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.	3 1
	ACCIDENT STATEMENT
Date Of Report	06/03/2019 11:03
Date Of Accident	06/03/2019 08:10
Exact Location Of Accident	JUNCT RD OF PASIR RIS DR 1 TO PASIR RIS DR 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM5500E
Insured/Policyholder	
Name Of Registered Owner	CHUA CHOON YEN
NRIC No	S7711499H
Email Address	IXXIT47@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98334897
Alternative Phone No	OFFICE-98334897
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS IS200T EXECUTIVE
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	PNPV2017-00002680

Driver

Cover Note Number

Name of Driver CHUA CHOON YEN
NRIC No S7711499H
Date Of Birth 30/04/1977

Date Of Birth 30/04/1977
Occupation INDOOR
Date Of Driving Pass 10/11/2007

Driving Experience 11 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98334897

Fax Number

Contact Number OFFICE-98334897

EMail Address IXXIT47@YAHOO.COM.SG

Address 89 PASIR RIS GROVE

#11-24

Postcode 518214

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 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

NO

ambulance?
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)

2

Passenger 1

NAME: : PASS

GENDER: : FEMALE

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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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 SHC8474C

Vehicle Make/Model/Colour BLUE, COMFORTDELGO

Details Of Properties

Vehicle Category TAXI

Name of Driver RAMLI BIN ANI
NRIC/Passport Number S1481430B
Contact Number 81821546

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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 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.
- (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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

	1 []	Vehicle A - SLM SSOD E
		B-SHC8474C
	AB	
	A	Legend Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
1 was fitte	wing & at the Junction	of Pasir Fis
Dire 1 28	Signal and move at	ter 2 cars
in the lan		a hours.
The driver	upon Knocking	
immediately	1. Reverse his	Icar backware
DECLARATION		
/We declare the foregoing part		ust be made within the sipulated timeframe
Policyholder's Signature		rting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Name	t: /FIN No.:

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7711499H





CHUA CHOON YEN (CAI JUNYAN)

俊妍 CHINESE

Date of birth Se 30-04-1977 F Country of birth



4042410



14-05-2007 89 PASIR RIS GROVE #11-24 SINGAPORE 518214

S7711499H _____ 18/08/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

h Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 10 Nov 2007 of the driver; and other motor vehicles =< 2500kg PASS DATE

NP 428A





















