

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	28/03/2019 12:30
Date Of Accident	28/03/2019 07:40
Exact Location Of Accident	PIE TOWARDS JURONG AT EUNOS AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3631S
Insured/Policyholder	
Name Of Registered Owner	WANG SHUN
NRIC No	S8280777B
Email Address	SAMPSONWANG_3000@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96456161
Alternative Phone No	OTHERS-96456161

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	PNPV2018-00009443
Cover Note Number	

Driver

Name of Driver	WANG SHUN
NRIC No	S8280777B
Date Of Birth	24/06/1982
Occupation	INDOOR
Date Of Driving Pass	01/03/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96456161
Fax Number	
Contact Number	OTHERS-96456161
Email Address	SAMPSONWANG_3000@HOTMAIL.COM

Address	111 COMPASSVALE BOW #07-04
Postcode	544998
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	CHAIN COLLISION
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	4
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	SGR3944D
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALI
NRIC/Passport Number	S1264945B
Contact Number	91171937
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJZ862Z
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Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DIXON CHENG
NRIC/Passport Number	S8138986A
Contact Number	96487726
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMC5072P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KRISHAN
NRIC/Passport Number	S9084504G
Contact Number	91473752/91809054
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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7. 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:
 - (i) 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.

Wang Shan
Policyholder's Signature
Date & Time: 28-Mar-19

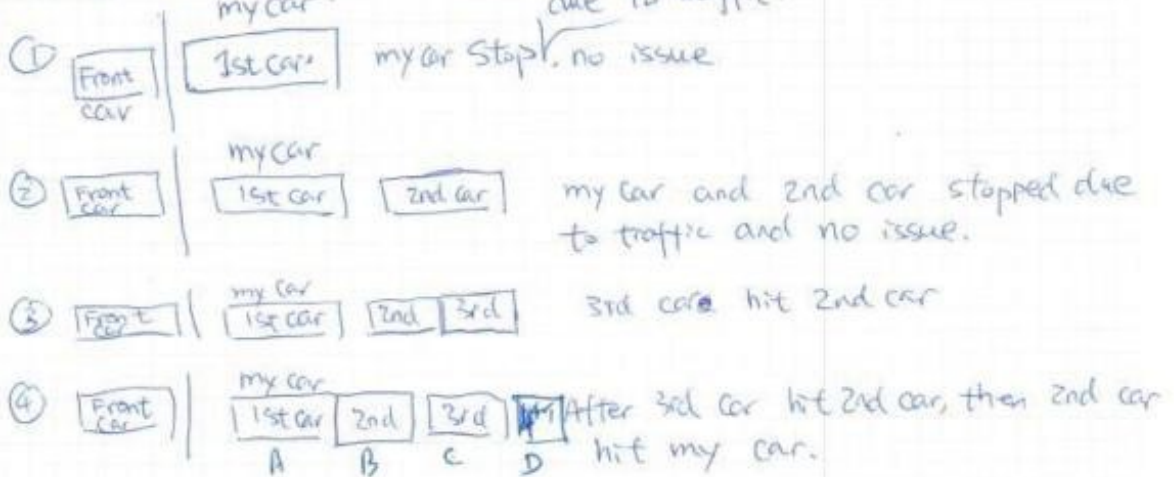
Driver's Signature
(If driver is not the policyholder)
Date & Time:

28/03/2019
Reporting Centre Personnel's Signature
Name: Res. Luthan
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

PIE TOWARDS TRIPPLE ON ELMOS AREA
my car. due to traffic.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) SL 36318
B) SGR 39440
C) SJZ 8627
D) SMC 5072P

ON 28/03/2019 AT ABOUT 07:40 HRS I WAS TRAVELLING ALONG
PIKE TOWARDS TURNING NEAR FARM AREA. I SAW A CAR IN FRONT
OF ME STOP & I ALSO STOP. SUDDENLY I FELT A BUMP FROM
MY REAR. I CAME OUT OF MY CAR & I SAW THAT ARE TOTAL
& CAR CRASH COLLISION & I AM THE FIRST CAR THAT ALL.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Wang Shun
Policyholder's Signature
Date & Time: 28-Mar-19

