#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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.

aloresalu.		
	ACCIDENT STATEMENT	
Date Of Report	17/02/2019 17:38	
Date Of Accident	16/02/2019 11:00	
Exact Location Of Accident	UPPER SERANGOON ROAD/CITY BEFORE PIE FLYOVER	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGX1249J	
Insured/Policyholder		
Name Of Registered Owner	BOEY CHOI HAR	
NRIC No	S1536366E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97765200	
Alternative Phone No	OTHERS-97765200	
Vehicle Particulars		
Manufacturer	CITROEN	
Model	C4 PICASSO 1.6 BLUEHDI	
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	PNPV2017-00008472-01	
Cover Note Number	N.A	
Driver		
Name of Driver	TANG JIAN YE, NICHOLAS	
NRIC No	S9208540F	
Date Of Birth	29/02/1992	
Occupation	INDOOR	
Date Of Driving Pass	27/03/2017	
Driving Experience	1 YEAR AND 10 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97765200	
Fax Number		

SIMONTANGKL@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : VENEZIA LIM

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

#### **Circumstances of Accident**

Driving along UPPER SERANGOON ROAD towards CITY was on the 2nd lane from the right. Front vehicle suddenly stopped due to switch into the left lane and I manage to stop. As I was about to move, suddenly I felt an impact from behind and saw a vehicle had already bumped onto my rear portion. Refer to video footage.

#### 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 GBA7154P

Vehicle Make/Model/Colour MITSUBISHI FB70BB1SRDEA / WHT

Details Of Properties NIL

Vehicle Category COMMERCIAL VEHICLE

Name of Driver PERIAH GOWNDAR KARUPPAIAH

NRIC/Passport Number G7263405K Contact Number 81147034

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

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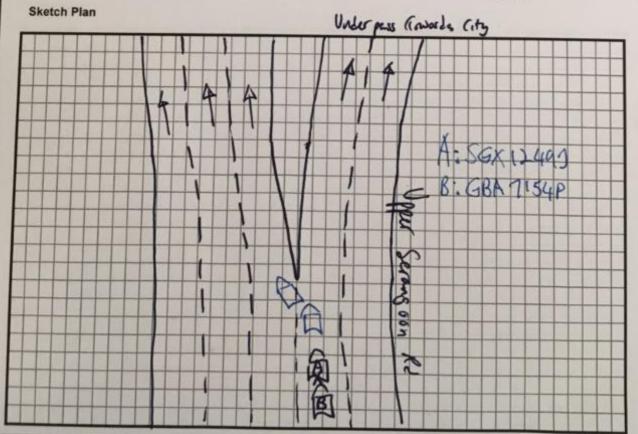
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
   Any false reporting may be referred to the Police for investigation.
   The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available application by interested parties.
   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.

**VERIFIED BY AJAX MARS** REPORTING OFFICER

**AIZAM BIN ATAN** 

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Personnel



# **ACCIDENT STATEMENT (2000 characters)**

right. Front vehicle suddenly stopped de	D towards CITY was on the 2nd lane from the ue to switch into the left lane and I manage to I felt an impact from behind and saw a vehicle on. Refer to video footage.
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 - AIZAM BIN ATAN	
MARS Officer	Benistans d'Ouvreus en Britande Ciencetons
Job Complete Date/Time	Registered Owner or Driver's Signature  Date/Time:
17 February 2019 at 2:00 PM	17 February 2019 at 2:00 PM

