

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	30/04/2019 21:03
Date Of Accident	29/04/2019 12:20
Exact Location Of Accident	ALG UPPER BUKIT TIMAH RD GOING TWRDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2217A
Insured/Policyholder	
Name Of Registered Owner	CLEMENT FOO WEI RONG
NRIC No	S8929801F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90627719
Alternative Phone No	OTHERS-90627719

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 4DR 1.5R AWD 5MT ABS AIRBAG
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00014319
Cover Note Number	N.A

Driver

Name of Driver	LEE YI LINCOLN
NRIC No	S8408640A
Date Of Birth	15/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90627719
Fax Number	
Contact Number	
Email Address	LINKEN_L@HOTMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 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

I was travelling along Upper Bukit Timah Rd going towards Woodlands nearby the shell station. The traffic was slow moving. I was on the left lane. Vehicle GU1297K in front of me brake as the traffic further very slow moving. I noticed but I could not react on time and hit onto his rear portion of the vehicle. Damages to my car were on the front portion. 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	GU1297K
Vehicle Make/Model/Colour	NISSAN CABSTAR / SIL
Details Of Properties	NIL
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOO BONG YEOH
NRIC/Passport Number	S0043508B
Contact Number	83455965
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

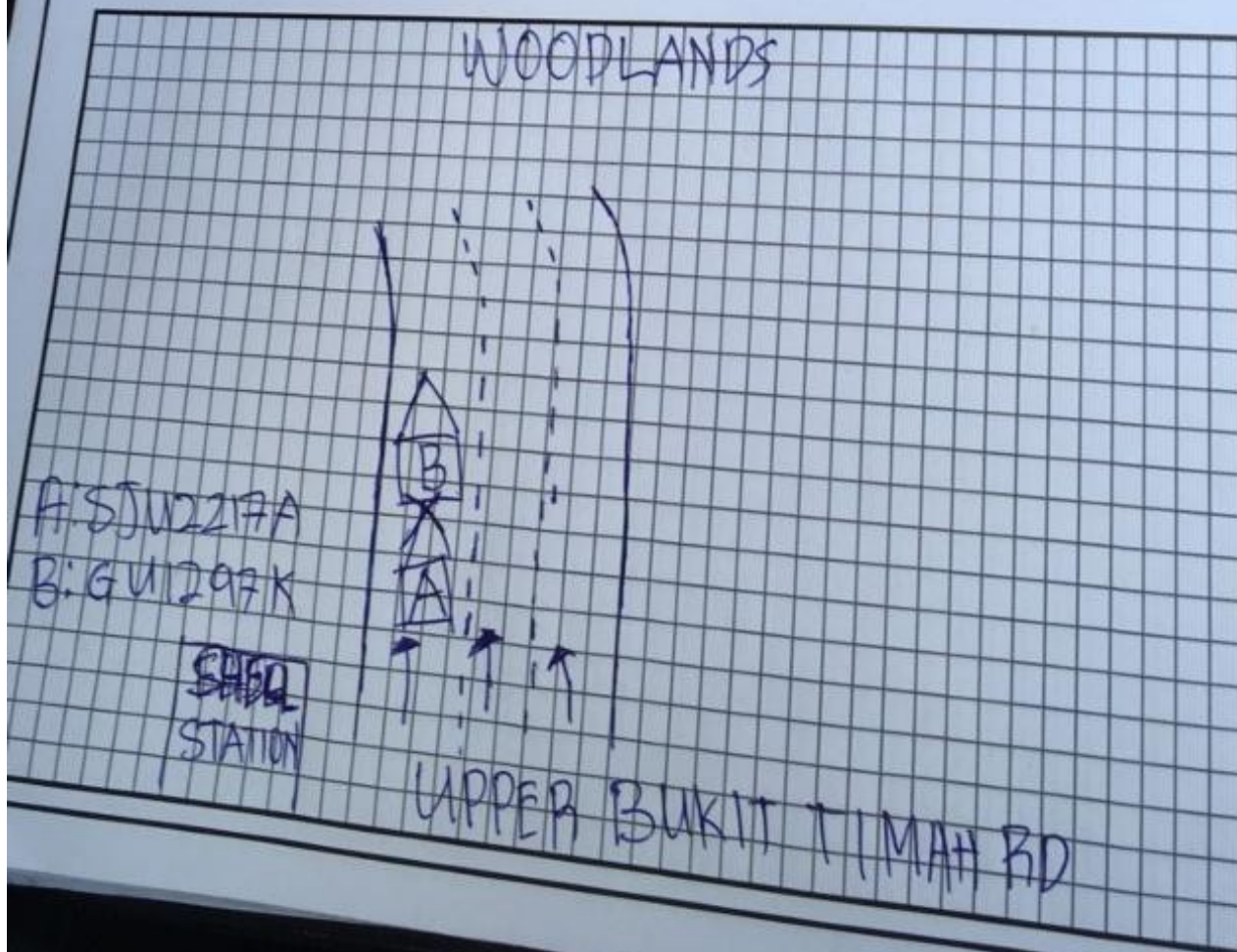
Muhammad Firza Bin Ideris

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 travelling along Upper Bukit Timah Rd going towards Woodlands nearby the shell station. The traffic was slow moving. I was on the left lane. Vehicle GU1297K in front of me brake as the traffic further very slow moving. I noticed but I could not react on time and hit onto his rear portion of the vehicle. Damages to my car were on the front portion. 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

30 April 2019 at 5:13 PM

Date/Time:

30 April 2019 at 5:13 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8408640A**



Name
LEE YI LINCOLN

李 毅

Race
CHINESE

Date of birth
15-03-1984

Sex
M

Country/Place of birth
SINGAPORE

S8408640A

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S8408640A**

Name
LEE YI LINCOLN

Birth Date **15 Mar 1984**

Issue Date **28 Apr 2014**

002299826J



Driving License

5298615



NRIC No. S8408640A



Date of Issue
07-04-2014

Address
APT BLK 107 TECK WHYE LANE
#06-544
SINGAPORE 680107

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		Effective From
Class 2B	Motorcycles \leq 200 cc	24 Feb 2003
Class 2A	Motorcycles between 201 cc and 400 cc	26 Jul 2005
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	23 Aug 2006

NP 428A

Licence No: S8408640A

