

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	20/06/2018 17:52
Date Of Accident	20/06/2018 08:25
Exact Location Of Accident	BUKIT TIMAH TWDS DUNEARN RD AFTER WHITLEY FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1878M
Insured/Policyholder	
Name Of Registered Owner	LOW KIM YEW JEFFREY
NRIC No	S1658121F
Email Address	CAT64FISH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96902392
Alternative Phone No	OTHERS-96902392

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.4A
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	PNPV2018-00001312
Cover Note Number	N.A

Driver

Name of Driver	LOW KIM YEW JEFFREY
NRIC No	S1658121F
Date Of Birth	01/06/1964
Occupation	INDOOR
Date Of Driving Pass	05/06/1985
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96902392
Fax Number	
Contact Number	OTHERS-96902392
Email Address	CAT64FISH@YAHOO.COM

Address	HDB COMPASSVALE PLACE, 205B COMPASSVALE LANE #08-13
Postcode	542205
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?	NO
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 FROM WHITLEY RD AND MADE A RIGHT TURN TO MERGE ONTO BUKIT TIMAH RD UNDER WHITLEY FLYOVER. AS I WAS APPROACHING THE MERGING LANE, VEHICLES IN FRONT OF ME WERE VERY SLOW AS THEY WERE GIVING WAY TO THE TRAFFIC ON BUKIT TIMAH RD WHICH CAUSED ME TO APPLY MY BRAKES AND PREPARE TO BRING MY VEHICLE TO A STOP IF NECESSARY. SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY VEHICLE. VEHICLE B HAD COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. NO INJURIES WERE INVOLVED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR7514A
Vehicle Make/Model/Colour	NISSAN SYLPHY 1.5L
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	SUMESH KUMAR ARORA
NRIC/Passport Number	S7081560E
Contact Number	94594870
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : PASSENGER 1

GENDER: : FEMALE

Sketch Plan

SKETCH PLAN

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7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at the centre and to require of this report being made available stored.
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 vehicles involved in this accident (as 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 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 issuing 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 shortpostal 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 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 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 used outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MAHS
REPORTING OFFICER

Ammar Hamizan bin

Khalrudin

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

