

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	08/08/2018 23:46
Date Of Accident	07/08/2018 09:30
Exact Location Of Accident	SIGLAP NEAR COLD STORAGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG7949Y
Insured/Policyholder	
Name Of Registered Owner	SUMIT SETHI
NRIC No	G5062240T
Email Address	PAWANPSIDHU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83392496
Alternative Phone No	OFFICE-83392496

Vehicle Particulars

Manufacturer	HYUNDAI
Model	VERNA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2018-00006466
Cover Note Number	N.A.

Driver

Name of Driver	SUMIT SETHI
NRIC No	G5062240T
Date Of Birth	26/08/1980
Occupation	INDOOR
Date Of Driving Pass	21/12/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83392496
Fax Number	
Contact Number	OFFICE-83392496
EEmail Address	PAWANPSIDHU@GMAIL.COM

Address	NIL
Postcode	
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	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was stationary behind a vehicle when suddenly I felt an impact from my rear, making my vehicle to move forward and bump onto the front car. No injuries involved We exchange mobile numbers.

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	SLC7756Z
Vehicle Make/Model/Colour	TOYOTA/COROLLA ALTIS 1/SIL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYLVIA
NRIC/Passport Number	
Contact Number	91709742
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJB1057B
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Vehicle Make/Model/Colour	NISSAN/QASHQAI 1.2 DIG/BLA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LILIAN
NRIC/Passport Number	
Contact Number	91456758
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 my 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.

f. [Signature]

8/8/18

VERIFIED BY AJAX MARS
REPORTING OFFICER

Mohammad Azaly Bin Abdullah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

	<p style="text-align: center;">SIGLAP ROAD NEAR COLD STORAGE</p> <p>A SGG7949Y</p> <p>B SLC7756Z</p> <p>C-SJB1057B</p>

ACCIDENT STATEMENT (2000 characters)

I was stationary behind a vehicle when suddenly I felt an impact from my rear, making my vehicle to move forward and bump onto the front car.

No injuries involved

We exchange mobile numbers.

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 -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 August 2018 at 6:48 PM

Date/Time:

8 August 2018 at 6:48 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 5062240T**

Name: **SUMIT SETHI**

Birth Date: **26 Aug 1980**

Issue Date: **02 Dec 2017**

Valid Till **20/12/2022**

002749449G



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	21 Dec 2012
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	21 Dec 2012



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
URL: 59953 002 03 / GST Reg. No.: M40 001 77 35

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18102856 Vehicle Registration No: SGG7949Y
Name (as shown in NRIC) : SUMIT SETHI NRIC/FIN/Passport No : G5062240T
(*Vehicle Driver /Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 83392496
Email Address : sumitsethi1980@gmail.com
Date of Accident : 07/08/2018 Time of Accident : 21:30
Place of Accident : SIGLAP NEAR COLD STORAGE
Insurance Company: FWD Singapore Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend : Accident Time

Policyholder / Driver's Signature
Date:

Mayury
Reporting Centre Personnel's Signature
Name: Mayury
NRIC/FIN No.: A36220718
Date: 20/08/2018