

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	01/11/2018 10:15
Date Of Accident	19/10/2018 14:35
Exact Location Of Accident	SENGKANG EAST AVE / SENGKANG EAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7326G
Insured/Policyholder	
Name Of Registered Owner	KOH MING LOON
NRIC No	S7712231A
Email Address	SGSCOPIC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94555322
Alternative Phone No	OTHERS-94555322

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS-1.8 (A)
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?	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	PNPV2018-00000059
Cover Note Number	25/05/2018 - 24/05/2019

Driver

Name of Driver	KOH MING LOON
NRIC No	S7712231A
Date Of Birth	06/05/1977
Occupation	INDOOR
Date Of Driving Pass	31/10/1996
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94555322
Fax Number	
Contact Number	OTHERS-94555322
EEmail Address	SGSCOPIC@GMAIL.COM

Address	120 SERANGOON NORTH AVE 1 #08-217 HWI YOH VILLE
Postcode	550120
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

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	GBG9889H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	XIAO GUOZHU JORDAN
NRIC/Passport Number	S8406372Z
Contact Number	98888899
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 01/11/18

0948

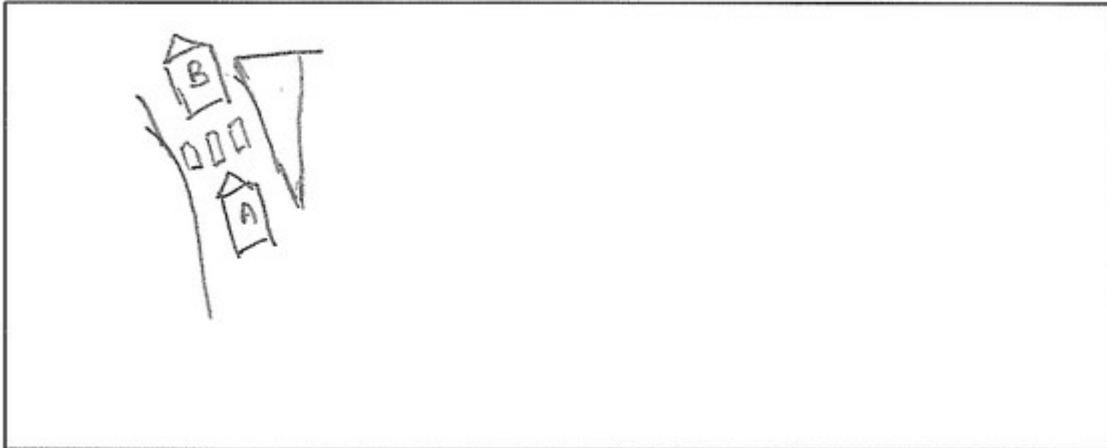
Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/11/18

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Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____



Date of accident: 19/10/2018 Time: 14:35 Location: SENGKANG EAST AVE & SENGKANG EAST RD
 My Vehicle A: SJB7326G Vehicle B: G8G 9889H Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS SLOWING DOWN AND ~~STOPPED~~ BRAKED BEHIND
 THE ZEBRA CROSSING WHEN VEHICLE B EDGES TO MOVE OFF
 TO TURN INTO SENKANG EAST RD. I MOVED OFF AND
 VEHICLE B STOPPED IMMEDIATELY AND MY CAR HIT
 VEHICLE B.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 01/11/18

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Driver's Signature

(If driver is not the policyholder)

Date & Time: 01/11/18

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Reporting Center Personnel's Signature

Name:

NRIC/FIN No.:



AH LIM MOTOR COMPANY



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2018-00000059

Car plate number: SJQ7326G

Coverage start date: 25/05/2018

Coverage end date: 24/05/2019

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Koh Ming Loon

NRIC/FIN: S7712231A

Address: 120 Serangoon North Avenue 1 08-217 Hwi Yoh Ville Singapore 550120

Email: sgscopic@gmail.com

Mobile Number : 94555322

Date of Birth: 06/05/1977

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

Company Name: lhelpufind.com

ACRA Number: 53283240W

About your car and policy

Car make and model: TOYOTA ISIS 1.8

Year of first registration : 2009

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,267.77

Finance company: Horizon Motoring

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7712231A**
 Name: **KOH MING LOON (XU MINGLUN)**

Birth Date: **06 May 1977**
 Issue Date: **25 Oct 2005**

001377405A




94707998

Dlc

No signs.

No video.


1/xx

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

Class	Description	PASS DATE
Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors / vehicles ≤ 2500 kg	31 Oct 1996

NP 428A

Licence No: S7712231A



Private Settlement For Motor Accidents

When involved in a motor accident, you can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under private settlement, both parties agree to settle the matter amicably, they are not allowed to sue and claim for any monetary or inconvenience losses against each other.

Regardless whether you are / are not claiming against own insurance policy, it is still a mandatory requirement by General Insurance Association of Singapore to make an accident reporting to your insurance company.

Policyholders should send duly signed form to your insurance company. Your insurance will take up the case on your behalf should the other party decide to lodge a claim subsequently.

PRIVATE SETTLEMENT

1. Details of Accident : Date / Time : 19/10/2018 14:35
Location: Sengkang East Ave & Sengkang East Rd filter lane
- 2a. Motor-vehicle registration no. 6B6 9889H driven by Xiao Guozhu Jordan SP4063722
(Name & NRIC No.) and owned by S. Jordan Advertising Pte Ltd 2016 07987H (Name & NRIC No.)
- 2b. Motor-vehicle registration no. SIQ326G driven by Koh Ming Loon 5772231/A
(Name & NRIC No.) and owned by Koh Ming Loon 5772231/A (Name & NRIC No.)
- 3 There are no personal injuries or death involved.
- 4 The parties have agreed to settle this matter amicably as follows: *delete a) or b) as applicable.

*a Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

*b Without admission of liability, Koh Ming Loon (party paying compensation) has paid a sum of \$ 1,093.50. which S. Jordan Advertising Pte Ltd.

(Owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

- 5 Both parties have not and will not make a police report of this accident.

Name: Koh Ming Loon (Paying party)

Tel: 94707593 NRIC / Passport No.: 5772231/A

Signature: _____

Name: S. Jordan Advertising Pte Ltd (owner receiving compensation)

Tel: 94707593 NRIC / Passport No.: 201607987H

Signature: _____



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

