

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 liability.
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	03/10/2018 20:25
Date Of Accident	03/10/2018 14:05
Exact Location Of Accident	HDB CLEMENTI 346 CLEMENTI AVENUE 5 120346 OPEN CA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9239A
Insured/Policyholder	
Name Of Registered Owner	RICHARD CHANDRA
NRIC No	S7780940F
Email Address	RICHARD_CHANDRA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93689589
Alternative Phone No	OTHERS-93689589

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI S TRONIC (LED)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00008681
Cover Note Number	N.A

Driver

Name of Driver	RICHARD CHANDRA
NRIC No	S7780940F
Date Of Birth	07/05/1977
Occupation	INDOOR
Date Of Driving Pass	07/09/2001
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93689589
Fax Number	
Contact Number	OTHERS-93689589
Email Address	RICHARD_CHANDRA@YAHOO.COM

Address	NA
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	SIDE SWIPE
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 reversing my way out from a parking lot when suddenly vehicle B kept to the right to alight his passenger and collided with my car. My rear right was damage and no injury involved.

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	SLJ4988D
Vehicle Make/Model/Colour	HONDA / VEZEL HYBRID 1.5X AUTO
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO SIANG HUA
NRIC/Passport Number	S1602552F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.
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.

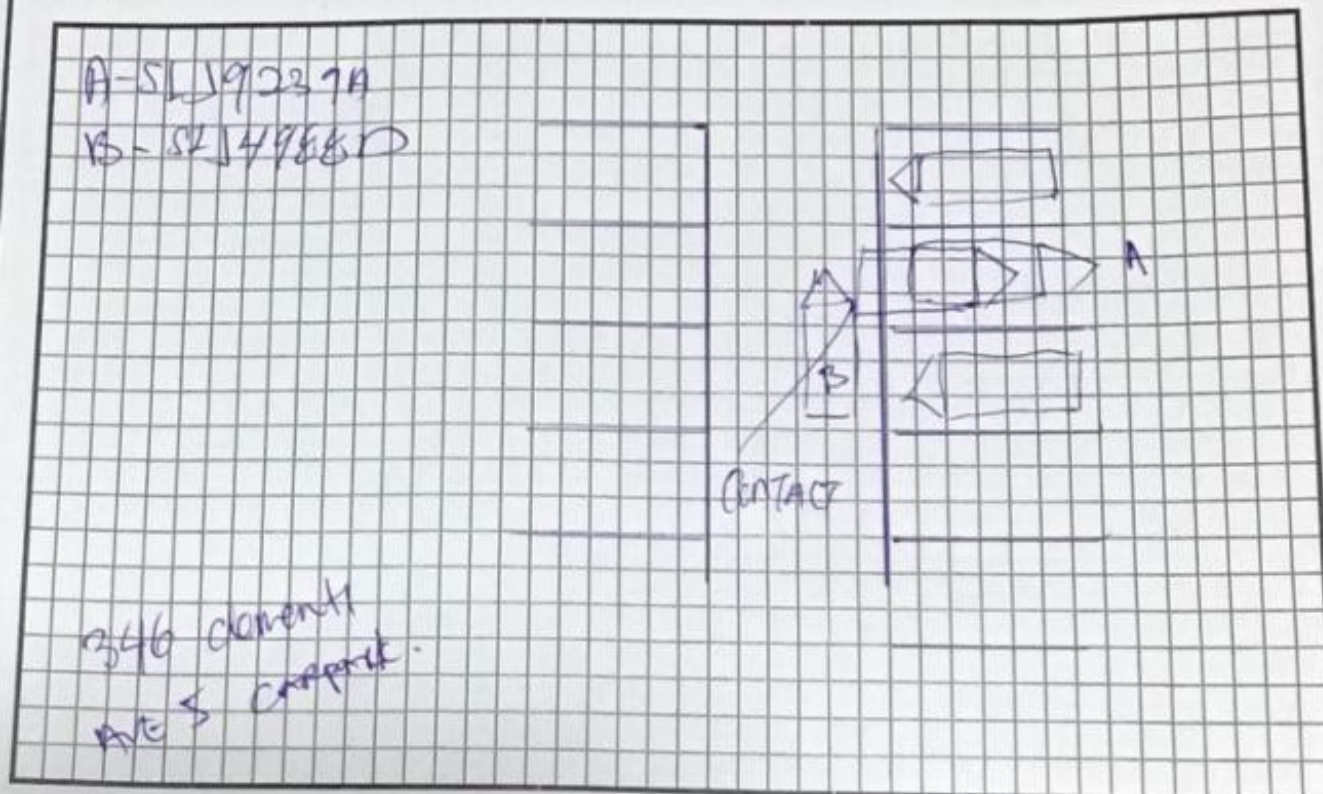
VERIFIED BY AJAX MARS
REPORTING OFFICER
Md Sharil

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was reversing my way out from a parking lot when suddenly veh b kept to the right to alight his passenger and collided with my car. My rear right was damage and no injury involved.

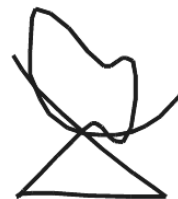
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 October 2018 at 4:26 PM

Date/Time:

3 October 2018 at 4:26 PM

EMAIL ATTACHED

Susan

From: josey.loh@fwd.com
Sent: Friday, 5 October 2018 3:19 PM
To: victor@ajaxmars.com; susan@ajaxmars.com
Cc: meilin@ajaxmars.com; motorclaims.sg@fwd.com
Subject: RE: FWDS-MARS00000549-SLJ9239A-03102018

Hi Victor / Susan,

We refer to our email on 04 October 2018.

Please make an addendum accordingly and forward Insured a copy of the same at the soonest.

Thank you.

Kind Regards

Josey Loh

Executive, Claims

FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986

T (65) 6727 5872

E josey.loh@fwd.com

W fwd.com.sg



From: Motor Claims SG - SG Common
Sent: Thursday, 4 October, 2018 9:33 AM
To: 'Victor'
Cc: Motor Claims SG - SG Common; 'Meilin'
Subject: RE: FWDS-MARS00000549-SLJ9239A-03102018

Hi Victor,

We were informed by Insured of his intention to claim OD.

Please make an addendum accordingly and forward Insured a copy of the same at the soonest.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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
UEN: S660580306 / GST Reg. No.: M480017795

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 : MBHH18128589 Vehicle Registration No: SLJ9239A
Name (as shown in NRIC) : RICHARD CHANDRA NRIC/FIN/Passport No : S7780940F
(~~Vehicle Owner~~ / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 93689589
Email Address : richard_chandra@yahoo.com
Date of Accident : 03/10/2018 Time of Accident : 14:05
Place of Accident : CLEMENTI 346 CLEMENTI AVENUE 5 120346 OPEN CP
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 FROM THIRD PARTY TO CLAIM OD

Policyholder / Driver's Signature
Date:

SUSAN

Reporting Centre Personnel's Signature
Name: F S NEO
NRIC/FIN No.: