

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	19/03/2019 21:23
Date Of Accident	19/03/2019 11:20
Exact Location Of Accident	DUNEARN THE JUNCTION OF SWISS CLUB ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9083Y
Insured/Policyholder	
Name Of Registered Owner	HO WEI CHYI
NRIC No	S7041410D
Email Address	WILFRED_HO@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98569192
Alternative Phone No	OTHERS-98569192

Vehicle Particulars

Manufacturer	HYUNDAI
Model	OS KONA 1.0 T-GDI MT
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	PNPV2018-00006734
Cover Note Number	N.A

Driver

Name of Driver	HO WEI CHYI
NRIC No	S7041410D
Date Of Birth	24/11/1970
Occupation	INDOOR
Date Of Driving Pass	02/09/1991
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98569192
Fax Number	
Contact Number	OTHERS-98569192
Email Address	WILFRED_HO@YAHOO.COM

Address	NIL
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : HO SONG XIAN CALEB GENDER: : MALE

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

Driving on the right lane going straight along DUNEARN RD. As I passed by the junction of SWISS CLUB RD. Suddenly a vehicle dashed out from the junction traffic junction and as a result hit directly onto my vehicle. Due to the hard impact, my vehicle spinning.

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	SS333P
Vehicle Make/Model/Colour	TOYOTA CAMRY 2.4 AUTO ABS AIRBAG
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	YO KIAN PENG
NRIC/Passport Number	S1028663H
Contact Number	81116888
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

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 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.
 - (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**

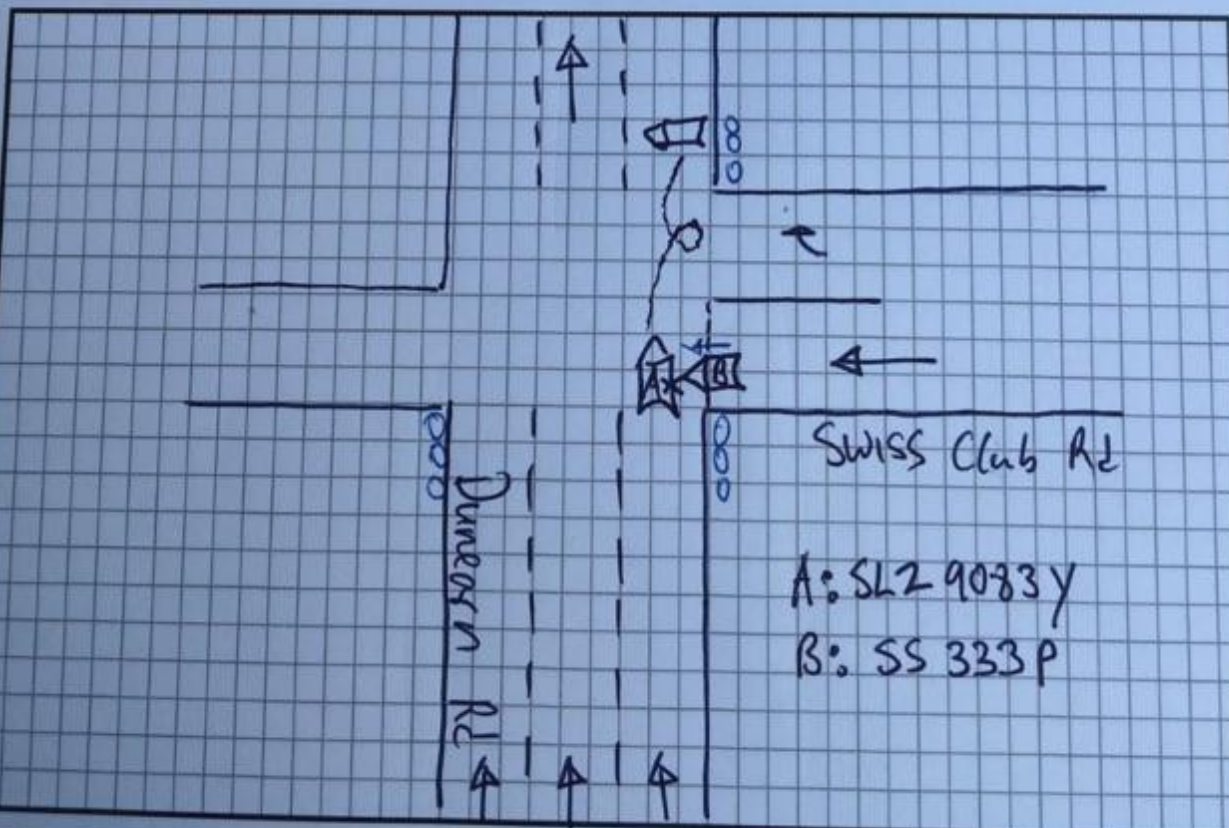
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

Driving on the right lane going straight along DUNEARN RD. As I passed by the junction of SWISS CLUB RD. Suddenly a vehicle dashed out from the junction traffic junction and as a result hit directly onto my vehicle. Due to the hard impact ,my vehicle spinning.

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 -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 March 2019 at 3:30 PM

Date/Time:

19 March 2019 at 3:30 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7041410D



Name
**HO WEI CHYI
(HE WEIQI)
何 维 祺**

Race
CHINESE

Date of birth
24-11-1970

Sex
M

Country/Place of birth
SINGAPORE

S7041410D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7041410D**

Name
**HO WEI CHYI
(HE WEIQI)**

Birth Date **24 Nov 1970**

Issue Date **12 Aug 2003**

000740944C



Driving License

