

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 | 19/11/2018 20:12 |
| Date Of Accident | 19/11/2018 14:30 |
| Exact Location Of Accident | KK HOSPITAL BASEMENT CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJB5881L |
| Insured/Policyholder | |
| Name Of Registered Owner | MR SENG SAN KAE |
| NRIC No | S7907638D |
| Email Address | EDDIXIN79@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-81889890 |
| Alternative Phone No | OFFICE-81889890 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | MITSUBISHI |
| Model | LANCER EX |
| 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 | PNPV2018-00000836 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | MR SENG SAN KAE |
| NRIC No | S7907638D |
| Date Of Birth | 13/03/1979 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/11/2004 |
| Driving Experience | 14 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81889890 |
| Fax Number | |
| Contact Number | OFFICE-81889890 |
| Email Address | EDDIXIN79@GMAIL.COM |

| | |
|---|----------------------------------|
| Address | 169 JALAN LOYANG BESAR #03-07 |
| Postcode | 509422 |
| 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? | 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

I was at KK HOSPITAL basement carpark looking for a lot to my park my vehicle SJB5881L then SKF4162C which was coming from my left was going straight and I was making a slight right then both my vehicle SJB5881L and vehicle SKF4162C collided onto each other. No injuries involved.

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WILL UPLOAD TO MERIMEN ONCE INSURED SEND |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------------------|
| Vehicle Registration Number | SKF4162C |
| Vehicle Make/Model/Colour | HYUNDAI ELANTRA 1.6 BLACK |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ISKANDAR |
| NRIC/Passport Number | |
| Contact Number | 97834007 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

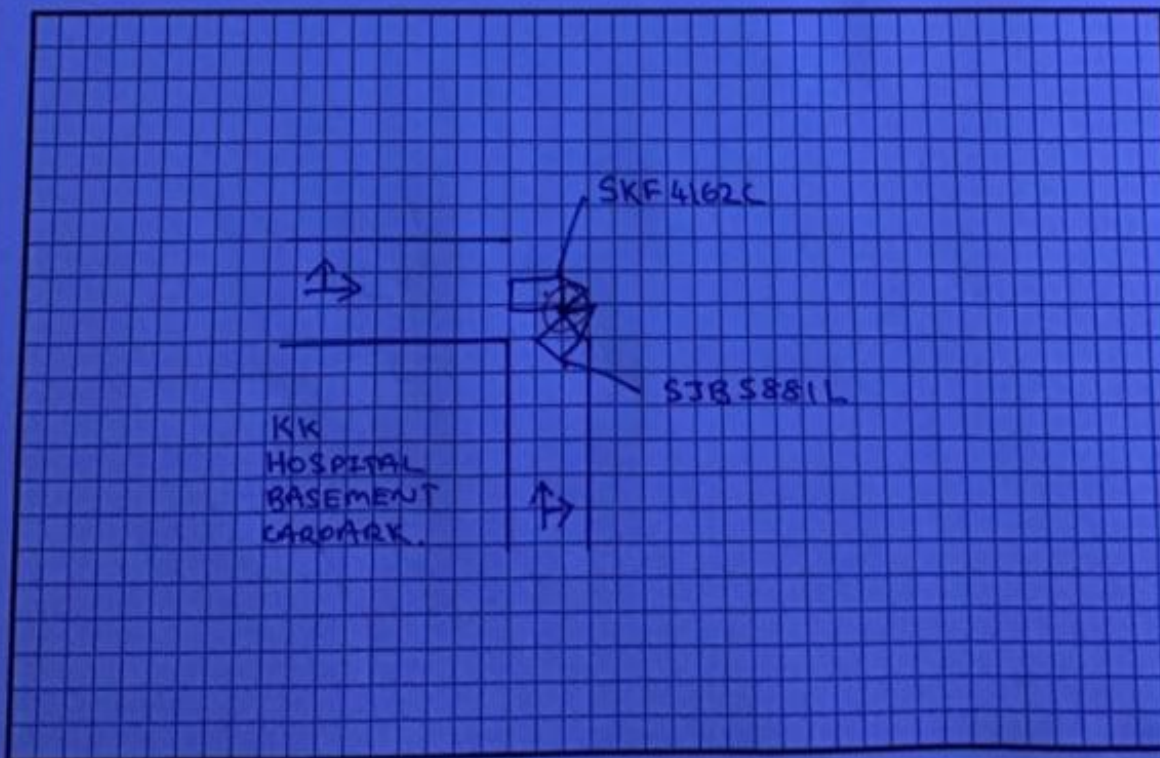
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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 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.
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.

Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohamed Saifullah S/O Syed
Masood
Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was at KK HOSPITAL basement carpark looking for a lot to my park my vehicle SJB5881L then SKF4162C which was coming from my left was going straight and I was making a slight right then both my vehicle SJB5881L and vehicle SKF4162C collided onto each other. No injuries 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 SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 November 2018 at 6:50 PM

Date/Time:

19 November 2018 at 6:50 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



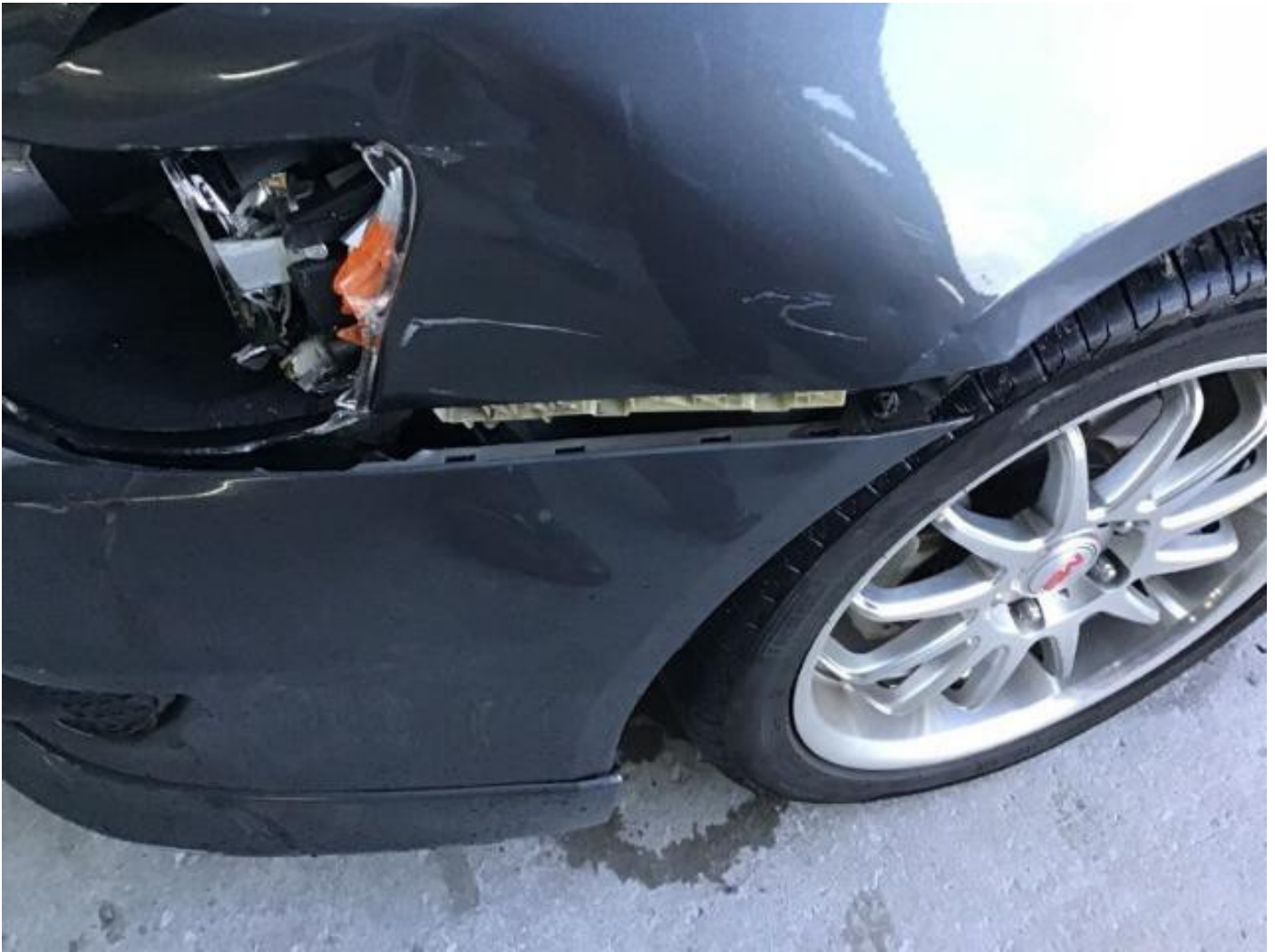
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7907638D**

Name

SENG SAN KAE (XIN SHANGKAI)

Birth Date: **13 Mar 1979**

Issue Date: **26 Feb 2003**



 000237451A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7907638D**



Name

**SENG SAN KAE
(XIN SHANGKAI)**

辛 尚 凱

Race

CHINESE

Date of birth

13-03-1979

Sex

M

Country of birth

SINGAPORE







Driving License

