

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	22/02/2019 20:25
Date Of Accident	22/02/2019 08:05
Exact Location Of Accident	FILTERING FROM JALAN EUNOS INTO PIE(TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4519G
Insured/Policyholder	
Name Of Registered Owner	SHANG LEPING
NRIC No	S2633095E
Email Address	LEPING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82230695
Alternative Phone No	OFFICE-82230695

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 CVT
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	PNPV2018-00002388-01
Cover Note Number	

Driver

Name of Driver	SHANG LEPING
NRIC No	S2633095E
Date Of Birth	20/10/1962
Occupation	INDOOR
Date Of Driving Pass	15/01/2001
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82230695
Fax Number	
Contact Number	OFFICE-82230695
Email Address	LEPING@GMAIL.COM

Address	NA
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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 coming from Jalan Eunus, filtering into PIE(Tuas). I checked for traffic on my right and it was clear so i proceed to exit out from the filter lane. I was already exit out from the filter lane when a motorcycle FBF7637L came from the rear, collided onto my car front right side and right side mirror causing dents and broken mirror casing. 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

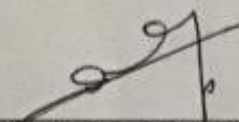
Vehicle Registration Number	FBF7637L
Vehicle Make/Model/Colour	YAM FZ 16
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	AHMAD HILMI BIN MOHAMAD ARIS
NRIC/Passport Number	S9521418E
Contact Number	91258049
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

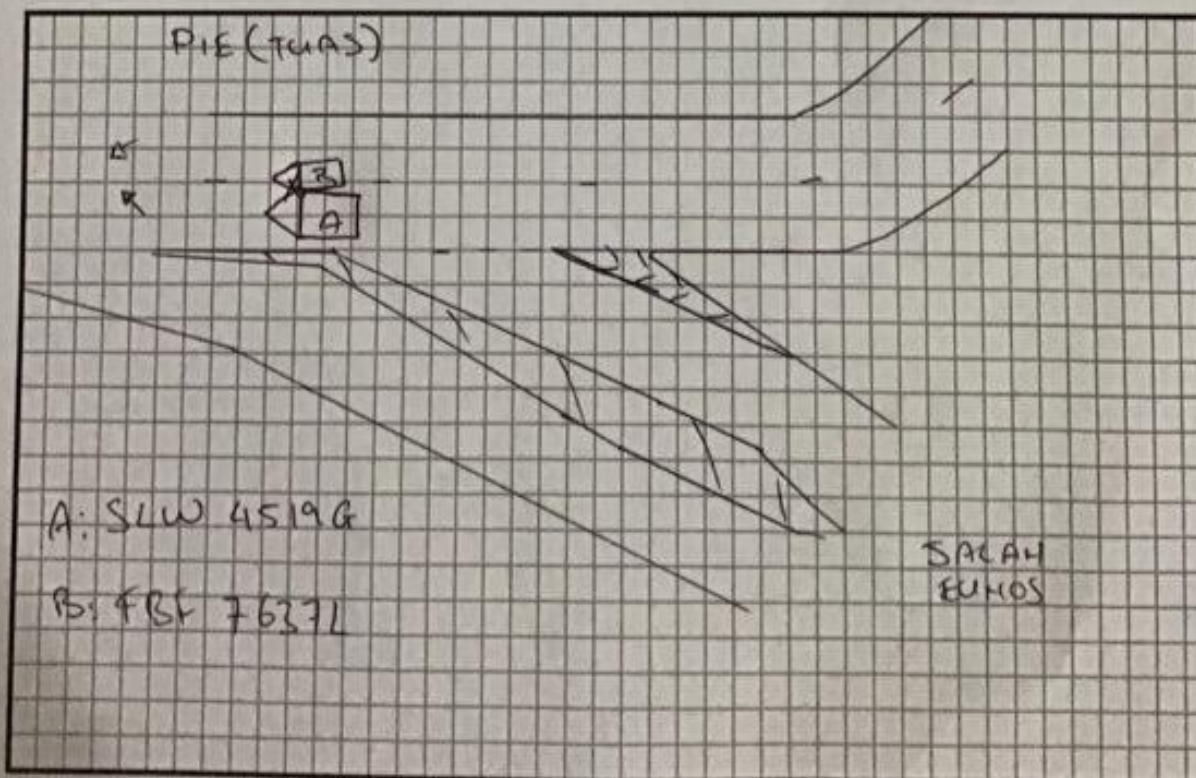
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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
Muhammad Faizal
Bin Pablia
Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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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 -
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

22 February 2019 at 5:09 PM

Date/Time:

