

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	28/08/2018 11:44
Date Of Accident	27/08/2018 17:30
Exact Location Of Accident	ALONG KPE GOING TOWARDS FORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2217G
Insured/Policyholder	
Name Of Registered Owner	MAUNG KHIN ZAW
NRIC No	S2738231B
Email Address	KHINZAW@MAYMYANMAR.COM.SG
Mobile Phone No	(LOCAL) +65-97389329
Alternative Phone No	OTHERS-97389329

Vehicle Particulars

Manufacturer	PEUGEOT
Model	508 ALLURE 1.6 BLUEHDI EAT6
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	PNPV2018-00004627
Cover Note Number	

Driver

Name of Driver	MAUNG KHIN ZAW
NRIC No	S2738231B
Date Of Birth	02/09/1963
Occupation	INDOOR
Date Of Driving Pass	29/08/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97389329
Fax Number	
Contact Number	OTHERS-97389329
Email Address	KHINZAW@MAYMYANMAR.COM.SG

Address	862 WOODLANDS STREET 83 #06-182
Postcode	730862
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BUKIT MERAH WEST NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDE9742J
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAT SIO POH
NRIC/Passport Number	S1513737A
Contact Number	97420803
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ7098R
Vehicle Make/Model/Colour	TOYOTA VELLFIRE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIAO HUIZHU
NRIC/Passport Number	S8237194Z
Contact Number	98718090
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHD9K
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO CHEE YI, ANDY
NRIC/Passport Number	S8011824D
Contact Number	94567005
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SHA4406L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA KONG HWEE
NRIC/Passport Number	S7304853B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MAUNG KHIN ZAW
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLA2217G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	862 WOODLANDS STREET 83 #06-182
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD9K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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) 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: 28/08/2018
11:44 AM

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

⑤ KPE → Ford Road →

④ D → C → B → A → E →

③ →

② →

① →

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no : T/20180828/2060

A- SLA2217A
B- SDE9742J
C - SL07098R
D- SHD9K
E-SHA4406L

DECLARATION

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

Policyholder's Signature

Date & Time: 28/08/2018

ELIARMC SketchPlanForm_V2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180828/2060

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180828/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2018 13:36	Vide Report No.: T/20180828/2002	Station Diary No.: 78
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Informant's Particulars			
Name of Informant: KHIN ZAW		Address: APT BLK 862 WOODLANDS STREET 83 #06-182 SINGAPORE 730862	
ID Type / ID No.: NRIC NO / S2738231B		Contact No.: Home/Office: Mobile: 97389329	
Nationality: MYANMAR		Email:	
Sex: Male	Age: 54	Date of Birth: 02/09/1963	Type of Informant: Driver
Race: Burmese		Language: English	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY KPE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDE9742J	Car				Slightly Damaged	0
SHA4406L	Car				Slightly Damaged	0
SHD9K	Car				Seriously Damaged	2
SLA2217G	Car	PEUGEOT	508 ALLURE 1.6 BLUEHDI EAT6	Blue	Slightly Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20180828/2060

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180828/2060

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ7098R	Car				Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA2217G	FWD Singapore Pte. Ltd	PNPV2018-00004627	03/04/2018	02/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHIN ZAW		ID No. S2738231B
Related Vehicle	NIL		Contact No. 97389329
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 27/08/2018 at about 1730hrs, I was travelling along KPE towards Fort Rd lane 4 with my vehicle bearing the registration plate number of SLA2217G and suddenly the car in front of me bearing the registration plate number of SHA4406L applied e-brake. I then immediately applied the e-brake and I managed to stop my vehicle. Subsequently, the car bearing the registration plate number of SDE9742J collided into the back of my car and my car moved forward and collided into the back of the vehicle plate number of SHA4406L. There were a total of five vehicles that were involved in the accident. All the drivers that were involved in the accident exchanged particulars and traffic police was at scene. I wish to state that no government property or pedestrian was involved when the accident happened. I am lodging this police report for insurance claims. This is the first time such incident happened to me.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180828/2060

