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 aforesaid.

		ACCIDENT STATEMENT
	Date Of Report	12/03/2019 10:07
	Date Of Accident	11/03/2019 17:45
	Exact Location Of Accident	ALONG DUNEARN ROAD
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SGN8785J
	Insured/Policyholder	
	Name Of Registered Owner	CHUA YONG KWANG KEVIN (CAI RONGGUANG KEVIN)
	NRIC No	S7412042C
	Email Address	DR@KEVINCHUA.COM.SG
	Mobile Phone No	(LOCAL) +65-98009179
	Alternative Phone No	OTHERS-81989579
	Vehicle Particulars	
	Manufacturer	BMW
	Model	5301
	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	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	PNPV2017-00003480-01
	Cover Note Number	
	Driver	

Name of Driver **CHUA IROSHINI** NRIC No S7683190D Date Of Birth 11/07/1976 Occupation **INDOOR Date Of Driving Pass** 05/11/2003

Driving Experience 15 YEARS AND 4 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-81989579

Fax Number

Contact Number OTHERS-98009179

EMail Address IRO55555@HOTMAIL.COM Address 170 WATTEN ESTATE ROAD

Postcode 287615

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

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

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

PLEASE REFER TO SKETCH PLAN

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 SLT4806T Vehicle Make/Model/Colour AUDI A6

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver DANNY NEILSEN

NRIC/Passport Number

Contact Number 91716943

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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:
 - 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:

12/03/19

9.25 am

REPORTING CENTRE PERSONNE'S SIGNATURE
FOR RECEIVED NO.:

ANICYPIN NO.

Accident Sketch Plan

SKETCH PLAN	DUNKARN
Hille	ust ko
A) SGN 8789 B) SLT 480	18
into boatters I moved of sure if I as it was in the driver politely spo our scar He basand he double che may have	bumped the can in front of me a slight monement. The passeger a seat opened his ran day and
DECLARATION I/We declare the foregoing particul Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.:







24-04-2006 170 WATTEN ESTATE ROAD SINGAPORE 287615

NITIC No. \$76831900

Date: 05/12/2010 No: 0547400

3687949

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Meter Gers and Meter Trectors the weight of 65 Nev 2003 which unlisten does not exceed 2500 killsgrees

NP 4248

















