#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

| alorodala.   |   |  |
|--|---|--|
|  | ACCIDENT STATEMENT                      |  |
| Date Of Report   | 19/11/2018 14:13                        |  |
| Date Of Accident   | 17/11/2018 16:10                        |  |
| Exact Location Of Accident   | JURONG WEST CENTRAL 3 TWDS JLN BOON LAY |  |
| Country/State of Loss  | SINGAPORE                               |  |
|  | DETAILS OF OWN VEHICLE                  |  |
| Vehicle Registration Number  | SJJ6850C                                |  |
| Insured/Policyholder   |   |  |
| Name Of Registered Owner   | NONG CHEE HOONG AARON                   |  |
| NRIC No  | S8527379E                               |  |
| Email Address  | SAINTAARON@HOTMAIL.COM                  |  |
| Mobile Phone No  | (LOCAL) +65-83839391                    |  |
| Alternative Phone No   | OTHERS-98443334                         |  |
| Vehicle Particulars  |   |  |
| Manufacturer   | HONDA                                   |  |
| Model  | STREAM                                  |  |
| 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                                       | 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  | PNPV2018-00013080                       |  |
| Cover Note Number  |   |  |
| Driver   |   |  |
| Name of Driver   | CHEN BAOOIN                             |  |

Name of Driver

CHEN BAOQIN

NRIC No

S8524869C

Date Of Birth

10/08/1985

Occupation

INDOOR

Date Of Driving Pass

27/01/2006

Driving Experience 12 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98443334

Fax Number

Contact Number

EMail Address KYM1008@HOTMAIL.COM

Address BLK 477B UPP SERANGOON VIEW

#16-560

Postcode 532477

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

-

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

NO

5

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN

GENDER: : MALE

Passenger 4 NAME: : UNKOWN

GENDER: : MALE

#### **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**

PLS REFER TO THE ATTACHED STATEMENT.

### 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 FBF881T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

WEE PEI HAUR S8114316A

#### Accident Sketch Plan

#### SKETCH PLAN

#### 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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 insurers) 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 :
  - 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## **Individual Statement**

|                         | -  |  |
|-------------------------|--|--|
| KETCH PLAN              | boon Lay.  |  |
| 7                       | 9  |  |
| -                       |  |  |
|                         |  |  |
|                         |  |  |
|                         | 100  |  |
|                         | 1 [0] / 87   |  |
| Vehcas SJJ              | 6850C 3505 3   |  |
| 10.00                   | 3 / 6/   |  |
| Veh (B) FBF             | \$ \ T188  |  |
| 1000                    | (8)  | E.                                     |
|                         | (0)  | Take .                                 |
|                         |  | 10                                     |
|                         |  | 1                                      |
| EFERIRE CIRCUMSETALISES | OF THE ACCIDENT  |  |
| ESCRIBE CIRCUMSTANCES   |  |  |
| 1 stopped my            | y car at the filter  | road junction                          |
| and the second          | 1 1 2 1  | L'- Sici the                           |
|                         | is a webicle swite   |  |
| ione along              | I the main road  |  |
| Next sein               | of Uch (B) ramm  | ed onto the tear                       |
| of my car               |  |  |
|                         | 1 611 26 # 12  | materiale but                          |
| The motor               | ist fall of # his  | motorcycle but                         |
| when I ch               | recked with him  | he said that                           |
| he was al               | right  |  |
|                         | d .  |  |
|                         | The second secon |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
| - 17.7                  |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
|                         |  |  |
| ECLARATION              |  |  |
|                         | culars are true in every respect.  |  |
| last                    | ^^   | 0                                      |
| X                       | X hove   | Ann 15/11/15                           |
| olicyholder's Signature | Driver's Signature   | Reporting Centre Personnel's Signature |
| ate & Time:             | (If driver is not the policyholder)  | Name:                                  |
|                         | Date & Time;   | NRIC/FIN No.:                          |

















### **Identification Card**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Gleon 3 Matter Cara-\*\* 2000kg with \*\*7 persongers, ecolutive 37 Jan 2006 of the driver; and after reptor refrictes \*\*2500kg

NF 4384

14-08-2018 APT BUR 4776 LWPER SERANGGON VIEW #19-560 SINGAPORE 533477