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20180828/2060

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 SER WEN LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/08/2018 13:36

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

SN 130

Classification Of Case:

Authentication Stamp

NP168



Signature :

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



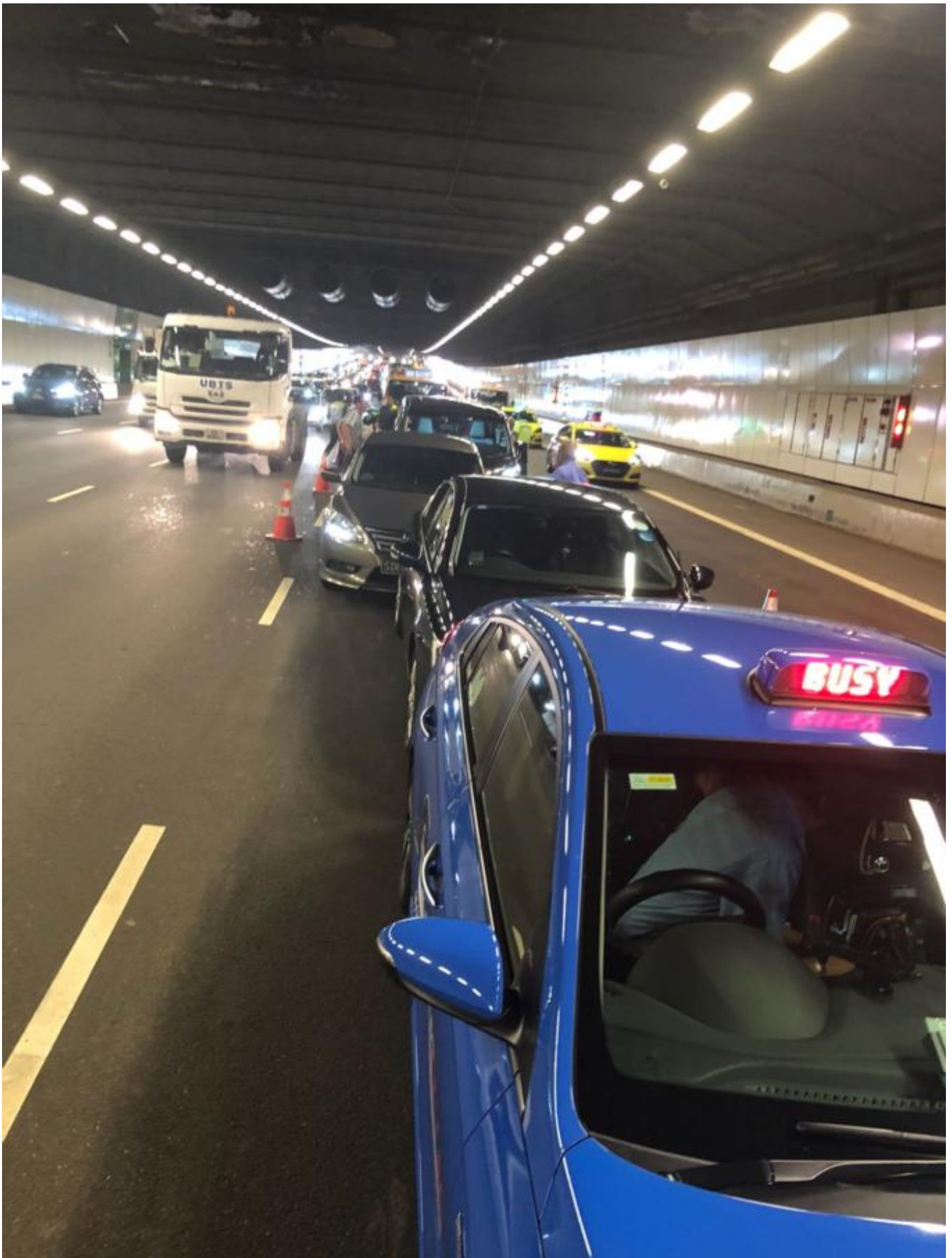
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Accident Photo



