

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 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	20/01/2018 16:14
Date Of Accident	20/01/2018 12:50
Exact Location Of Accident	CTE TOWARDS WOODLANDS NEAR EXIT ANG MO KIO AVE 3.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB1273G
Insured/Policyholder	
Name Of Registered Owner	ALOYSIUS CHONG
NRIC No	S8432269E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91866058
Alternative Phone No	OFFICE-91866058

Vehicle Particulars

Manufacturer	SKODA
Model	SUPERB 1.8T
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV201700008030
Cover Note Number	

Driver

Name of Driver	CHNG NINA
NRIC No	S8808836J
Date Of Birth	19/03/1988
Occupation	INDOOR
Date Of Driving Pass	04/07/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91866058
Fax Number	
Contact Number	
EEmail Address	ALOYSIUS1117@GMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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 driving along CTE at about 67 km/h with a safety distance of about 5-6 car length when the car in front suddenly did an emergency brake. I immediately braked the hardest I could but due to the short time, my car hit his while the car behind almost hit my car. No injury involved. We exchanged particulars.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD TO MERIMEN ONCE INSURED SEND
Was there any audio recorded?	NO


DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ7820L
Vehicle Make/Model/Colour	HONDA/VEZEL/SLIVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA ZIHAO
NRIC/Passport Number	S8930662J
Contact Number	90602167
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

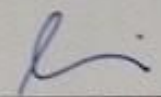
Sketch Plan

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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.
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.


Policyholder's Signature / Date & Time

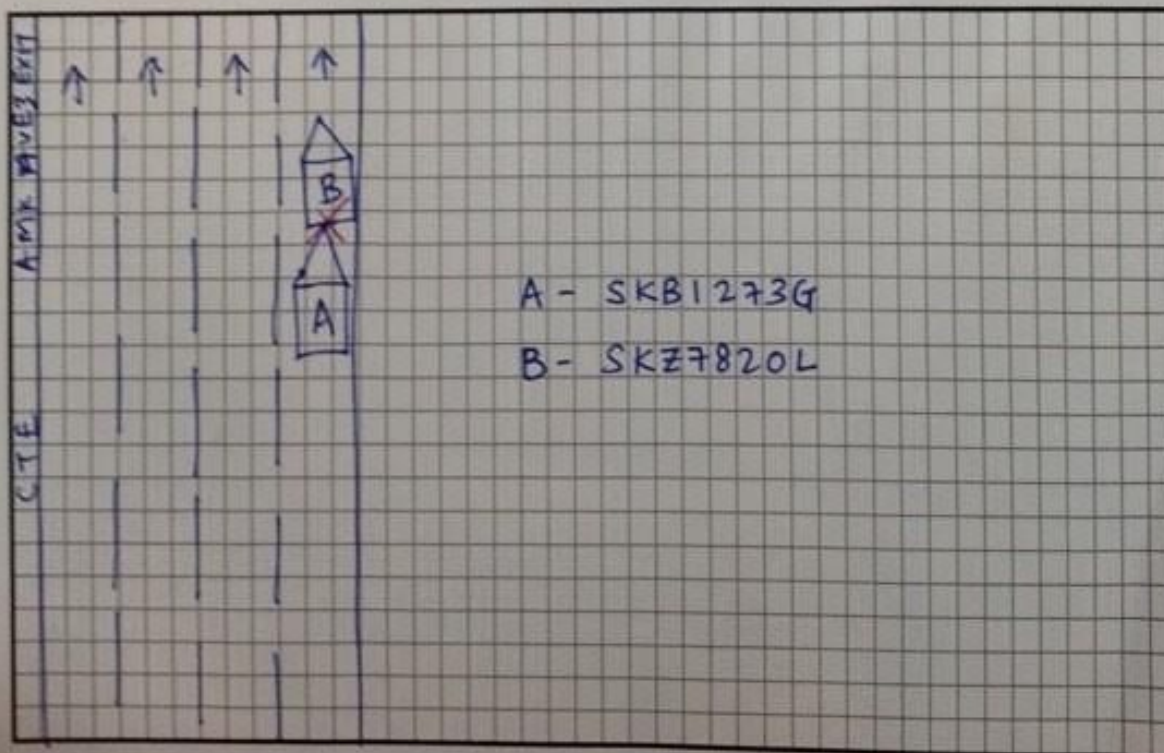
20/1/18


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

20/1/19

VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohammad Azaly Bin Abdullah
Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving along CTE at about 67 km/h with a safety distance of about 5-6 car length when the car in front suddenly did an emergency brake. I immediately braked the hardest I could but due to the short time, my car hit his while the car behind almost hit my car.

No injury involved.

We exchanged particulars.

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 -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

20 January 2018 at 3:52 PM

Date/Time:

20 January 2018 at 3:52 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License