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

Reporting Centre Personnel's Signature
Name: Paula
NRIC/FIN No.: 123456789

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



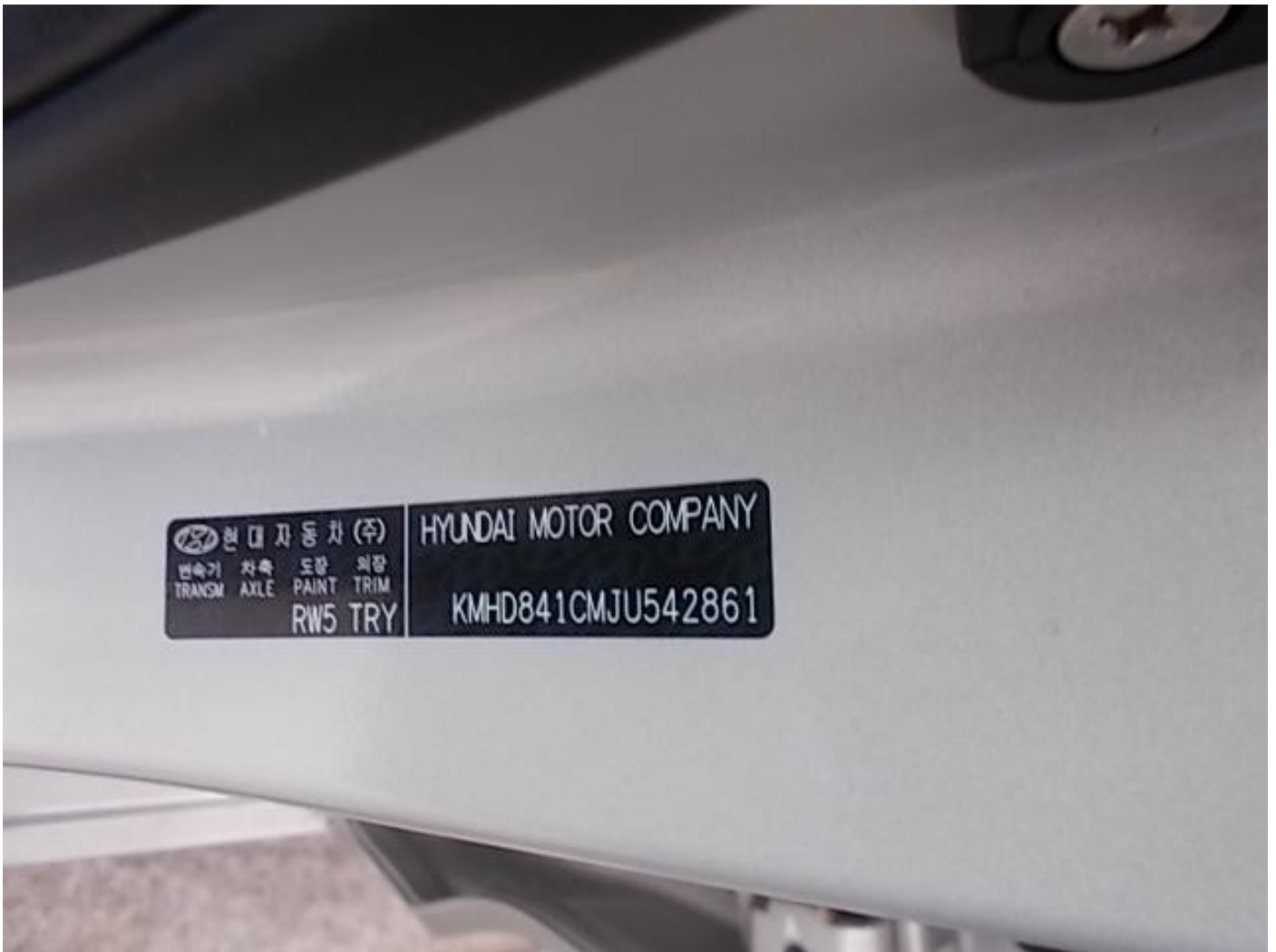
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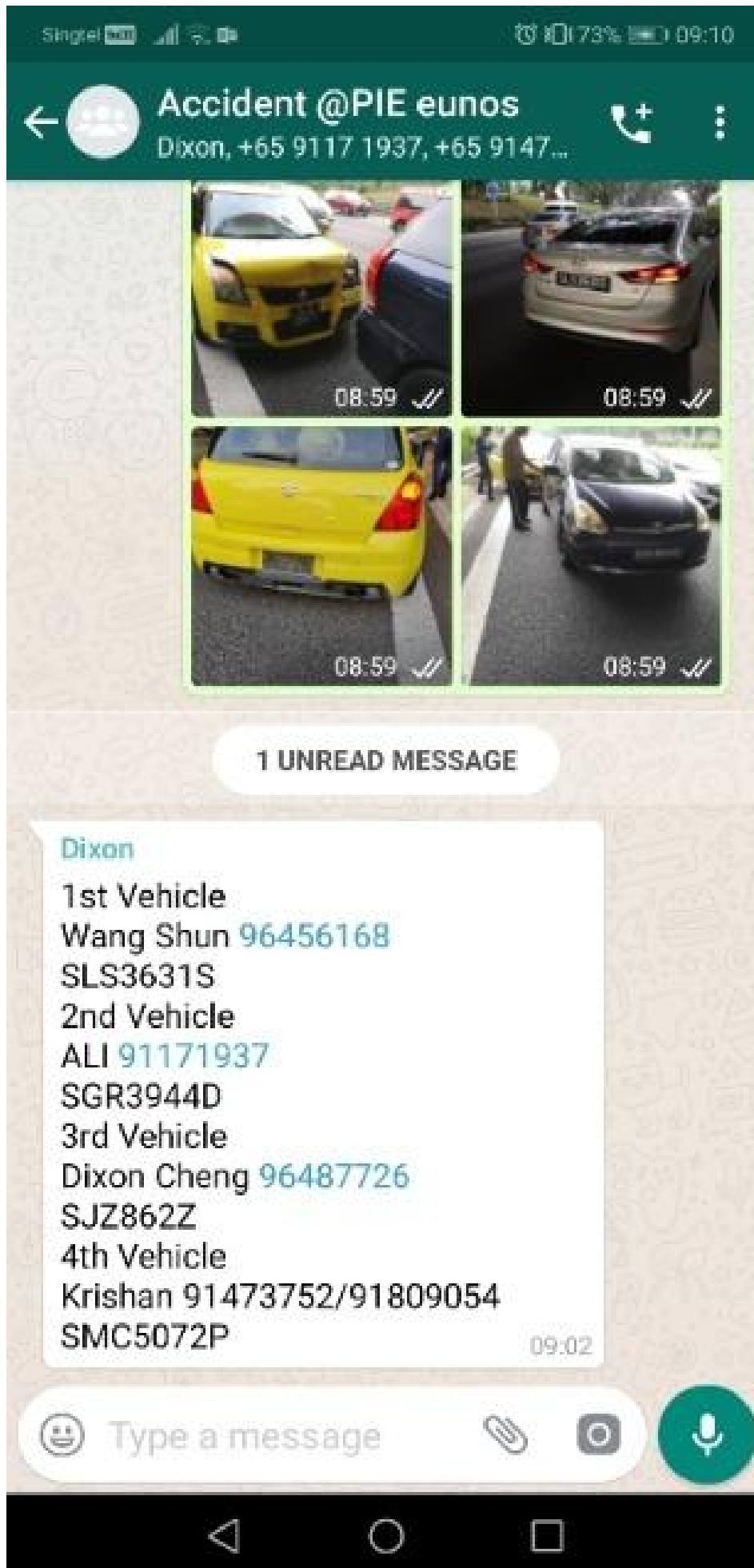
Accident Photo



Accident Photo



Accident Photo



Identification Card

MINISTRY OF DEFENCE
NORTH CARBON NO. 58280777B



WANG SHUN

王 舜

DOB: 24-06-1992

24-06-1992 M

CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE

58280777B



WANG SHUN

DOB: 24 Jun 1992

Valid Until: 01 Mar 2012



58280777B



CHINESE

24-06-1992

111 COMPTONVALE RD #07-04
SINGAPORE 544098

58280777B

04/11/2013

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE:

Class 1: Motor Vehicle 3000kg with not more than 7 passengers, exclusive of the driver, and other motor vehicles not exceeding 3000kg.



58280777B