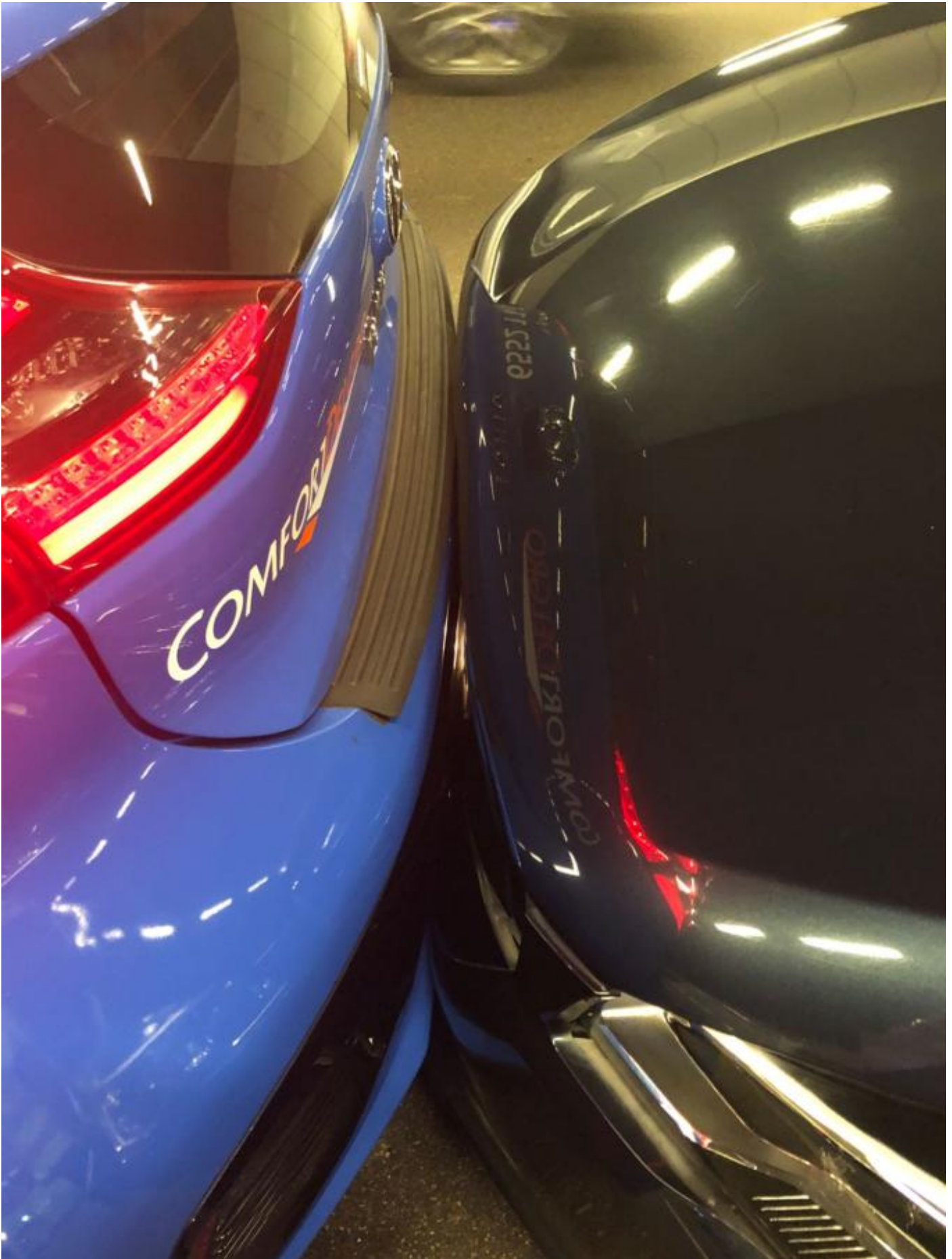
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