

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	25/08/2018 11:09
Date Of Accident	24/08/2018 17:15
Exact Location Of Accident	ALONG CLEMENTI ROAD BEFORE TRAFFIC JCT TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4045D
Insured/Policyholder	
Name Of Registered Owner	LAM BOON SEONG
NRIC No	S7834524A
Email Address	LAMBS1999@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97902464
Alternative Phone No	OTHERS-97902464

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	PNPV2018-00005552
Cover Note Number	

Driver

Name of Driver	LAM BOON SEONG
NRIC No	S7834524A
Date Of Birth	29/11/1978
Occupation	INDOOR
Date Of Driving Pass	01/08/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97902464
Fax Number	
Contact Number	OTHERS-97902464
Email Address	LAMBS1999@GMAIL.COM

Address	5 SEMBAWANG CRESCENT #09-10
Postcode	757095
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SEMPAWANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE NOTICE AND SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL SUBMIT UPON REQUEST
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG3289D
Vehicle Make/Model/Colour	TOYOTA HIACE / WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROSALIND HO MENG LUAN
NRIC/Passport Number	S1358669A
Contact Number	91819818
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : UNKNOWN
GENDER: :

Sketch Plan

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time:

25/8/18
11am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

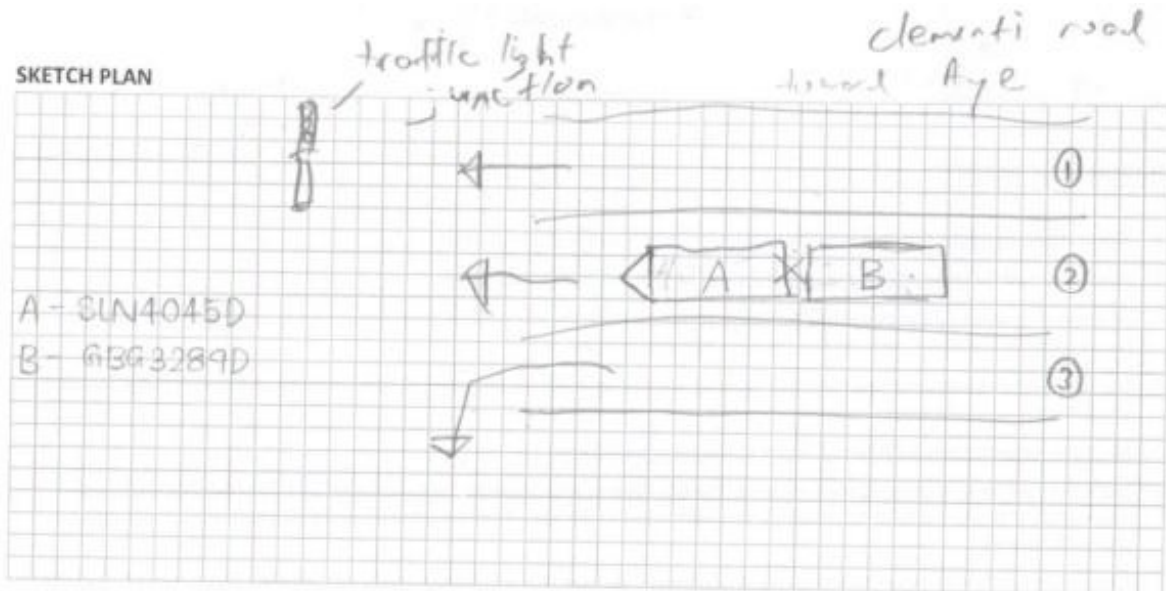
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police notice.

DECLARATION

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

Policyholder's Signature

Date & Time: 25/8/18 11am

GLARMC SketchPlanForm_V9

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Police Report

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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Lam Boon Seong,

NRIC/FIN S7834524A, has reported to the Police a non-injury traffic accident which occurred at traffic light junction of clementi road towards AYE near the school of science and technology,

on 24/08/2018 at 1715hrs am/pm involving the following vehicles:

SLN4045D – Toyota Sienta (Brown) Lam Boon Seong, S7834524A, 5 Sembawang Crescent #09-10, HP: 97902464

GBG3289D – Toyota Hiace (White) Rosalind, S1358669A, HP: 91819818

On 24/08/2018 at about 1715hrs, I was at the traffic light junction at clementi road towards AYE, near the school of science and technology. I was stationary at the traffic light and the light was still red. Suddenly, I felt that the rear of my car got hit. As such, I went out to make a check. Upon checking, the rear of my car suffered from some dents and the right rear light was broken. The other party did not suffer from any damages. No police or ambulance was called. There were no injuries and we agreed to go for an insurance claim.

