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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	08/02/2019 13:50	
Date Of Accident	07/02/2019 06:55	
Exact Location Of Accident	BLK 336 AND BLK 334 UBI AVE 1 OPEN SPACE CP KU03	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMG4824Y	
Insured/Policyholder		
Name Of Registered Owner	TSO CHUN LUNG	
NRIC No	S8870703F	
Email Address	JAKETSOCL@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96323511	
Alternative Phone No	OFFICE-96323511	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	TL TUCSON FL 1.6 GLS T-GDI DCT 2WD SR	
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	PNPV2018-00016845	
Cover Note Number		
Driver		

Name of Driver TSO CHUN LUNG NRIC No S8870703F Date Of Birth 17/03/1988 Occupation **INDOOR** 16/03/2011 Date Of Driving Pass **Driving Experience** 7 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-96323511

Fax Number

Contact Number OFFICE-96323511

EMail Address JAKETSOCL@GMAIL.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 - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident
Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

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 out from HDB CARPARK OF BLK 334 and BLK 336 UBI AVE 1 as I was making a right turn towards the gantry exit third party vehicle SGJ3126R drove out from my left out of the parking lot and tried to overtake from my left and collided onto my vehicle SMG4824Y side left front. No injuries involved.

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 SGJ3126R

Vehicle Make/Model/Colour TOYOTA/ WISH 1.8 A

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RAJASEGARAN S/O MANIKAM

NRIC/Passport Number S1196167C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- being made available aforesaid.

 8. Consent under the Personal Data Projection 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 "Insurance" is the insurance in the Monetary Authority of Singapore and any relevant government agency/authority (such as "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
- investigating the accident and/or my 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
- 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.

VERIFIED BY AJAX MARS REPORTING OFFICER

Mohamed Salfullah S/O Syed

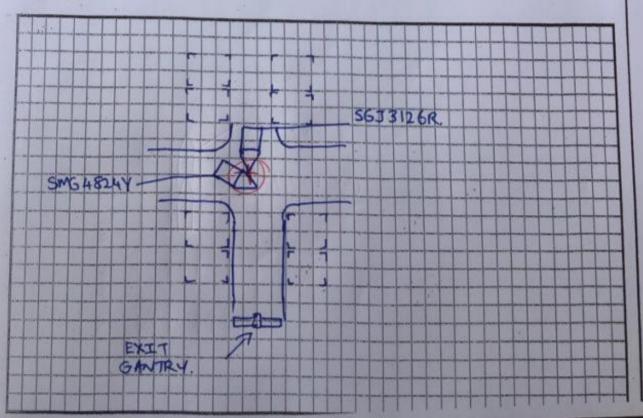
Masood

Witnessed by Reporting Centre Personnel

81419 Policyholder's Signature / Date & Time

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

Sketch Plan



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

making a right turn towards the gantry	OF BLK 334 and BLK 336 UBI AVE 1 as I was exit third party vehicle SGJ3126R drove out ried to overtake from my left and collided onto lo injuries involved.
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provi	ided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMED SAIFULLAH S/O SYED MASOOD	Jule
MADO OFF	
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
8 February 2019 at 11:38 AM	8 February 2019 at 11:38 AM