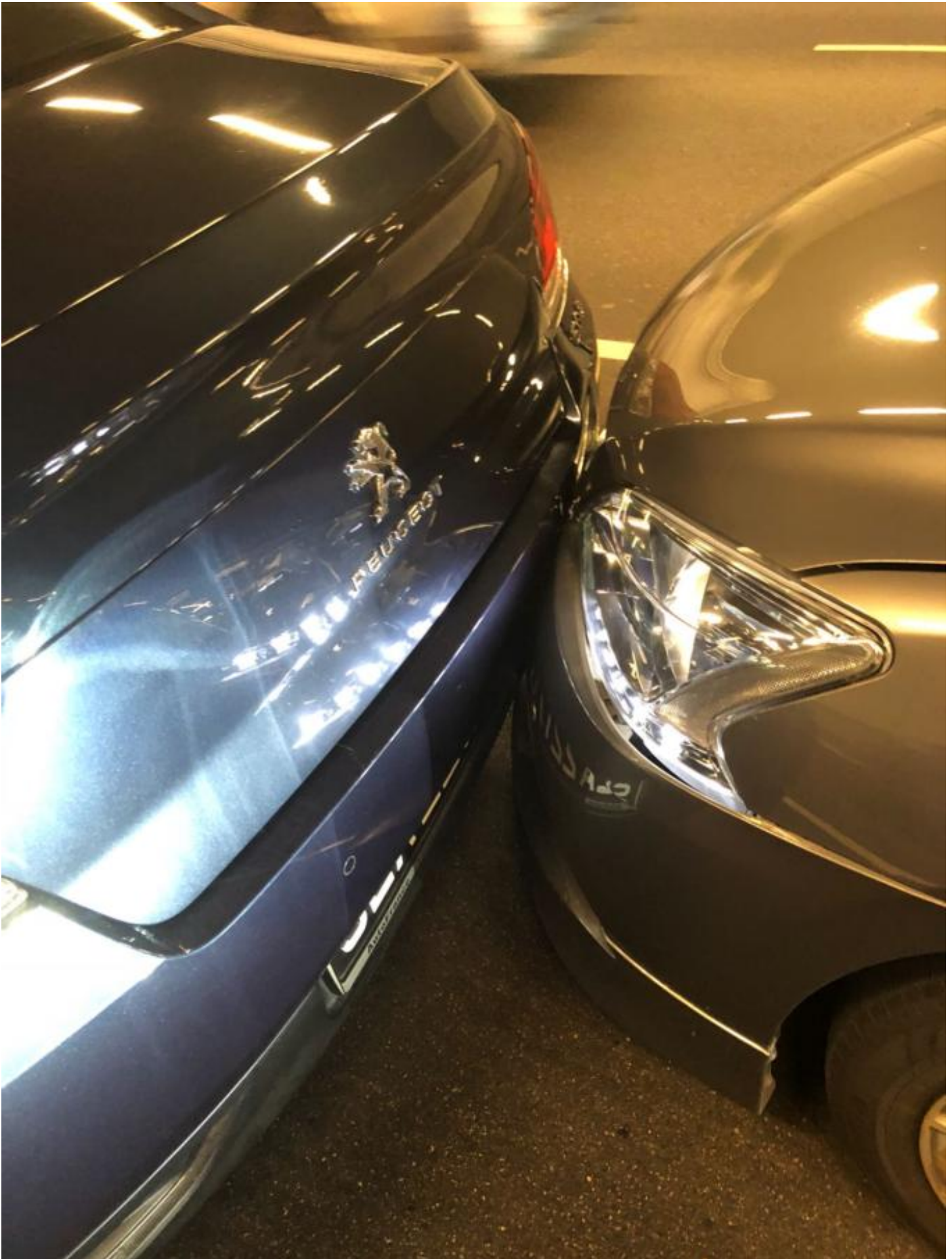
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