2 If this accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSGT T130117 Haziq Hamizi *ISL*

Date: 24/08/2018 Time: 2250hrs

S/D Ref: 58

Police Post/Unit: Sembawang NPC

Original – to be issued to informant

Duplicate – to be submitted to Traffic Police

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Version as of 15 Jan 2002

SEMBAWANG NPC
4 Sembawang Crescent
Singapore 757633
Tel: 1800-5549999
Fax: 68522499

S7834524A
2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



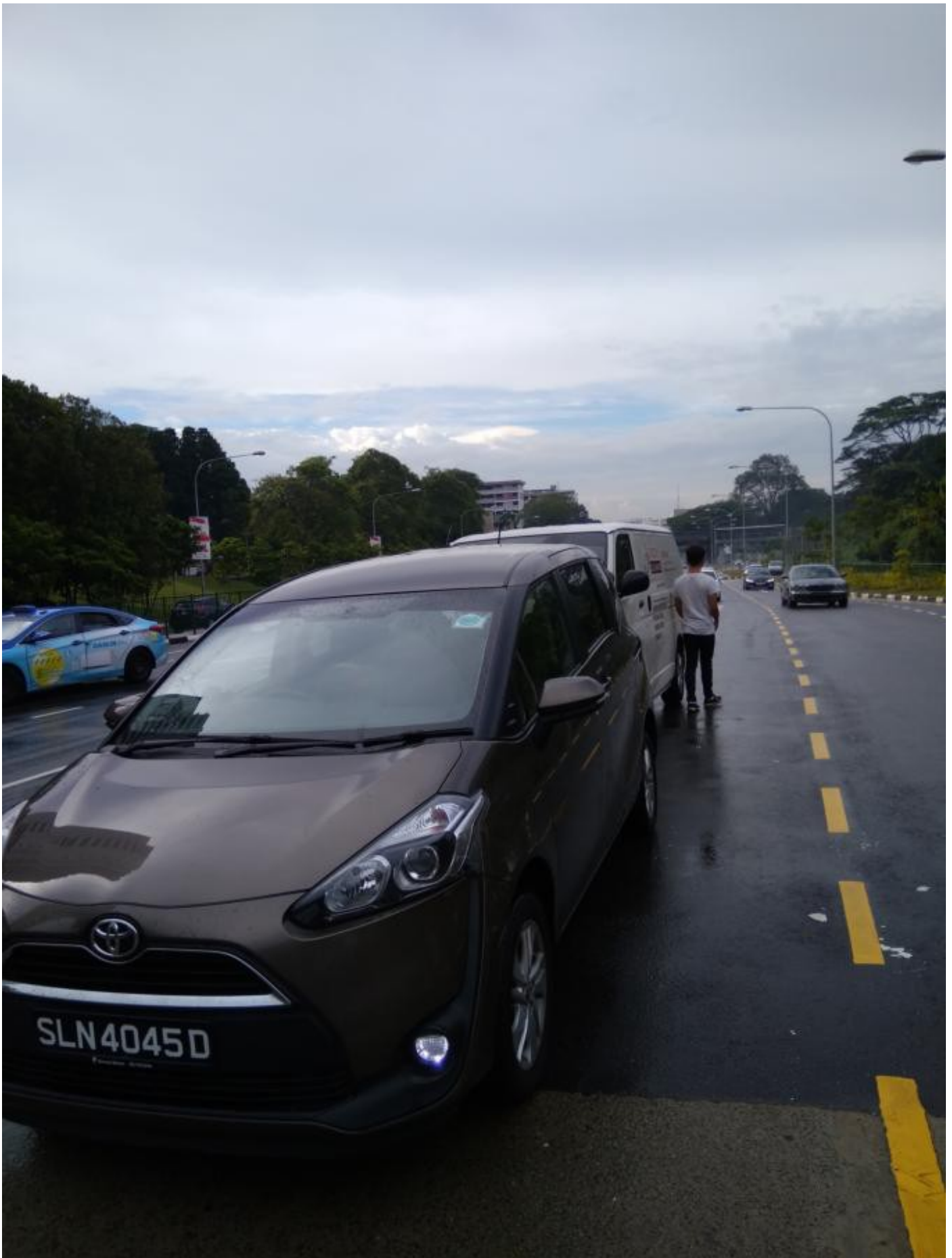
Accident Photo



Accident Photo



Accident Photo



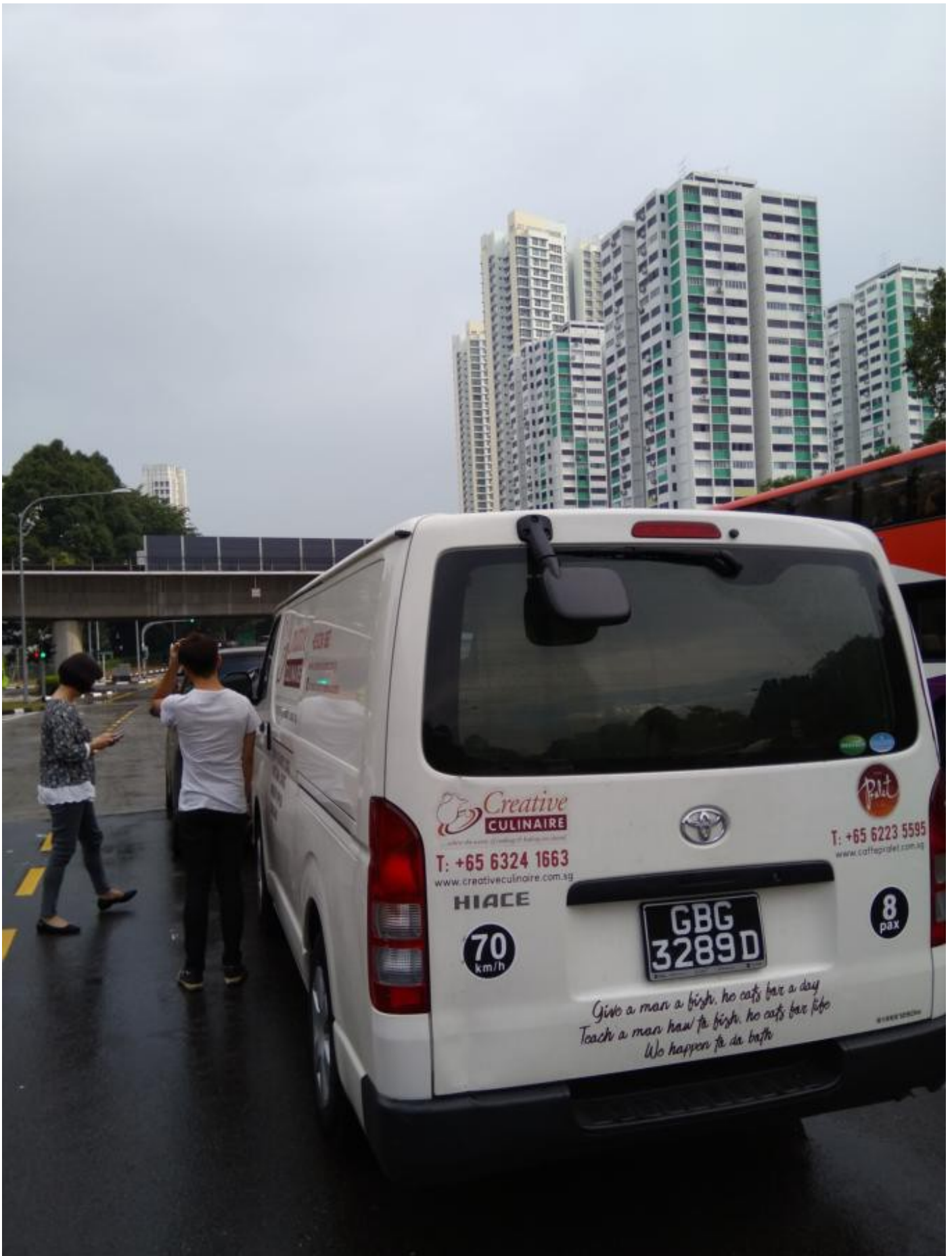
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Mileage



Driving License



Identification Card

