

## 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	09/03/2019 16:27
Date Of Accident	07/03/2019 19:00
Exact Location Of Accident	ALONG NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH995T
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#### Insured/Policyholder

Name Of Registered Owner	SELINA BOYD
Passport No/FIN	G6301677U
Email Address	ROBERT.BOYD@CONTROLRISKS.COM
Mobile Phone No	(LOCAL) +65-97111139
Alternative Phone No	OTHERS-97111139

#### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM RSZ 1.8 A
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00009913
Cover Note Number	N.A

#### Driver

Name of Driver	BOYD ROBERT ARCHIBALD MCNEILL
Passport No/FIN	G6296193M
Date Of Birth	22/05/1972
Occupation	INDOOR
Date Of Driving Pass	29/06/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97111139
Fax Number	
Contact Number	
Email Address	ROBERT.BOYD@CONTROLRISKS.COM

Address	NIL
Postcode	
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	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 SJH995T was driving along Nicoll highway on the most left lane with a slow moving due to the heavy traffic. As I was following the traffic ahead, suddenly the 3rd party SKJ2266D make sudden brake due to the traffic ahead. I immediately applied my brake to avoid the collision with the 3rd party but my foot slip off from the paddle and couldn't stop on time and collided onto the 3rd party rear vehicle. I manage to exchange some particulars details with the 3rd party, no injuries was involved at the scene.

#### 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	SKJ2266D
Vehicle Make/Model/Colour	PORSCHE MACAN S PDK E6 / GREY
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	GENEVIEVE WAN
NRIC/Passport Number	
Contact Number	96508085
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN

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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 any 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.
  - (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.

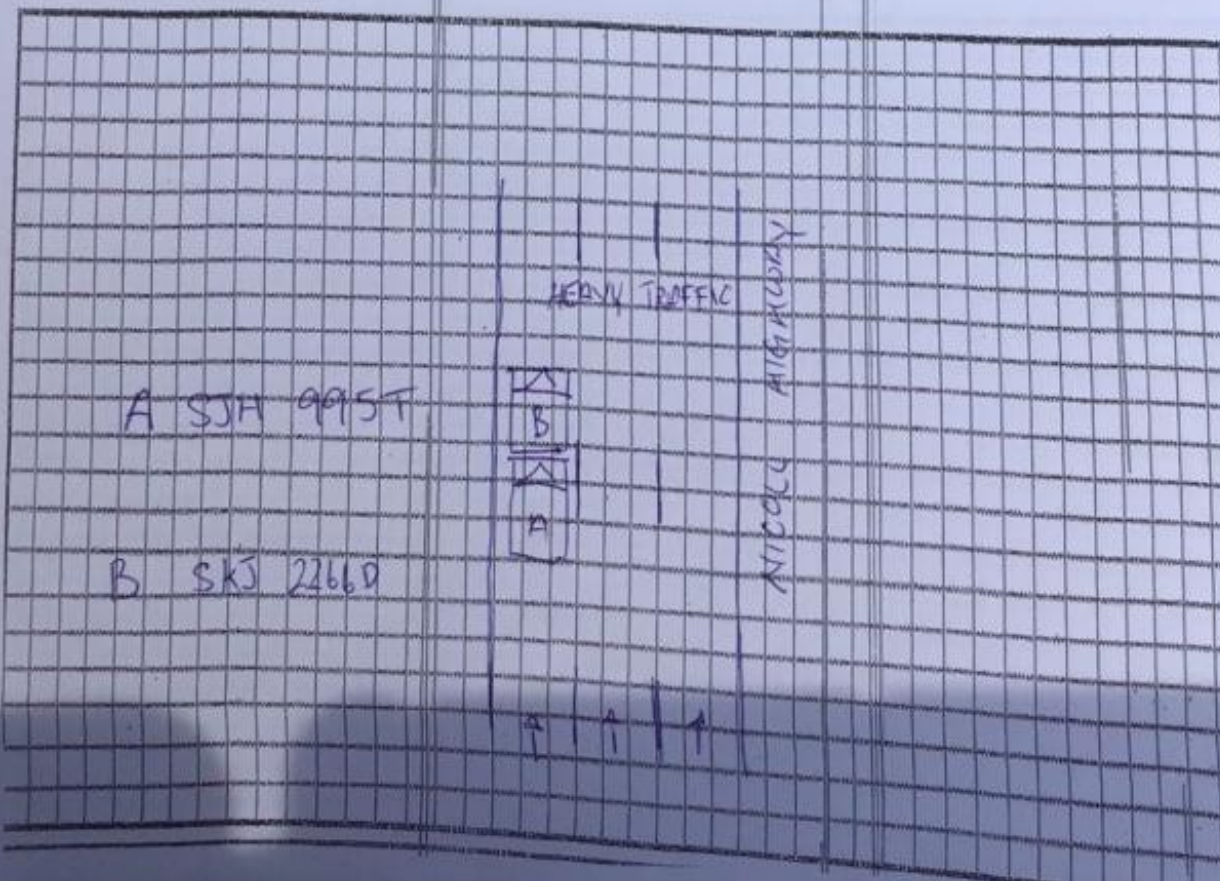
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN  
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I SJH995T was driving along Nicoll highway on the most left lane with a slow moving due to the heavy traffic. As I was following the traffic ahead suddenly the 3rd party SKJ2266D make sudden brake due to the traffic ahead. I immediately applied my brake to avoid the collision with the 3rd party but my foot slip off from the paddle and couldn't stop on time and collided onto the 3rd party rear vehicle. I manage to exchange some particulars details with the 3rd party, no injuries was involved at the scene.

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 SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 March 2019 at 1:01 PM

Date/Time:

9 March 2019 at 1:01 PM

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



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Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **G 6 2 9 6 1 9 3 M**  
Name: **BOYD ROBERT ARCHIBALD MCNEILL**

Birth Date: **22 May 1972**  
Issue Date: **11 Jun 2015**  
Valid Till **28/06/2020**

002437633K



SG 50

 **EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**CONTROL RISKS GROUP (S) PTE LTD**



Name  
**BOYD ROBERT ARCHIBALD MCNEILL**  
Occupation  
**CHIEF EXECUTIVE OFFICER**

FIN  
**G6296193M**

Date of Application  
**27-11-2017**  
Date of Issue  
**13-12-2017**  
Date of Expiry  
**13-12-2019**



 **L8508724**

## Driving License


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

**EFFECTIVE DATE**

**Class 3** · Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg **29 Jun 2010**

NP 428A

Licence No: G6296193M



**VISIT PASS**  
Immigration Regulations

Name  
**BOYD ROBERT ARCHIBALD MCNEILL**

	Date of Birth	Sex	Nationality
	22-05-1972	M	BRITISH
	FIN	Date of Issue	Date of Expiry
	G6296193M	13-12-2017	13-12-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.













Addendum Sheet Pg. 1



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 : MBHH19031895 Vehicle Registration No: SJH995T  
Name (as shown in NRIC) : BOYD ROBERT ARCHIBALD MCNEIL NRIC/FIN/Passport No : G6296193M  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97111139  
Email Address : \_\_\_\_\_  
Date of Accident : 07/03/2019 Time of Accident : 19:00HRS  
Place of Accident : ALONG NICOLL HIGHWAY  
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:

\_\_\_\_\_

Amend to OD claims

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Meilin Chai  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 841119016058  
Date: 11 Mar 2019