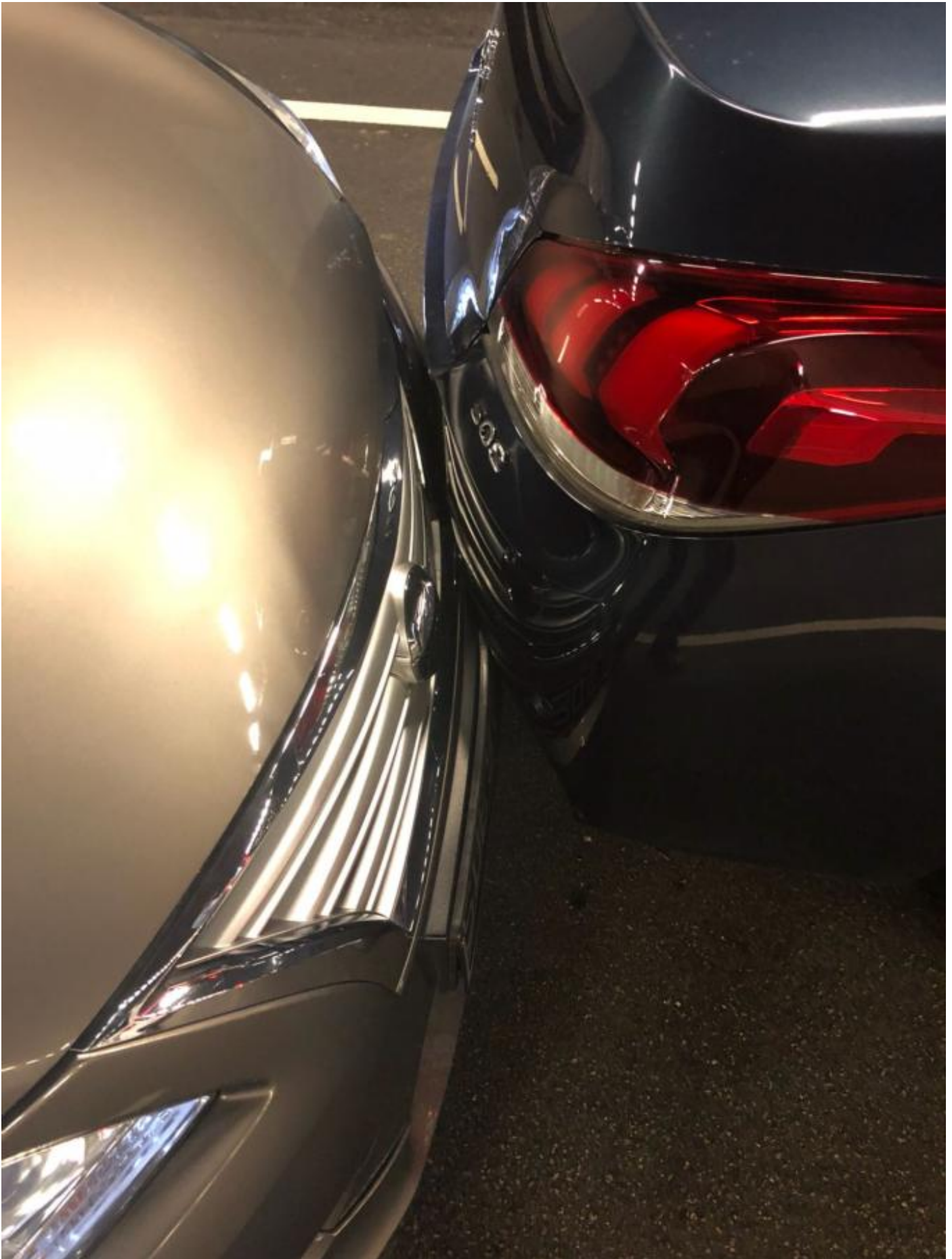
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Accident Photo



