

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	11/01/2018 23:40
Date Of Accident	10/01/2018 19:45
Exact Location Of Accident	PIE(TUAS) ON THOMSON FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3500B
Insured/Policyholder	
Name Of Registered Owner	LOH MEW FONG
NRIC No	S1427234H
Email Address	CRYS.NAZO.TAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97561156
Alternative Phone No	OTHERS-97561156
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 2.0 CVT ABS D/AIRBAG 2WD 5DR S/R
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PNPV2017-00007731
Cover Note Number	N.A
Driver	
Name of Driver	TAN JUN LIANG
NRIC No	S8933506Z
Date Of Birth	08/09/1989
Occupation	INDOOR
Date Of Driving Pass	06/03/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97561156
Fax Number	
Contact Number	OTHERS-97561156
Email Address	CRYS.NAZO.TAN@GMAIL.COM

Address 53 THONG SOON GREEN
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 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?
 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I was traveling along PIE(Tuas) on the extreme right lane. On the Thomson Flyover, traffic ahead braked to a stop. I braked my car and had came to a complete stop when car SKD5405G from behind did not stop on time and collided onto the rear of my car. Damages to my car were on the rear portion. No injuries were involved.

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 SKD5405G
 Vehicle Make/Model/Colour HONDA / ACCORD EURO S 2.4 A
 Details Of Properties N.A
 Vehicle Category PRIVATE CAR
 Name of Driver ONG JEAU LEANG
 NRIC/Passport Number S7109168F
 Contact Number 86884277
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

ACCIDENT STATEMENT (2000 characters)

I was traveling along PIE(Tuas) on the extreme right lane. On the Thomson Flyover, traffic ahead braked to a stop. I braked my car and had came to a complete stop when car SKD5405G from behind did not stop on time and collided onto the rear of my car. Damages to my car were on the rear portion. No injuries were involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 January 2018 at 10:32 PM

Date/Time:

11 January 2018 at 10:32 PM

Sketch Plan

SKETCH PLAN

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and compliance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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 application by interested parties.
7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at the claims and to copies of the report being made available if requested.
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 be 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 insurers who have insured my vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 making of investigations, statements, medical reports or notices to me, which could involve disclosure of certain personal data about me to doing about delivery of the same as well as on the external cover of envelopes/mail packages; and/or
 - (v) complying with applicable law or administering, processing, handling and/or dealing with my claims (collectively the "Purposes").

(b) all insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may be 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 also be disclosed by any of the Insurers, Insurers' lawyer/law firms, third party service providers or agents (including their lawyer/law firms) which may be disclosed to I/S, my insurer, Insurers' lawyer/law firms, for one or more of the above Purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Farizal

Bin Paulia

Policyholder's Signature / Date & Time

Insurer's Signature / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

