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	08/01/2018 12:21
Date Of Accident	07/01/2018 14:00
Exact Location Of Accident	ALG ADAM RD HEADING TO PIE CHANGI TO LORNIE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH3872X
Insured/Policyholder	
Name Of Registered Owner	CHUA CHET SHIU
NRIC No	S7214686G
Email Address	CCHET@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96737637
Alternative Phone No	OFFICE-96737637
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PNPV2017-00008031
Cover Note Number	
Driver	
	a a -

Name of Driver

CHUA CHET SHIU

NRIC No

S7214686G

Date Of Birth

O1/05/1972

Occupation

INDOOR

Date Of Driving Pass

15/07/1993

Driving Experience 24 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96737637

Fax Number

Contact Number OFFICE-96737637
EMail Address CCHET@YAHOO.COM

Address 404 DUNEARN ROAD #04-06 SINGAPORE 289609

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 **RAINING** Road Surface WET

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 YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

3 Number of Passengers (Including Driver)

Passenger 1

NAME: : LEONG YEE MEI

GENDER: : FEMALE

Passenger 2 NAME: : AVERIL CHUA

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I (SLH3872X) WAS STOPPING ALONG ADAM ROAD ON THE MOST LEFT LANE, TOWARDS PIE CHANGI, TOWARDS LORNIE, AS THE VEHICLES AHEAD WERE ALREADY STATIONARY, WHEN SUDDENLY A CAR (SLJ1975K) HIT ME FROM THE BACK. AFTER THE IMPACT, A TAXI (SHC2545X) HIT THE BACK OF THE CAR (SLJ1975K). TOTAL OF 3 CAR COLLISION. NO INJURIED INVOLVED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ1975K

Vehicle Make/Model/Colour HONDA/VEZEL 1.5/CHAMPAGNE

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver SHAMSUR BIN MISNOR

S1719931E NRIC/Passport Number Contact Number 96807041

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC2545X

Vehicle Make/Model/Colour HYUNDAI/I40 1.7L/BLUE

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver POH MENG KIAT

NRIC/Passport Number S7009359F Contact Number 87105953

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

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- 8 Consent under the Personal Data Protection Act (PDPA)
- S. Consent under the Personal Data Protection Act (PDPA)

 I understand, acknowledge, agree and consent that:
 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 information and out in this [form] and any other personal information to all insurer(s) who have insured process my personal information set out in this [form] and disclose and transfer such Personal Information to all insurer(s) who have insured to as the my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer to as the my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer to as the 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 shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively the "Personal Information" and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the my insurer. Insurers accident shall be collectively the "Personal Information" and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the my insurer (sollectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(sollectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(sollectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(sollectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(sollectively the "Personal Information") and disclose
- policey, for the purpose(s) of the claims and any necessary investigations relating to the claims and any necessary investigations relating to the claims. the police), for the purpose(s) of

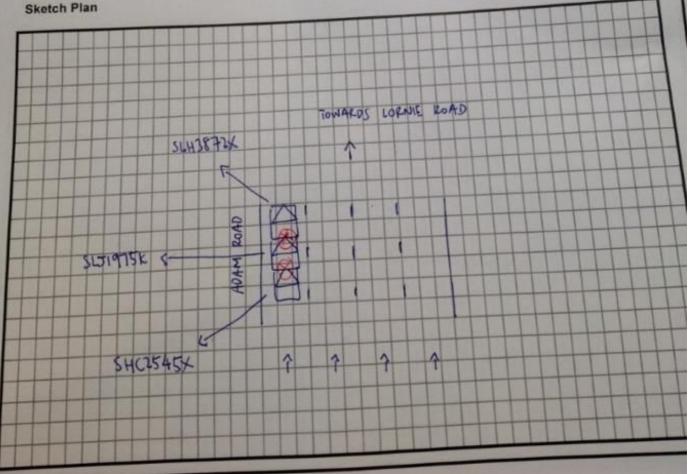
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 (iii) carrying out and/or dealing with my instructions or respondence, statements, invoices, reports or notices to me, which could involve administering my claims (including the mailing of correspondence, 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); anytion
- (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 (s).
- 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.

