

# 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 ..... 09/05/2023 10:59 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 06/05/2023 15:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JALAN BUKIT MERAH  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKZ7131S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HENG SWEE CHYE ( WANG RUICAI )  
NRIC No ..... SXXXX254Z  
Email Address ..... VINSENHENG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90018502  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 ..... PNPV2017-00000636-06

### DRIVER

Name of Driver ..... HENG SWEE CHYE ( WANG RUICAI )  
NRIC No ..... SXXXX254Z  
Date Of Birth ..... 18/04/1977  
Occupation ..... Indoor

Date Of Driving Pass .....	17/08/2000
Driving experience .....	22 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90018502
Alt. Phone Number .....	-
Email Address .....	VINSENHENG@GMAIL.COM
Address .....	APT BLK 122 KIM TIAN ROAD
Address complement .....	# 21-80
Postcode .....	160122
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 .....	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/20230507/7004

#### 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 .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMT9479J
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezele

Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	CHEN KHENG HUAT
NRIC No .....	SXXXX440F
Contact Number .....	(Phone) +65-96195506
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 .....	HENG SWEE CHYE ( WANG RUICAI )
Gender .....	Male
Phone No .....	(Phone) +65-90018502
Address .....	APT BLK 122 KIM TIAN ROAD
Address Complement .....	# 21-80
Post Code .....	160122
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK,BACK AND BODYPAIN-GIVEN 3 DAYS OF MC
Injured person in which vehicle? .....	SKZ7131S
Were seat belts worn? .....	-
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' 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' law yers/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 & Time

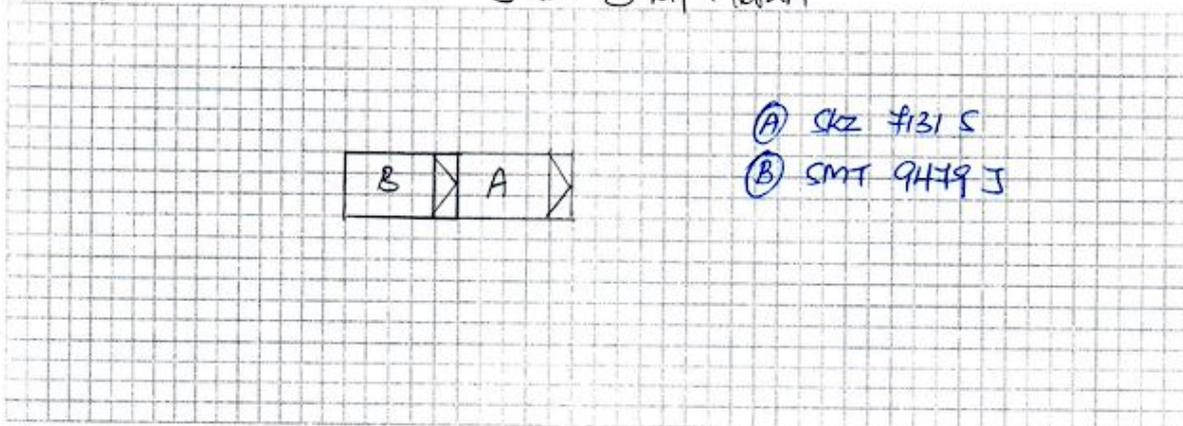
Sketch Plan

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

Jalan Bukit Merah

\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel

9/5/2023



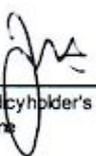
**Describe Circumstances of the Accident**

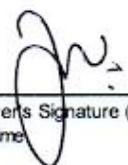
*Refer to police report*

*- T | 20230507 / 7004 -*

**Declaration**

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 & Time

 9/5/2023  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20230507/7004

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

2 of 3

Report No. T/20230507/7004

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ7131S	FWD Singapore Pte. Ltd	PNPV2017-00000636-06	29/01/2023	28/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HENG SWEE CHYE		ID No.	S7710254Z
Related Vehicle	SKZ7131S (Car)		Contact No.	90018502
Hospital/Clinic	CHUA & PARTNERS FAMILY CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	06/05/2023		Date	06/05/2023
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	CHEN KHENG HUAT		ID No.	S7177440F
Related Vehicle	SMT9479J (Car)		Contact No.	96195506
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I was travelling along Lower Delta Road, towards the AYE (Tuas). My car was stationary as I was waiting for the traffic light to turn green. The nearby building is Cendex Centre.

A car, Honda Vezel SMT 9479J, approached my car at a relatively fast speed and banged into the rear of my car.

I do have pictures and videos of the accident.























**SINGAPORE  
POLICE FORCE**



T/20230507/7004

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

2 of 3

Report No. T/20230507/7004

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ7131S	FWD Singapore Pte. Ltd	PNPV2017-00000636-06	29/01/2023	28/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HENG SWEE CHYE		ID No.	S7710254Z
Related Vehicle	SKZ7131S (Car)		Contact No.	90018502
Hospital/Clinic	CHUA & PARTNERS FAMILY CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	06/05/2023		Date	06/05/2023
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Driver				
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Related Vehicle	SMT9479J (Car)		Contact No.	96195506
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

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**SINGAPORE  
POLICE FORCE**



T/20230507/7004

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

3 of 3

Report No. T/20230507/7004

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:  
07/05/2023 09:53

Classification Of Case: