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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/07/2018 18:49
Date Of Accident	15/07/2018 12:25
Exact Location Of Accident	ANG MO KIO AVE 6 (NEAR TO YIO CHU KANG MRT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN4673P
Insured/Policyholder	
Name Of Registered Owner	LEUNG MUN HOE (LIANG WENHAO)
NRIC No	S7200486H
Email Address	MUNHOE_LEUNG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90122293
Alternative Phone No	OTHERS-90122293
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SX4
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNCV2018-00000107
Cover Note Number	
Driver	
Name of Driver	LEUNIC MUNICIPE (LIANIC WENTLAC)

Name of Driver LEUNG MUN HOE (LIANG WENHAO)

NRIC No S7200486H
Date Of Birth 07/01/1972
Occupation OUTDOOR
Date Of Driving Pass 26/11/1990

Driving Experience 27 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90122293

Fax Number

Contact Number OTHERS-90122293

EMail Address MUNHOE LEUNG@YAHOO.COM

Address BLK 46 BENDEMEER ROAD

#07-1437

Postcode 330045

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 Registration Number of Briver's CWIT

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Insurance Company of Driver's Own Vehicle

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YES

NO

2

NO

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?

Was any other material or property damaged?

I have been approached by unknown person(s)

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 Witness 1

Name K K

Phone Number 93636356

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKP3741K

Vehicle Make/Model/Colour HONDA ODESSEY

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD HAKIM BIN JALI

NRIC/Passport Number

Contact Number 84286564

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 4

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME: :

GENDER: :

Passenger 3 NAME: :

GENDER: :

Sketch Plan

SKETCH PLAN

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- 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)
 - (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
- 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.
- 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
- 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time: | b/

Reporting Centre Person

NRIC/FIN No.: /COF

Sketch Plan #2

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT BY SKP 374/1K BY SKP 374/1)	THE MO KID ANK 6 (MARK VOO COM KONG MK)	ETCH PLAN
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Date & Time: (If driver is not the policyholder) Name: NRIC/FIN No.: Wall Wall	HAB	(If driver is not the policyholder) Name: (Vanal 1 A	CAR COLLEGE TO THE CO





























