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

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	ACCIDENT STATEMENT	
Date Of Report	27/11/2017 17:27	
Date Of Accident	25/11/2017 12:30	
Exact Location Of Accident	ALONG SERANGOON AVE 2 TO AMK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA4059H	

Insured/Policyholder

ANG WEE LIANG Name Of Registered Owner

NRIC No S8136766C

Email Address WEE.LIANG.ANG@GMAIL.COM

Mobile Phone No (LOCAL) +65-90035988 Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer MAZDA Model 3-1.5 (A)

Exact Purpose for which vehicle was being used at PRIVATE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company FWD SINGAPORE PTE. LTD.

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number PNPV2017-00001503

Cover Note Number

Driver

Name of Driver ANG WEE LIANG

NRIC No S8136766C Date Of Birth 22/11/1981 **INDOOR** Occupation **Date Of Driving Pass** 21/09/2006

11 YEARS AND 2 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-90035988

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address WEE.LIANG.ANG@GMAIL.COM Address BLK 308B PUNGGOL WALK #14-360

Postcode 822308

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

-

3

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? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH

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 SHC7790X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver NG SWEE BEE NRIC/Passport Number S0548582G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SLA 4029H ACCIDENT DATE: 25 1413

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

olicyholder's Signature

ate & Time: 34 Nor 17 09:30

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2+ NOV 17 09:20

CHARN'S OUSTOMCRAFT

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 25 NOV, 1230 pm I was drung the car along the Ser	rangoon Ave I and
turning towards Ang Mo kio Ave I. I have already pr	would the pedal brake
and expected the car to decelerate, however the car of	of my decelerate and bake
	NO. 101
as usual despite a hard press.	
	h a com was but
The car (SLA4059H) hit the taxi (SHC7790X) bottom	Dumper, my ca was my
at the side (left). First thing we verify that all Passe	years and drivers are both
safe, no physically injuries on both eides are reported.	
I followed up with taxi driver MR NG SWEE BEE (SOSY	+8582G) on 26 Nov, 19
he is still fine.	
OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONL	Y() OWN WORKSHOP()
OWN DAMAGE, / Statistics	Y() OWN WORKSHOP()
ECLARATION	Y() OWN WORKSHOP()
ECLARATION	Y() OWN WORKSHOP()
OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONLECTION () REPORTING ()	CHARN'S CUSTOMCRAFT



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