VERIFIED BY AJAX MARS REPORTING OFFICER MOHAMMAD SULHANDI BIN MOHD AFFANDI

08/01/2018 Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



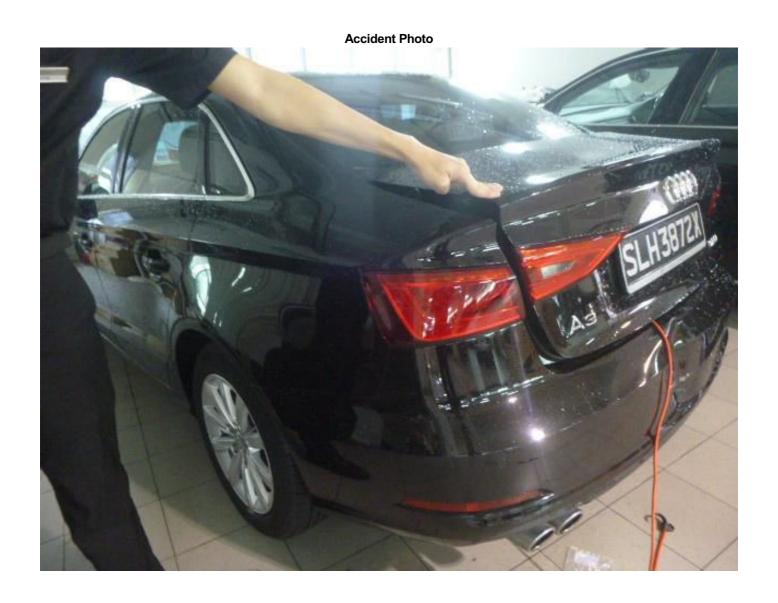
Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

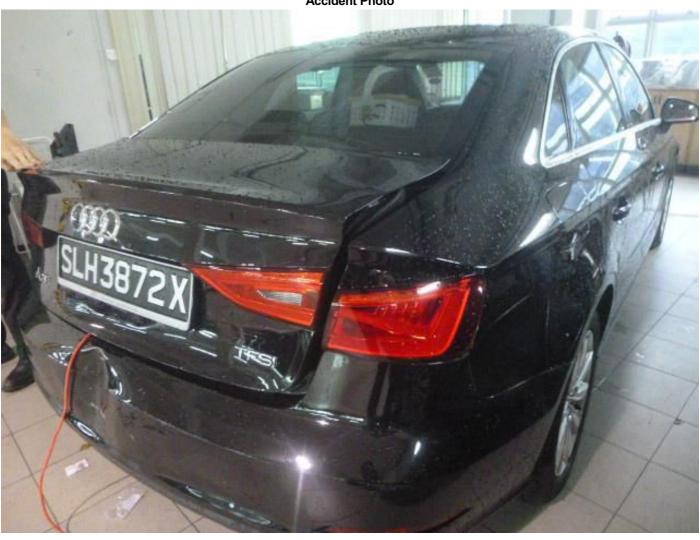
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Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provided by AJAX MARS REPORTING OFFICER - MOHAMMAD SULHANDI BIN MOH AFFANDI	ded above are true in every aspect
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
8 January 2018 at 10:40 AM	8 January 2018 at 10:40 AM

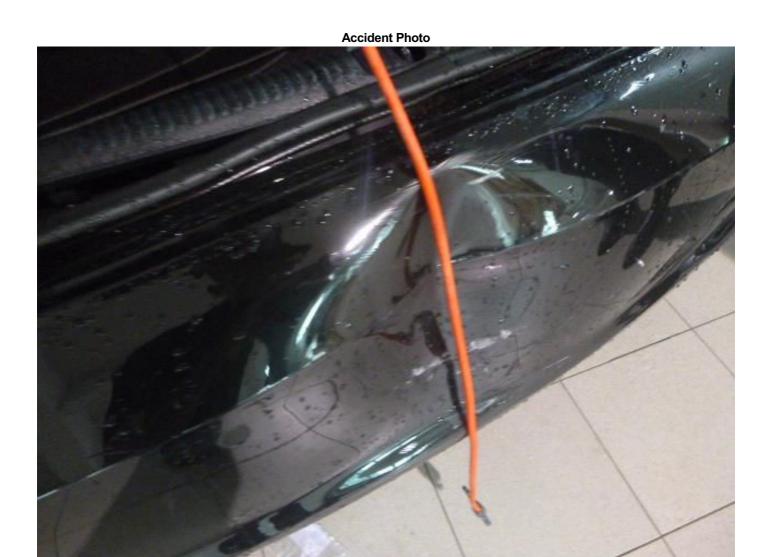
























Identification Card



