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 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 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	08/05/2018 12:29	
Date Of Accident	07/05/2018 17:15	
Exact Location Of Accident	ALONG AYE TOWARDS CITY BEFORE ALEXANDRA EXIT	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH1315B	
Insured/Policyholder		
Name Of Registered Owner	KONG WY MUN	
NRIC No	S7206464Z	
Email Address	EXIGA2010@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-98329852	
Alternative Phone No	OFFICE-98329852	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A8L 3.0 TFSI QU (PI)	
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	PNPV2018-00003917	
Cover Note Number		

Driver

KONG WY MUN Name of Driver NRIC No S7206464Z Date Of Birth 26/02/1972 INDOOR Occupation 28/04/2000 Date Of Driving Pass 18 YEARS AND 0 MONTHS Driving Experience Gender MALE Mobile Number (LOCAL) +65-98329852 Fax Number

Contact Number OFFICE-98329852

EMail Address EXIGA2010@GMAIL.COM Address

19 TAMAN MAS MERAH

Postcode

128148

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

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 moderately on lane one. And I notice ahead there was a car ahead of me slowing down, I slowed down too and managed to stop my car safely, so as not to hit the front car. Suddenly I felt an impact from my rear vehicle and that impact made my vehicle moved forward and bump gently onto the vehicle in front of me. I later realised that I am involved in a chain collision involving 3 vehicles and my vehicle is in the middle. There was no injury involved We exchange particulars.

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

SHA8672H

Vehicle Make/Model/Colour

HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR / YELLOW

Details Of Properties

Vehicle Category

TAXI

Name of Driver

Contact Number

TOH CHAI SENG

NRIC/Passport Number

S0227676C 98712432

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKS2867Y

CITROEN / GRAND C4 PICASSO 1.6I EHDI ETG6 HALOGEN / BROWN

PRIVATE CAR

LIM CHEE KEONG

S7629054G

96975168

1

SKETCH PLAN

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 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 this report. being made available affiresaid 6 Consent under the Personal Data Protection Act (POPA)

- is the second of the control of the phoces my personal data personal information set out in this flore) and any other personal information provided by the or possessed by vehicles; microwally in the accident (all insurers) and disclose and transfer such Personal information to all insurers) who have insured vehicles; microwall in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to its the particle of the purposes; of in processing handling anglor dealing with my claims including the settlement of the claims and any recessary investigations religing to the claims.

- the claims.

 (a) investigating the accident another my claims.

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 (b) administering my claims uncluding the making of correspondence, statements, invoices, reports or notices to me, which could involve packages), and/or.

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 (b) administering the "Purposes".

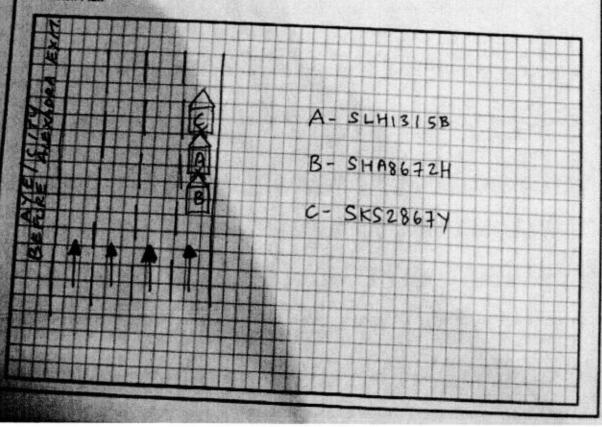
 (c) all insurers) who have insured vehicles) involved in this accident and the insurers tawyers/law firms, may/are permitted to collect use, its my Parsonal information for one or more of the above Purposes, and (including their lawyers law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

8 5 18

VERIFIED BY AJAX MARS REPORTING OFFICER Mohammad Azaly Bin Abdullah

** Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2 Pg. 1

ACCIDENT	CONTACT A	化化水油 医红斑	70000	- hi h	
D. C. L. 11 10- D. 1	- 1 D 1 b	c-Ball by PU-1	4.73400001.5	2 Mar 2 4 4 1 4 5 1	are1
N. M. M. I. Ph. 14.1	2117116	- IVI 1 T 1	16000	a 1 8231 G La 1 1	UE-37

I was driving moderately on lane one. And I notice ahead there was a car ahead of me slowing down. I slowed down too and managed to stop my car safely, so as not to hit the front car.

Suddenly I felt an impact from my rear vehicle and that impact made my vehicle moved forward and bump gently onto the vehicle in front of me.

I later realised that I am involved in a chain collision involving 3 vehicles and my vehicle is in the middle.

There was no injury involved

We exchange particulars.

Tax: 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 Official

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

8 May 2018 at 10:29 AM

8 May 2018 at 10:29 AM