SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.

aloresalu.		
	ACCIDENT STATEMENT	
Date Of Report	17/05/2018 13:39	
Date Of Accident	16/05/2018 14:30	
Exact Location Of Accident	TPE EXIT PUNGGOL (SLIP ROAD)	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJR4474B	
Insured/Policyholder		
Name Of Registered Owner	TOK SIEW LENG	
NRIC No	S6938259B	
Email Address	LYNNTOKSL@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-98194744	
Alternative Phone No	OTHERS-98194744	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	LANCER 1.5 MIVEC GLX AT	
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	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	PNPV2017-00004959	
Cover Note Number	N.A	
Driver		
Name of Driver	TOK SIEW LENG	
NRIC No	S6938259B	
Date Of Birth	05/11/1969	
Occupation	INDOOR	
Date Of Driving Pass	29/12/1997	
Driving Experience	20 YEARS AND 4 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-98194744	
Fax Number		

OTHERS-98194744

LYNNTOKSL@GMAIL.COM

Address RIVERTREES RESIDENCES, 21 FERNVALE CLOSE #21-01

Postcode 797460

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 RAINING
Road Surface WET

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

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 SJR4474B was driving along TPE towards Punggol exit on the left lane. It was heavy rain, so I was driving normally and suddenly I felt an impact and I realised that my front bumper had a slight contact with the other party SLX7961L rear vehicle. No injuries 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 SLX7961L

Vehicle Make/Model/Colour OPEL MOKKA X 1.6 CDTI 6AT (LED) / RED

Details Of Properties NIL

Vehicle Category PRIVATE CAR

Name of Driver MARC

NRIC/Passport Number

Contact Number 96467414

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1



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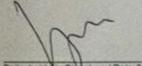
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 By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report. being made available aforesaid
- 5. Consent under the Personal Data Protection Act (PDPA)

f 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 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or (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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insured vehicle(s) involved in *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:

- (ii) 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, involces, 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 mayican 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.

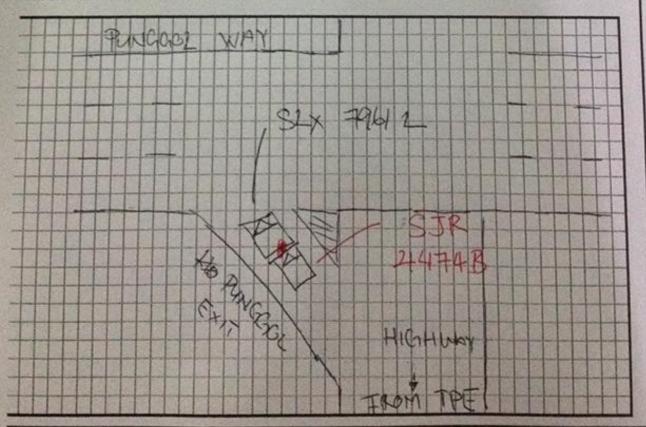


VERIFIED BY AJAX MARS REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Personnel

Sketch Plan



Common Statement Pg. 1

00 characters)

rain, so I was driving normally and sudo	vards Punggol exit on the left lane.It was heavy denly I felt an impact and I realised that my front ther party SLX7961L rear vehicle.No injuries	
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 SUMARDI BIN MOHD AFFANDI		
MARS Officer	_	
WANS Officer	Registered Owner or Driver's Signature	
Job Complete Date/Time	Date/Time:	
17 May 2018 12:28 pm	17 May 2018 12:28 pm	

