

## 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	08/10/2018 21:37
Date Of Accident	08/10/2018 08:45
Exact Location Of Accident	ALONG GUILLIMARD CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8488A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHNG MUI HOON GISELLE
Passport No/FIN	S8707000Z
Email Address	XINGFULADY@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-82233366
Alternative Phone No	OFFICE-82233366

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5X
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-000111312
Cover Note Number	

### Driver

Name of Driver	CHNG MUI HOON GISELLE
Passport No/FIN	S8707000Z
Date Of Birth	09/03/1987
Occupation	INDOOR
Date Of Driving Pass	03/03/2006
Driving Experience	12 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82233366
Fax Number	
Contact Number	OFFICE-82233366
EEmail Address	XINGFULADY@LIVE.COM.SG

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	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?	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)	3
Passenger 1	NAME: : GRATUS GENDER: : MALE
Passenger 2	NAME: : GRACIA GENDER: : FEMALE

### 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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD WHEN I ACCIDENTALLY HIT THE REAR OF VEHICLE B. THE IMPACT PUSHED VEHICLE B FORWARD AND HIT VEHICLE C. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT. VEHICLE C : NO DETAIL

### 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	SGV188T
Vehicle Make/Model/Colour	HONDA AIRWAVE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STEPHANIE HO SU FEN
NRIC/Passport Number	S7937701E
Contact Number	97682251
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

UNKNOWN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

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.

*Ally Miffon*

Policyholder's Signature / Date & Time

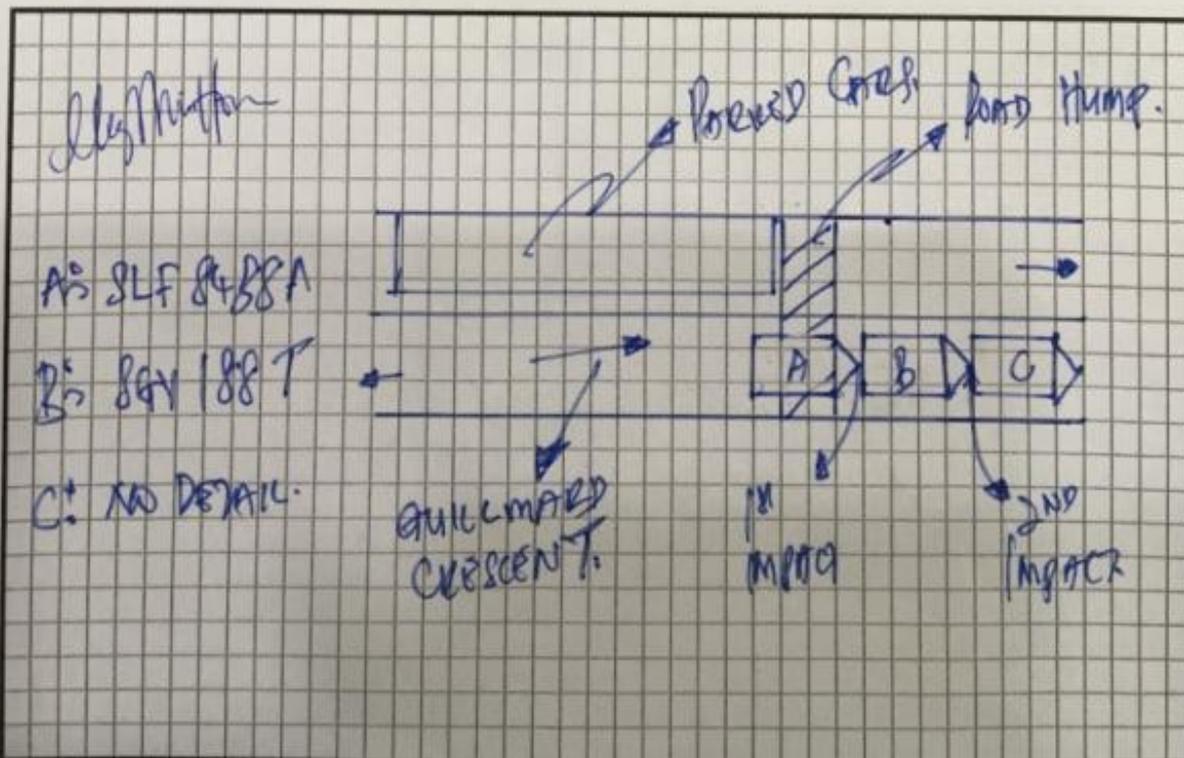
Driver's Signature (If driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Hashim

Witnessed by Reporting Centre  
Personnel

08/10/18

**Sketch Plan**



**ACCIDENT STATEMENT (2000 characters)**

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD WHEN I ACCIDENTALLY HIT THE REAR OF VEHICLE B. THE IMPACT PUSHED VEHICLE B FORWARD AND HIT VEHICLE C. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

VEHICLE C : NO DETAIL

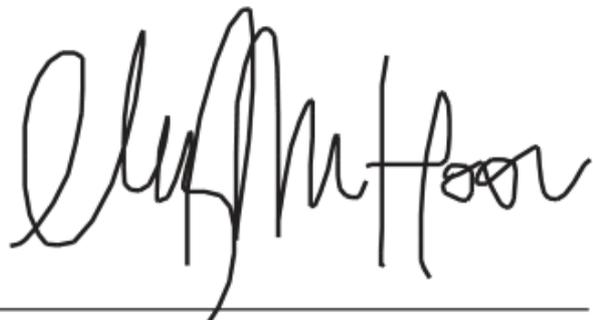
Taxi Voucher No.:

**DECLARATION**

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 October 2018 at 5:03 PM

Date/Time:

8 October 2018 at 5:03 PM

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



Driving License

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8707000Z**



Name  
**CHNG MUI HOON GISELLE**  
**(ZHUANG MEIYUN)**  
**MRS AW-CHNG MUI HOON**  
**(cont'd)**

Race  
**CHINESE**

Date of birth **09-03-1987** Sex **F** **S8707000Z**

Country/Place of birth  
**SINGAPORE**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S8707000Z**  
Name:  
**CHNG MUI HOON**  
**(ZHUANG MEIYUN)**

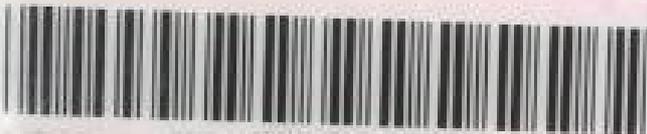
Birth Date: **09 Mar 1987**  
Issue Date: **03 Mar 2006**

**001403538B**



Identification Card

5877606



NRIC No. **S8707000Z**  
**GISELLE**  
莊 媛 雲

Date of issue  
23-02-2018

Address  
APT BLK 171 BEDOK SOUTH ROAD  
#12-403  
SINGAPORE 460171

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

	PASS DATE
<b>Class 3</b> Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	03 Mar 2006

NP 428A

Licence No: S8707000Z



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
UEN: S66SS0020G / GST Reg. No.: M400017735

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 : MBHH18130660 Vehicle Registration No: SLF8488A
Name(as shown in NRIC) : CHNG MUI HOON GISELLE NRIC/FIN/Passport No : S8707000Z
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : Singapore( )
Contact (Tel) : Mobile No. : 82233366
Email Address :
Date of Accident : 08/10/2018 Time of Accident : 08:45HRS
Place of Accident : ALONG GUILLIMARD CRESCENT
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:

REATTACH PICTURES

Policyholder / Driver's Signature
Date:

Meilin Chai
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 841119016058
Date: 08 Oct 2018