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.

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	18/12/2017 11:21	
Date Of Accident	16/12/2017 03:30	
Exact Location Of Accident	ALONG JALAN FLORA, MALAYSIA	
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG488Y	
Insured/Policyholder		
Name Of Registered Owner	KHOO KO KEAN	
NRIC No	S8367360E	

NRIC No TRI K83@YAHOO.COM **Email Address** (LOCAL) +65-93207001 Mobile Phone No OTHERS-93207001 Alternative Phone No

Vehicle Particulars

SUZUKI Manufacturer

SWIFT 1.4 GLX AUTO 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?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

FWD SINGAPORE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

PNPV2017-00007547 Policy Number

Cover Note Number

Driver

KHOO KO KEAN Name of Driver

S8367360E NRIC No 17/01/1983 Date Of Birth **INDOOR** Occupation 07/10/2016 Date Of Driving Pass

1 YEAR AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-93207001 Mobile Number

Fax Number

OTHERS-93207001 Contact Number

TRI_K83@YAHOO.COM **EMail Address**

Address

BLK 335 KANG CHING ROAD #03-286

Postcode

610335

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

COLLIDED INTO PROPERTY

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)

NO

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

If Yes. Please state which Police Station

Police Station Name

MALAYSIA

Police Station Address

ROAD: 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 SKETCH PLAN AND MALAYSIA POLICE REPORT ATTACHED

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

TREE

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

Sketch Plan

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
 - (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 enquines 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:
 - 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.

Policyholder's Signature

Date & Time: 18 12 5017

11-10-014

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 16/12/2017 0330 MECHINA han Source Smaller Film Seldons Promed LARSE M. IVay Atzwel Luntes others alde die auf injune ei While 100 SLG GREY Islander Nation: 710 (Br authorized Silwania Contechord mediag DECLARATION I/We declare the foregoing particulars are true in every respect. Philicybolder's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time: 15 13 vol3

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D. Ibpital

Reporting Centre Personnel's Signature

Name:

NAIC/FIN No.: