

## 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	12/03/2018 10:39
Date Of Accident	11/03/2018 13:30
Exact Location Of Accident	ECP TWDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6087P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE HOW CHENG
NRIC No	S1230218E
Email Address	SUNGGRU@YAHOO.COM
Mobile Phone No	(LOCAL) +65-82987088
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (A)
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	PNPV2017-00007078
Cover Note Number	

### Driver

Name of Driver	LEE HOW CHENG
NRIC No	S1230218E
Date Of Birth	24/06/1957
Occupation	INDOOR
Date Of Driving Pass	11/04/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82987088
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	SUNGGRU@YAHOO.COM

Address	BLK 7 KIM TIAN PLACE #06-65
Postcode	160007
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	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	
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

REFER TO SKETCH

### 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	SLE7414A
Vehicle Make/Model/Colour	BLACK TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	GWEE KIM GUAN
NRIC/Passport Number	S1407888F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

VEHICLE NO: SKV6087P
ACCIDENT DATE: 4/3/18

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 liability.
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. 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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

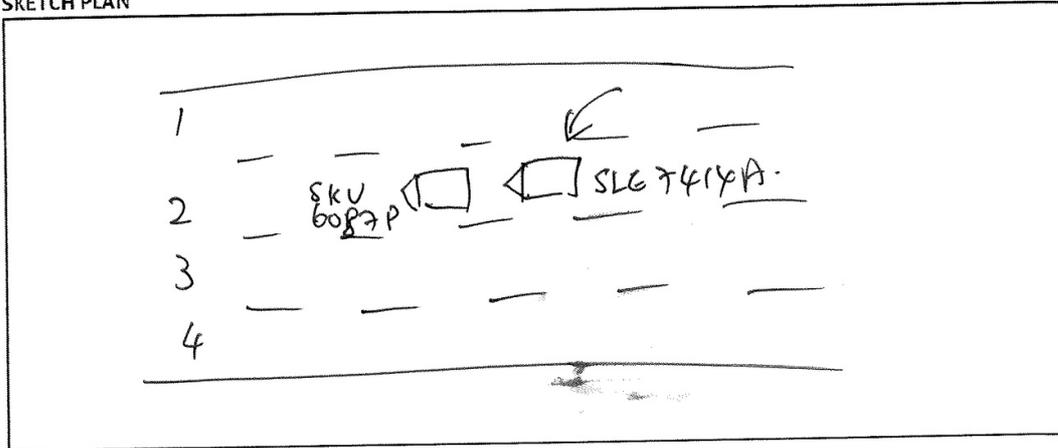
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN



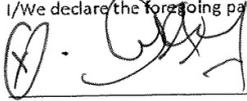
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along ECP at about 90 km/h. Traffic was light and weather fine. Time is about 1.30 pm.  
 I was in the centre lane 2.  
 Suddenly a car SLE 7414A bump onto the back of my car causing damage to the back on my car

OWN DAMAGE ( )    3RD PARTY CLAIM (  )    REPORTING ONLY ( )    OWN WORKSHOP ( )

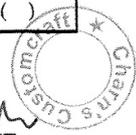
DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 CHARN'S CUSTOMCRAFT  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1230218E**  
Name: **LEE HOW CHENG**

Birth Date: 24 Jun 1957  
Issue Date: 11 Apr 2007

001490642B



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1230218E**



Name  
**LEE HOW CHENG**



Race  
**CHINESE**

Date of birth  
**24-06-1957**

Sex  
**M**

Country of birth  
**SINGAPORE**

S1230218E

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

PASS DATE  
11 Apr 2007

Class 3 Motor Cars=< 3000kg,with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S1230218E



3737886



NRIC No. **S1230218E**



Date of issue  
**06-07-2005**

APT BLK 7 KIM TIAN PLACE #06-65  
SINGAPORE 160007

NRIC No: S1230218E Date: 11/05/2011 No: 6677178

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

