

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	27/11/2017 12:22
Date Of Accident	25/11/2017 16:15
Exact Location Of Accident	NORTH SOUTH H'WAY MSIA NEAR MALAKA
Country/State of Loss	MALAYSIA/MELAKA

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL7118E
Insured/Policyholder	
Name Of Registered Owner	LEONG KHIN MUN ARNOLD
Work Permit No	S6908413C
Email Address	ARNOLD.LEONGKM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96793629
Alternative Phone No	OFFICE-96793629

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00004365
Cover Note Number	

Driver

Name of Driver	LEONG KHIN MUN ARNOLD
Work Permit No	S6908413C
Date Of Birth	22/03/1969
Occupation	INDOOR
Date Of Driving Pass	02/09/1986
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96793629
Fax Number	
Contact Number	OFFICE-96793629
Email Address	ARNOLD.LEONGKM@GMAIL.COM

Address	72 HOUGNAG AE 7 #16-11 S538805
Postcode	
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	BEC6827 (COMMERCIAL VEHICLE)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MELAKA TENGAH POLICE STATION, MALAYSIA
Police Station Address	ROAD: MELAKA TENGAH, MALAYSIA , POSTCODE: - , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT

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	BEC6827
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	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

DETAILS OF INJURED PERSON 1

Name	LEE LI HUI
Approximate Age	
Injuries Sustain	HEAD, CUT ON RIGHT EYE AND BRUISE ON HANDS & LEGS
Injured person in which vehicle?	SKL7118E
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LEONG KHIM MUN ARNOLD
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKL7118E
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	UNKNOWN
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	BEC6827
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	UNKNOWN
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Approximate Age

Injuries Sustain

LEG

Injured person in which vehicle?

BEC6827

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan Pg. 1

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.
- (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.

Ch

Policyholder's Signature
Date & Time:

Ch

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

1240

27/11/17



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Towa J.
Ayer kesh
toll

Unknown
SKL7118E
BEC6827

Towards
KL.

M'sia
Nth Sth H'way.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report.

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

