

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 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 ability.
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 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 Report	22/05/2017 15:54
Date Of Accident	20/05/2017 15:00
Exact Location Of Accident	BLK 18 UPPER BOON KENG RD TWDS GEYLANG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6277T
Insured/Policyholder	
Name Of Registered Owner	SHASHIKALA D/O SAMUGAN NATHAN
NRIC No	S7235024C
Email Address	ESPSHA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83981647
Alternative Phone No	OFFICE-83981647

Vehicle Particulars

Manufacturer	SUZUKI
Model	-
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-0002761
Cover Note Number	

Driver

Name of Driver	SHASHIKALA D/O SAMUGAN NATHAN
NRIC No	S7235024C
Date Of Birth	23/09/1972
Occupation	INDOOR
Date Of Driving Pass	06/05/1996
Driving Experience	21 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	+65-83981647
Fax Number	
Contact Number	OFFICE-83981647
EEmail Address	ESPSHA@HOTMAIL.COM

Address	BLK 243 YISHUN RING ROAD #02-1141
Postcode	760243
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	UNKNOWN - HIT AT THE LEFT REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED. CUSTOMER WILL EMAIL DRIVING LICENCE LATER.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC394C
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Name of Driver	MDM POON
NRIC/Passport Number	
Contact Number	98771088
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	NA
Phone Number	NA
Email Address	NA

Accident Sketch Plan

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
2015/1/1
Sketch Plan 3:40pm

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

Witnessed by Reporting Centre Personnel

BK 18 Upper Boon Keng Rd

Veh A: SKA627AT

Veh B: SHC294C



Accident Sketch Plan Pg. 1

SKETCH PLAN

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(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

24/5/17
Sketch Plan

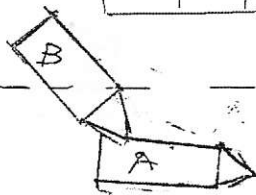
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

BK 18 Upper Boon Keng Rd

Yeh A: SKA6277T

Yeh B: S4C374C



Individual Statement

Describe Circumstances of the Accident

I was traveling my vehicle SKA62777 on 20/5/2017 at 3pm at BL 18 Upper Boon Keng Rd towards Geylang Bahru.

Vehicle in front of me stopped. I follow suit. Suddenly, I felt an impact from my rear left portion. I came down & realised it was vehicle B (SHC394C) that collided into my vehicle left portion.

veh A: SKA62777

veh B: SHC394C

Insurance Co	
Vehicle No	Date of Accident
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	

Z-line Automobile

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time
20/5/17
3:40pm

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

[Signature]
Witnessed by Reporting Centre Personnel

Insurance Co	FWD	Date Of Accident	20.5.17
Vehicle NO	SKA62777		
<input type="checkbox"/> Reporting Only			
<input type="checkbox"/> Own Damage Claim			
<input checked="" type="checkbox"/> Third Party Claim			

REPLACEMENT LICENCE FROM TRAFFIC POLICE Pg. 1



TRAFFIC POLICE DEPARTMENT
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865

1203 06 MAY 1996



Private & Confidential

SHASHIKALA D/O SAMUGAN NATHAN

APT BLK 243 YISHUN RING ROAD #02-1141
SINGAPORE 760243

7 ATTACHED
You will receive your photocard licence by registered mail within ~~ten~~ month from date of application unless you made a special request to collect at Traffic Police Department at time of application.

S7235024C
(3)

C001235612
23/05/2017

\$25/-

(Please do not detach)

YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD
DRIVING LICENCE