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 witholding 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	17/11/2017 14:46
Date Of Accident	16/11/2017 16:30
Exact Location Of Accident	BUKIT TIMAH RD TWDS NEWTON B4 CAVENAGH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH3006D
Insured/Policyholder	
Name Of Registered Owner	NARMEET SINGH
NRIC No	S8631422C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91158654
Alternative Phone No	OTHERS-91158654
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
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
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	PNPV2017-00007856
Cover Note Number	
Driver	
Name of Driver	NARMEET SINGH
NRIC No	S8631422C
Date Of Birth	05/11/1986
Occupation	INDOOR
Date Of Driving Pass	22/03/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91158654
Fax Number	
Contact Number	OTHERS-91158654
EMail Address	NOEMAIL

Address	48 WOODLANDS DRIVE #04-54
Postcode	737763
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	COLLISION - HEAD TO 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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SDL90D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	NARMEET SINGH

Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJH3006D
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. [illegible]
2. [illegible] completed by the Policyholder and/or [illegible]
3. Information [illegible] completely and accurately as possible [illegible] repudiate policy liability.
4. [illegible] purposes.
5. [illegible]
6. [illegible] Association of Singapore (GIA) [illegible] interested parties.
7. [illegible] the report being made available as 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, [illegible] dealing with my claims including the settlement of claims [illegible] 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) [illegible] "Purposes");

   (b) [illegible]

   [illegible]

   [illegible]

   [illegible]

   (i) [illegible] regulatory, law enforcement or government agencies [illegible]

   (ii) for complying with requirements under any regulations, laws or court orders.

X

17/11/17

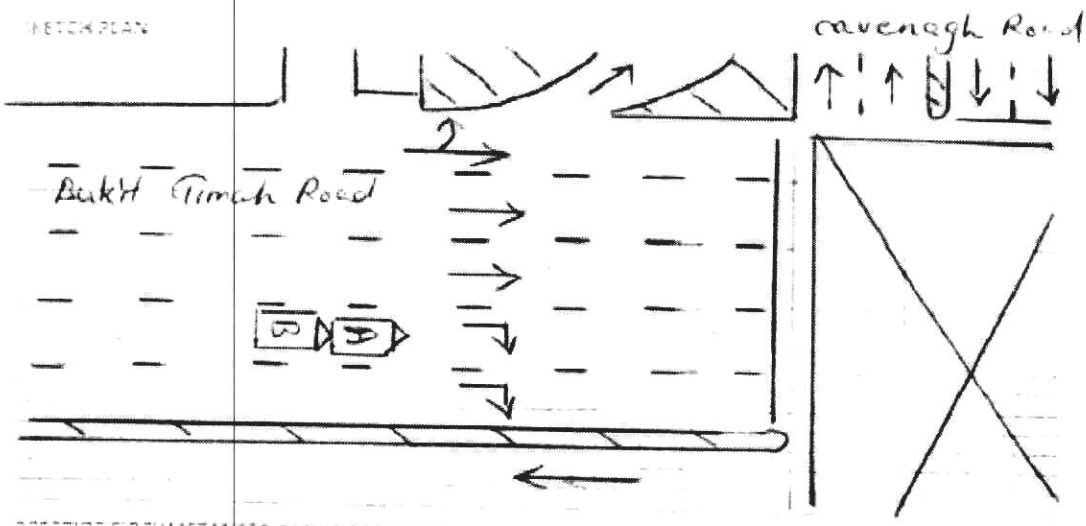
[illegible]
Date & Time

[illegible]
Date & Time

[illegible]
Name
[illegible]

Sketch Plan #2

SKETCH PLAN



DESCRIBES CIRCUMSTANCES OF THE ACCIDENT

On 16/11/2017 at 1630 hrs at along Bukit Timah Road towards Newton before Cavenagh Road. I was travelling on the 2nd lane from the Right and when my front vehicle slow down and stop due to the RED traffic light hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SJH 3006 D
(B) SDL 90 D

DECLARATION

I declare that the particulars given in this form are true.

Signature of Witness
Date & Time

Signature of Witness
Date & Time

17/11/17
Signature of Accident Involved
Date
Time