22 February 2019 at 5:09 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



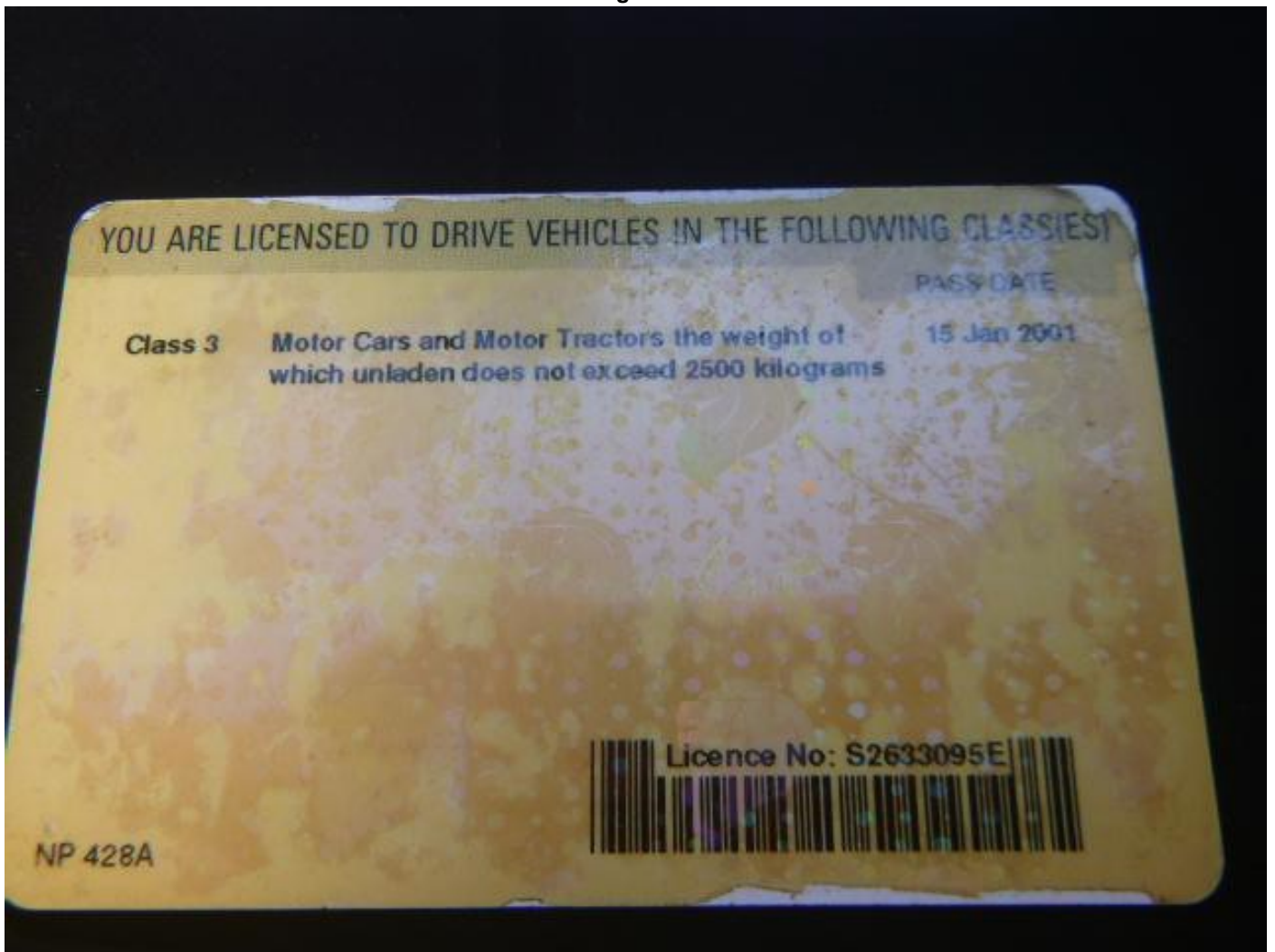
Accident Photo



Driving License



Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2633095E



Name
SHANG LEPING
商 乐 平

Race
CHINESE

Date of birth
20-10-1962

Sex
M

Country/Place of birth
CHINA



S2633095E

Identification Card



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH19025064 Vehicle Registration No: SLW4519G

Name(as shown in NRIC) : SHANG LEPING NRIC/FIN/Passport No : S2633095E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 82230695

Email Address : leping@gmail.com

Date of Accident : Filtering from Jalan Eunos into PIE(Turn) Time of Accident : 08:07

Place of Accident : 22/02/2019

Insurance Company: FWD SINGAPORE PTE LTD

(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:

ATTACH VIDEO FOOTAGE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: SABITRA
NRIC/FIN No.: G261300K
Date: 23/02/2019