

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	21/03/2019 15:21
Date Of Accident	21/03/2019 07:45
Exact Location Of Accident	10 TAO CHING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EW6655R
Insured/Policyholder	
Name Of Registered Owner	POON HIU CHUIN
NRIC No	S6841072Z
Email Address	DORCHUIN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90287139
Alternative Phone No	OTHERS-90287139

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L 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?	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	PNPV2018-00002942-01
Cover Note Number	N.A.

Driver

Name of Driver	POON HIU CHUIN
NRIC No	S6841072Z
Date Of Birth	22/08/1968
Occupation	INDOOR
Date Of Driving Pass	09/04/1987
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90287139
Fax Number	
Contact Number	OTHERS-90287139
EMail Address	DORCHUIN@SINGNET.COM.SG

Address	NA
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 - OPENING DOOR OF VEHICLE
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: : GOH SEOK CHENG 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

I was at 10 Tao Ching Road. I drove off from the parking lot to the service road. I stopped my vehicle as I saw this vehicle SHC7223S was dropping the passenger. The first two passenger has alighted and the door was closed subsequently. So I drove off and suddenly I heard a bang sound at my right rear bumper when my vehicle was half a body passed the vehicle SHC7223S. I stopped my vehicle and through the side mirror, I saw the front left door of the vehicle SHC7223S was opened and the the third passenger was a lighting from the taxi. The door had hit my vehicle when I drove pass it. Damages to my car were on the right rear bumper. No injuries were involved.

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	SHC7223S
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI F/L AT ABS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHOY CHEE KEONG
NRIC/Passport Number	S1661547A
Contact Number	98249779
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

Passenger 1

NAME: : P1

GENDER: : MALE

Passenger 2

NAME: : P2

GENDER: : FEMALE

Passenger 3

NAME: : PASSENGER 3

GENDER: : FEMALE

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 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/are 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

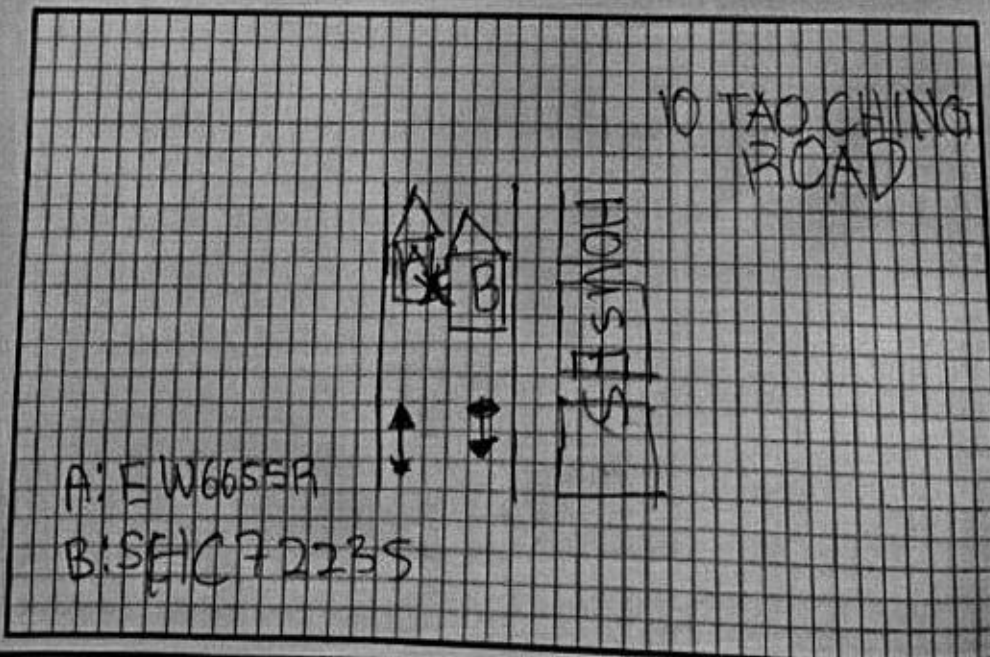
Muhammad Firza Bin Ideris

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 was at 10 Tao Ching Road. I drove off from the parking lot to the service road. I stopped my vehicle as I saw this vehicle SHC7223S was dropping the passenger. The first two passenger has alighted and the door was closed subsequently. So I drove off and suddenly I heard a bang sound at my right rear bumper when my vehicle was half a body passed the vehicle SHC7223S. I stopped my vehicle and through the side mirror, I saw the front left door of the vehicle SHC7223S was opened and the the third passenger was a lighting from the taxi. The door had hit my vehicle when I drove pass it. Damages to my car were on the right rear bumper. No injuries were involved.

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 FIRZA BIN IDERIS

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

21 March 2019 at 2:47 PM

Date/Time:

21 March 2019 at 2:47 PM