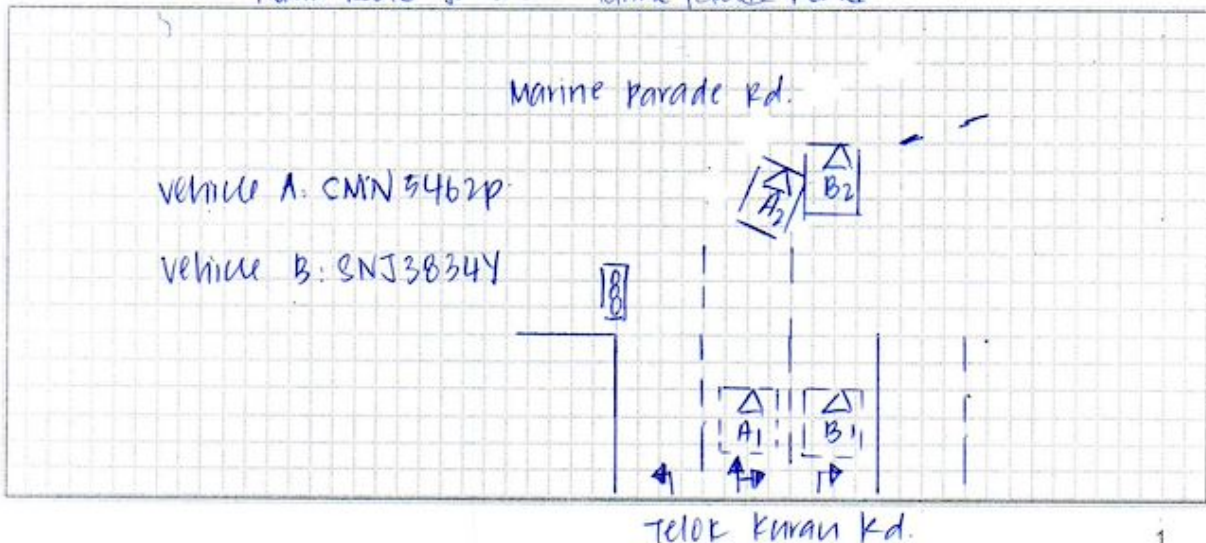
8. Consent under the Personal Data Protection Act (PDPA)

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 NRIC/ID card) _____

Sketch Plan Telok Kurau Road towards Marine Parade Road



Describe Circumstance of the Accident

- Refer to Police Report -
 - T/20230307/7009 -

[A large diagonal line is drawn across the remaining space of the form.]

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature / Date & Time

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

[Signature] 8/3/23
 Witnessed by Reporting Centre Personnel
 (Name as in NR/CID card)



**SINGAPORE
POLICE FORCE**



T/20230307/7009

2 of 3

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

Report No. T/20230307/7009

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------------|-----------|--|
| Name | SHANNON WONG SOK YEE | | ID No. S9936775Z |
| Related Vehicle | SMN5462P (Car) | | Contact No. 83333483 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

Travelling on Telok Kurau Rd onto Marine Parade Road. Other driver (Carplate: SNJ3834Y) went straight when it was a right turn only lane, while I turned right in a straight and right turn lane. I did not manage to get the details of the other party as I turned right while he went straight and by the time i circled around, the other party was gone. I have dash camera footage of the incident that exceeds 2mb.





















**SINGAPORE
POLICE FORCE**



T/20230307/7009

1 of 3

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

Report No. T/20230307/7009

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 07/03/2023 09:16 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SHANNON WONG SOK YEE | | | Address: 58 JOO CHIAT WALK SINGAPORE 427123 | | |
| ID Type / ID No.: NRIC NO / S9936775Z | | | Contact No.: Home/Office: | | Mobile: 83333483 |
| Nationality: SINGAPORE CITIZEN | | | Email: shannonwong14@gmail.com | | |
| Sex: Female | Age: 23 | Date of Birth: 14/10/1999 | 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: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 07/03/2023 07:40 | Type of Location: X-Junction |
| Location: MARINE PARADE ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|--------|-------|--------|----------|-------|
| SMN5462P | Car | | | | | 0 |
| SNJ3834Y | Car | NISSAN | Kicks | Orange | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20230307/7009

2 of 3

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

Report No. T/20230307/7009

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------------|-----------|--|
| Name | SHANNON WONG SOK YEE | | ID No. S9936775Z |
| Related Vehicle | SMN5462P (Car) | | Contact No. 83333483 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

Travelling on Telok Kurau Rd onto Marine Parade Road. Other driver (Carplate: SNJ3834Y) went straight when it was a right turn only lane, while I turned right in a straight and right turn lane. I did not manage to get the details of the other party as I turned right while he went straight and by the time i circled around, the other party was gone. I have dash camera footage of the incident that exceeds 2mb.

**SINGAPORE
POLICE FORCE**

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



T/20230307/7009

3 of 3

Report No. T/20230307/7009

CONTINUATION OF REPORTSketch 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 /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

NP168

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

Date/Time:
07/03/2023 09:16

Classification Of Case: