

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	05/04/2019 17:09
Date Of Accident	04/04/2019 14:35
Exact Location Of Accident	MULTI STOREY CARPARK OF EVERTON PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8202Z
Insured/Policyholder	
Name Of Registered Owner	PEH AH BUAY
NRIC No	S1703992Z
Email Address	NGSIYI@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-94230412
Alternative Phone No	OTHERS-94230412

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6 VTI CVT
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	PNPV2019-00002057
Cover Note Number	N.A

Driver

Name of Driver	NG SI YI
NRIC No	S9148677F
Date Of Birth	15/12/1991
Occupation	INDOOR
Date Of Driving Pass	23/03/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94230412
Fax Number	
Contact Number	
EEmail Address	NGSIYI@HOTMAIL.SG

Address	NA
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MULTI STOREY CARPARK AND VEHICLE B WAS IN FRONT. WHEN WE REACHED THE TOP FLOOR OF THE CARPARK, I WAS ON THE SLOPE WHEN I SAW VEHICLE B TURN ON HIS HAZARD LIGHTS BUT CONTINUE MOVING IN FRONT, I SLOWED DOWN BEHIND HIM AS I WAS CONFUSED ABOUT HIS INTENTIONS. WHEN HE CAME TO A STOP, I FOLLOWED SUIT A DISTANCE BEHIND. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE. THIS INCIDENT WAS CAPTURED IN MY IN CAR VIDEO WHICH I WILL BE SUBMITTING TO MARS HQ.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ72K
Vehicle Make/Model/Colour	INFINITI / Q50 2.0T PREMIUM A/T / BROWN
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	MELVIN
NRIC/Passport Number	
Contact Number	93805000
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

SKETCH PLAN

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 willful 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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.
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.

X

Policyholder's Signature / Date & Time

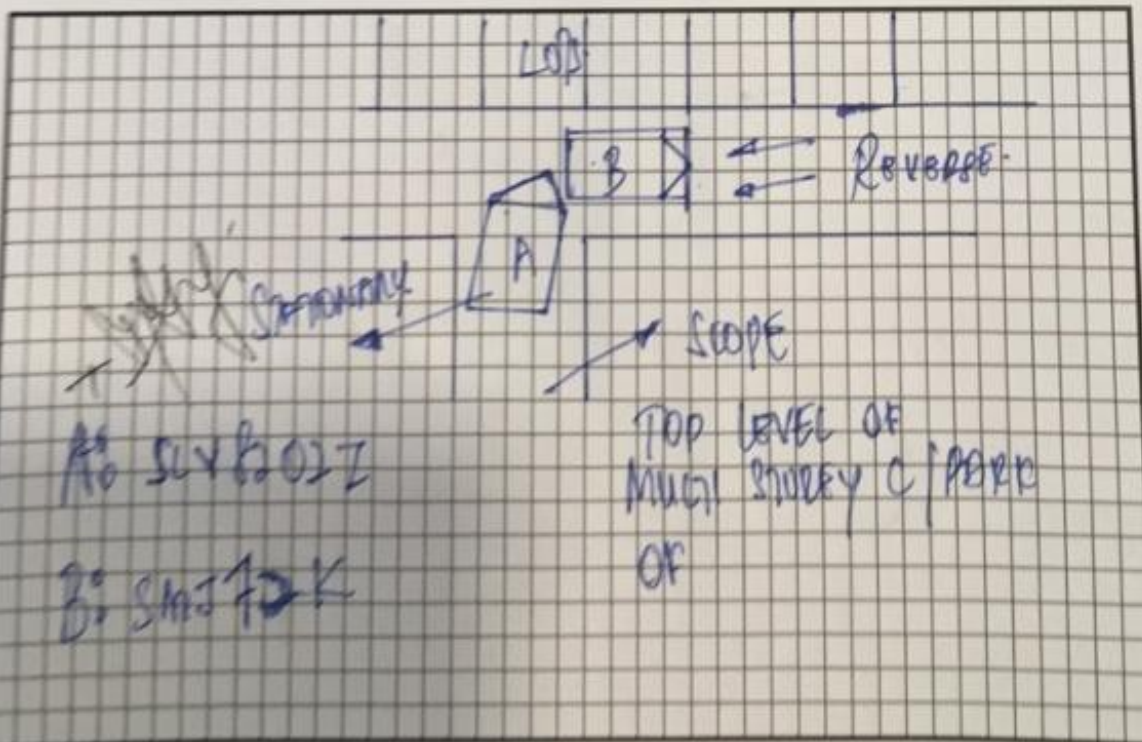
X

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MULTI STOREY CARPARK AND VEHICLE B WAS IN FRONT. WHEN WE REACHED THE TOP FLOOR OF THE CARPARK, I WAS ON THE SLOPE WHEN I SAW VEHICLE B TURN ON HIS HAZARD LIGHTS BUT CONTINUE MOVING IN FRONT, I SLOWED DOWN BEHIND HIM AS I WAS CONFUSED ABOUT HIS INTENTIONS. WHEN HE CAME TO A STOP, I FOLLOWED SUIT A DISTANCE BEHIND. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE. THIS INCIDENT WAS CAPTURED IN MY IN CAR VIDEO WHICH I WILL BE SUBMITTING TO MARS HQ.

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

5 April 2019 at 3:13 PM

Date/Time:

5 April 2019 at 3:13 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