Accident Photo



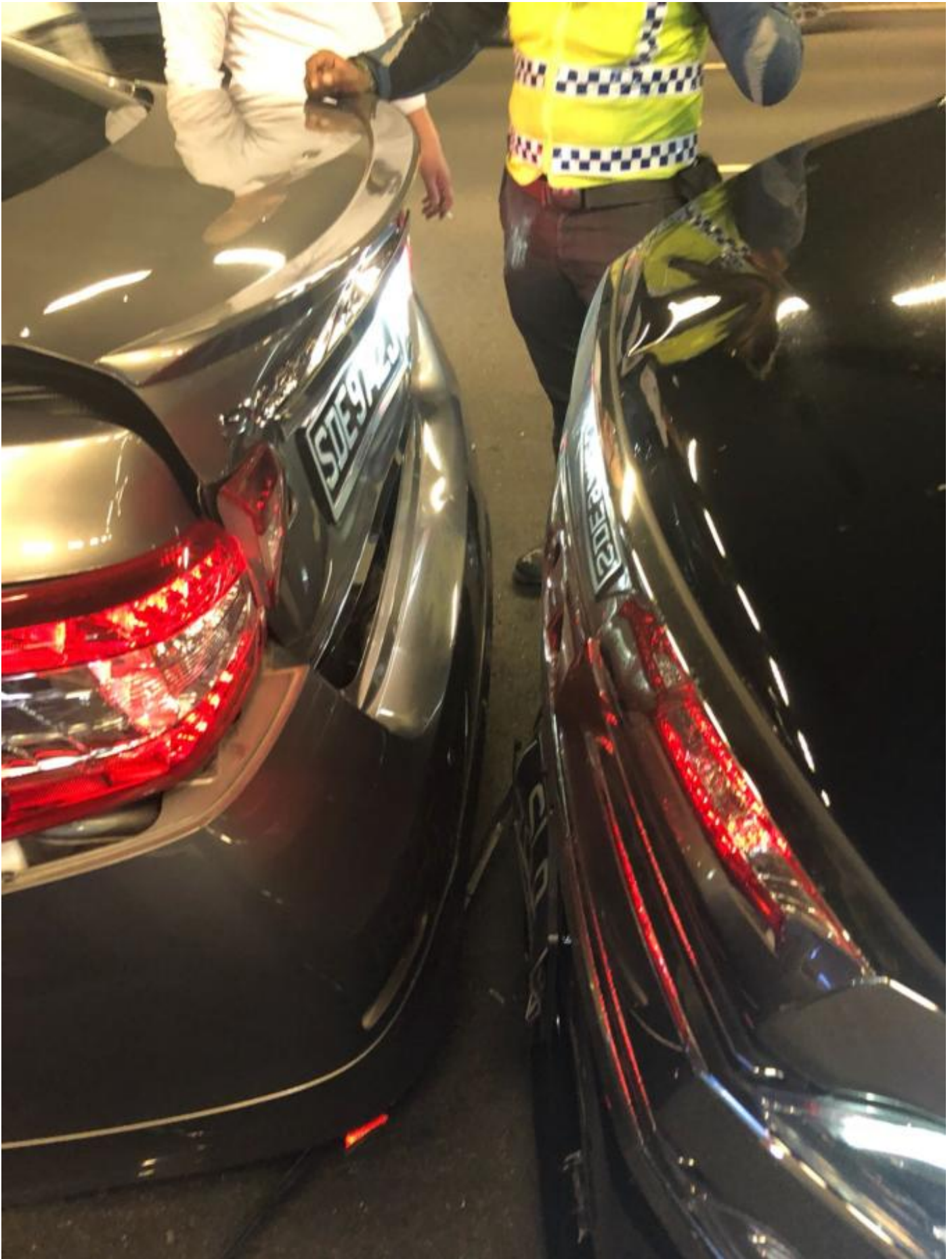
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