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 <u>truthful and accurate</u> 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

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	ACCIDENT STATEMENT
Date Of Report	21/12/2017 12:38
Date Of Accident	20/12/2017 17:45
Exact Location Of Accident	INSIDE SGH CAR PARK H LEVEL 4
Country/State of Loss	SINGAPORE
Ī	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS6902C
Insured/Policyholder	
Name Of Registered Owner	NG CHOR YONG DAWN
NRIC No	S1743120Z
Email Address	POHDAWN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97320707
Alternative Phone No	OFFICE-97320707
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 (A)
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
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00002352
Cover Note Number	

Driver

Name of Driver NG CHOR YONG DAWN

NRIC No S1743120Z

Date Of Birth 26/09/1966

Occupation INDOOR

Date Of Driving Pass 09/01/1986

Driving Experience 31 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97320707

Fax Number

Contact Number OFFICE-97320707

EMail Address POHDAWN@GMAIL.COM

2D HONG SAN WALK Address

#16-03

Postcode 689050

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

COLLISION - MAJOR/MINOR RD Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 20/12/2017 AT ABOUT 5:45 PM. I WAS LEAVING SGH CAR PARK H. HAVING PARKED MY CAR AT LEVEL 4,I HAD JUST MOVED MY CAR OUT OF THE PARKING LOT AND WAS TRAVELLING STRAIGHT TOWARDS THE DOWN RAMP AT THE END OF THE CAR PARK WHEN ALL OF A SUDDEN, SJV9406U WHICH WAS COMING UP THE RAMP FROM LEVEL 3A COLLIDED INTO MY CAR AT THE TOP OF THE UP RAMP.WE MERELY EXCHANGE PARTICULARS ON THE SPOT. DANNY THE OWNER/DRIVER OF SJV9406U PHONED ME THIS MORNING (21/12/2017 AT 9AM) TO ASK WHAT WAS I GOING TO DO . I SAID THAT I THINK I'D BE MAKING A REPORT. HE REPLIED THAT OK, YOU'D LOSE YOUR NCD. I SAID 'IS THAT SO' TO MY SURPRISE, HE TRIED TO CHANGE THE FACTS. HE SAID THAT I WAS COMING DOWN THE RAMP FROM LEVEL 4 A WHICH HAD A STOP SIGN AND THAT I DID NOT STOP MY CAR. I CLARIFIED THAT I HAD PARKED ON LEVEL 4, NOT 4 A AND WAS TRAVELLING STRAIGHT, THERE WAS NO RAMP FOR ME TO COME DOWN FROM. TO WHICH HE SAID, WHERE HE WAS COMING FROM THE UP RAMP HAD NO STOP AND THAT HE NEED NOT HAVE TO STOP AT THE END OF THE RAMP.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJV9406U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

CHONG CHUAN SHYAN DANNY Name of Driver

NRIC/Passport Number S1146674E

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.
- 7. 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:
 - (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.

Policyholder's Signature Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time:

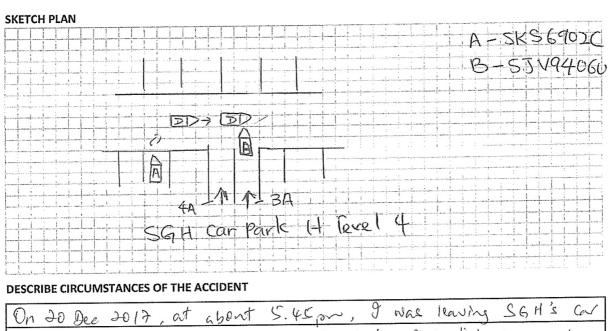
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

онымиСэкексийангость_V3

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	the state of the s	
On 20 Dec 2017, at about 5.45pm,	I was leaving SGH's Car	
Park H Having parked my car at level	4, 9 had just moved my	
car out of the purply but and was tra	velling straight towards	
the down ramp at the for end of the	e cor perk when all of	
a sudden, SJV94064 which was comin	I up the ramp from lovel	
24 collided into my car at he top of	the up ramp, we merely	
and and earliewlass on the sport Damm	the owner lariver of SSV94064	
Chard me his namy (2) Dec 20/2 at	am) to ask what was)	
looks to do I said I thank I'd be not	or report. He replied mal	
'Ele was 'd love your NCD'. I said is that	soj, do mi sublik to	
third to all a track. He sould that I	was coming down me ramp	
for level 4A which had a STOP sign and that I did not stop my		
Car. I clarified mad I had forked on low	el 4, not 4H, and Wes	
travelly straight there was no ramp for	me to come down from.	
To which he said, where he was woning	from, he up ramp had	
no stor sign and that he need not h	we to stop at he and of the	
ang.	and the second s	
DECLARATION	Claim own policy - revert TP Claim third party Claim OD / TP at other works hop For record purpose Policy No. PNPV 2017-0007352	
I/We declare the foregoing particulars are true in every respect.	Insurer FXVO Veh.No.SKS6902C	
Deliver's Signature	Reporting Centre Personnel's Signature	
Policyholder's Signature Date & Time: 2 1/12 1.03 (If driver is not the policyholder)	Name:	

NRIC/FIN No.: Date & Time:

GIARMC SketchPlanForm_V3



