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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	17/11/2018 20:18
Date Of Accident	17/11/2018 07:45
Exact Location Of Accident	ALONG PIE/CHANGI AIRPORT JUST BEFORE EXIT SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCK303H
Insured/Policyholder	
Name Of Registered Owner	MARK POH GEONG YEOW
NRIC No	S1637517I
Email Address	MPOH@CRANECPE.COM
Mobile Phone No	(LOCAL) +65-97381374
Alternative Phone No	OFFICE-97381374
Vehicle Particulars	
Manufacturer	AUDI
Model	A6 2.0 TFSI MU
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00013488
Cover Note Number	
Driver	
Name of Driver	MARK POH GEONG YEOW

S1637517I NRIC No Date Of Birth 19/03/1964 Occupation **INDOOR Date Of Driving Pass** 17/10/1981

Driving Experience 37 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97381374

Fax Number

OFFICE-97381374 Contact Number

EMail Address MPOH@CRANECPE.COM Address

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface WET

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

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 driving my car along PIE towards to Changi Airport before Sims Avenue Exit. The lamp post was 650F. The road was wet suddenly vehicle SJS1156J came from my right side and hit onto my car rear right side position. Damages of my car rear right side position. No injuries were involved.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS1156J

Vehicle Make/Model/Colour TOYOTA/ VIOS J AUTO

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEONG CHEE MENG

NRIC/Passport Number S0309813C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 3 Information provided must be as trusting and accounted as positive.

 glow insurance companies to repudiate policy liability.

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 7 By the loggement of this report is the insurers, you bereby consent to the entirely of this report at the centre and to copies of the report below made available application. being made available aforesaid

Secured to the Personal Data Protection Act (PGPA)

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") maybre permitted to collect, use, disclose and/or process my personal detailpersonal 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 insurers), who have insured vertically involved in this accident shall be collectively referred to as the Personal Information from the Montal who have insured vertically involved in this accident shall be collectively referred to as the Personal Information from the Montal Section of the Montal Section "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
- (i) investigating the accident and/or my claims:

- (ii) 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 allout delivery of the same as well as on the external cover of envelopesimal.

- discretise of certain persons cans about me to oring associativity or the 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 sted outside of Singapore, for one or more of the above Purposes.

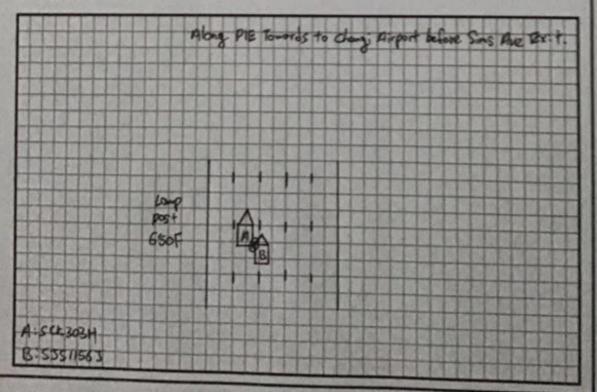
VERIFIED BY AJAX MARS REPORTING OFFICER

Johnny

Voo Cheon Yee

Policyfolder's Signature / Date & Time Driver's Signature (If driver is not the policyfolder) / Date & Time Witnessed by Reporting Centre