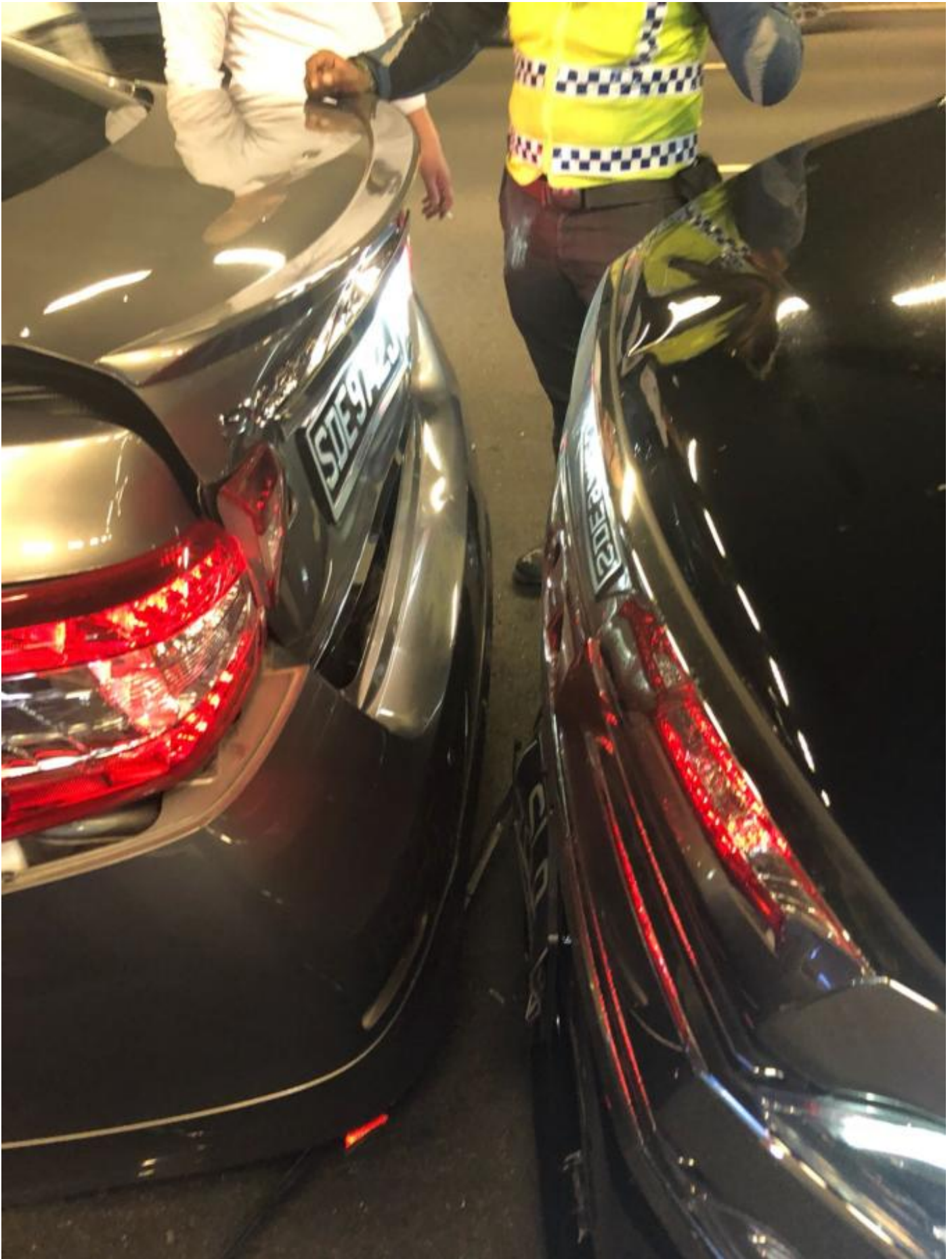
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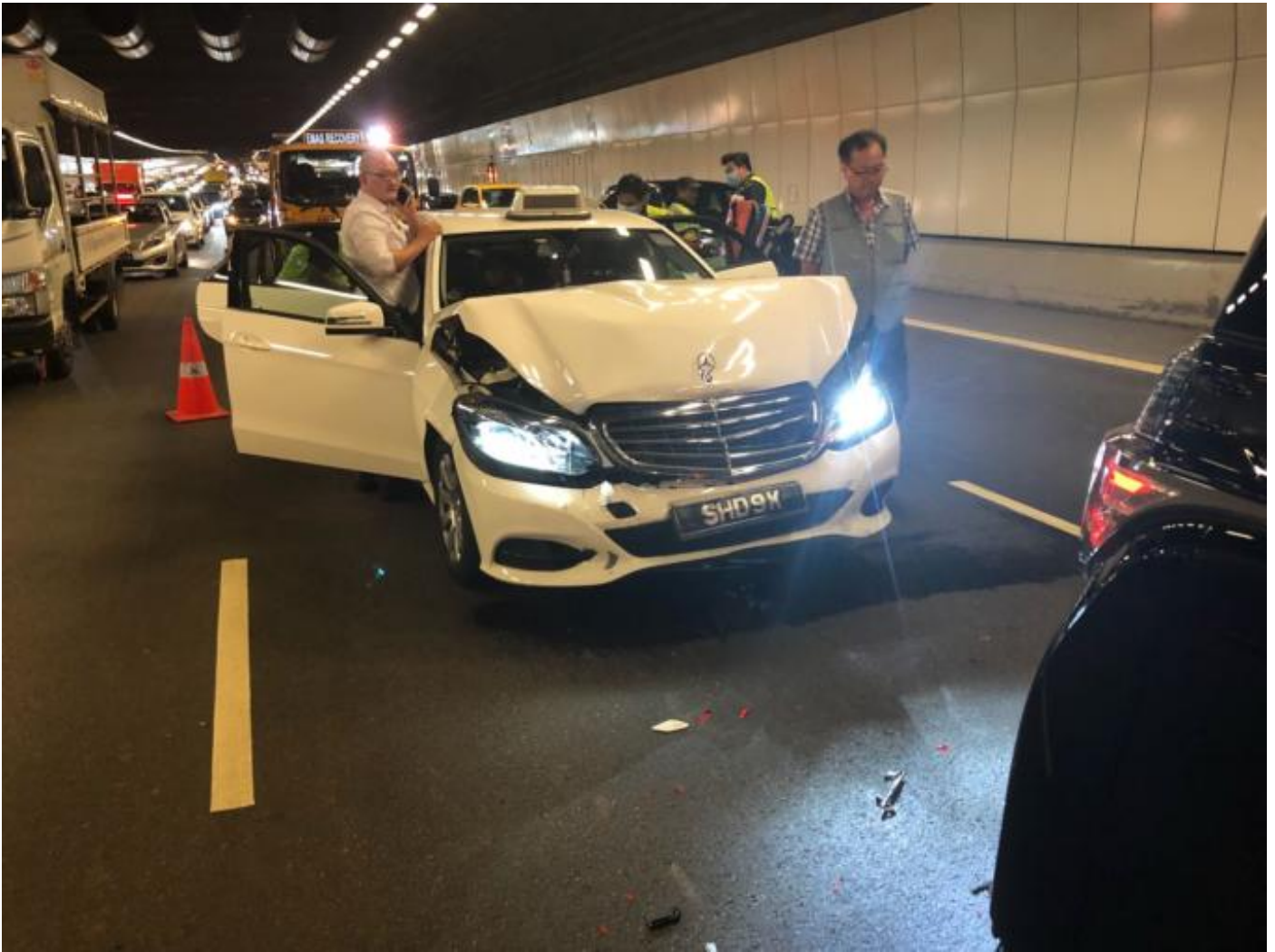
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Mileage



Driving License



Identification Card