Sketch Plan



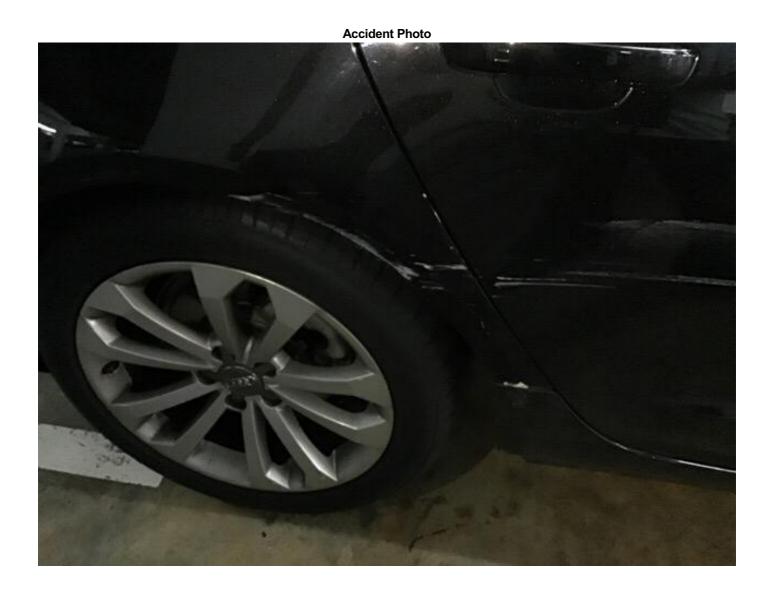
ACCIDENT STATEMENT (2000 characters)

lamp post was 650F. The road was wet	to Changi Airport before Sims Avenue Exit. The suddenly vehicle SJS1156J came from my side position. Damages of my car rear right	
Taxi Voucher No.:		
DECLARATION We declare that the above particulars & information provided above are true in every aspect		
VERIFIED BY AJAX MARS REPORTING OFFICER - JOHNNY VOO CHEON YEE	7-	
MARS Officer		
Job Complete Date/Time	Registered Owner or Driver's Signature Date/Time:	
17 November 2018 at 6:04 PM	17 November 2018 at 6:04 PM	







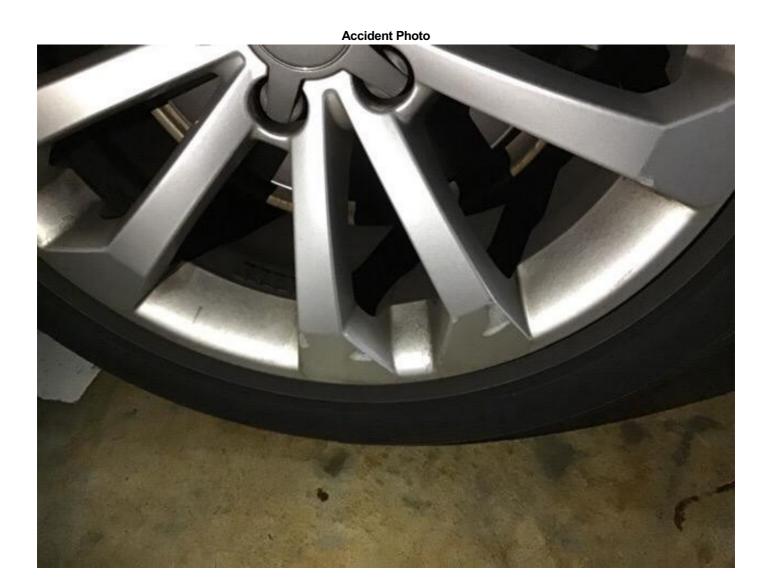












Driving License



Driving License



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (45) 62240010 Fax (45) 62240030 Operating Hours : Monday to Friday, 09:00 – 17:00 UBN: 566500200 / 657 Rep. No.: 164000017735

<u>IMPORTANT NOTE</u>: Please submitthe completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MBHH18149004 _Vehicle Registration No: __SCK303H Name(as shownin NRIC): MARK POH GEONG YEOW NRIC/FIN/Passport No : \$16375171 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(____Mobile No.: 97381374 Contact (Tel) Email Address : mpoh@cranecpe.com 17/11/2018 Time of Accident: 07:45 Date of Accident Place of Accident : ALONG PIE/CHANGI AIRPORT JUST BEFORE EXIT SIMS AVE FWD Singapore Pte. Ltd. Insurance Company: _ (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: Attached video footage Mayury Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: Mayury NRIC/FIN No.: A36220718 Date: 17/11/2018

GIARMC addendumform_V3