#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

	aforesaid.	
		ACCIDENT STATEMENT
	Date Of Report	14/05/2019 06:55
	Date Of Accident	13/05/2019 07:15
	Exact Location Of Accident	ALG PUNGGOL DRIVE TURN TO EDGEFIELD PLAINS TWRDS D
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SLB4157C
	Insured/Policyholder	
	Name Of Registered Owner	HENG TONG CHUAN
	NRIC No	S8029494H
	Email Address	NOEMAIL
	Mobile Phone No	(LOCAL) +65-92322249
	Alternative Phone No	OFFICE-92322249
	Vehicle Particulars	
	Manufacturer	MITSUBISHI
	Model	OUTLANDER 2.4 CVT AWD S/R FACELIFT
	Exact Purpose for which vehicle was being used at time of accident	PRIVATE
	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	PNPV2018-00003531-01
	Cover Note Number	

#### **Driver**

Name of Driver TANG WENLI
NRIC No S8277633H
Date Of Birth 27/03/1982
Occupation INDOOR
Date Of Driving Pass 17/09/2008

Driving Experience 10 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90606649

Fax Number

Contact Number

EMail Address WENLI@HENGFAMILY.US

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : HENG NUO WEN NOVEMBER

GENDER: : MALE

Passenger 2 NAME: : HENG SI WEN SEVEN

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## Circumstances of Accident

I SLB4157C was driving along punggol drive turn to Edgefield Plains towards damai LRT.As I was following the 3rd party SFY5276K from behind with a slow moving,I thought the 3rd party was moving forward as the traffic was clear. The moment I turn in front after I check at the blindspot and the on going traffic my vehicle was already in a contact with the 3rd party rear vehicle. I manage to take some photos and exchange some particulars with the 3rd party. Both parties agreed that no injuries was involved at the scene.

#### 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 SFY5276K

Vehicle Make/Model/Colour SUBARU FORESTER 2.0I-L CVT AWD SR / BROWN

Details Of Properties NA

Vehicle Category PRIVATE CAR
Name of Driver TAN KENG NGHEE

NRIC/Passport Number S7246799Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

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   The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
   Any false reporting may be referred to the Police for investigation.
   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.
   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.
   Consent under the Personal Data Protection Act (PDPA) I understand, acknowledge, agree and consent that:

- 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 (a) My insurer, my workshop and the General insurance Association or singapore ("GIA") may/are permitted to coilect, 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 we hicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the 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 vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to accident shall be collected t 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, involces, 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

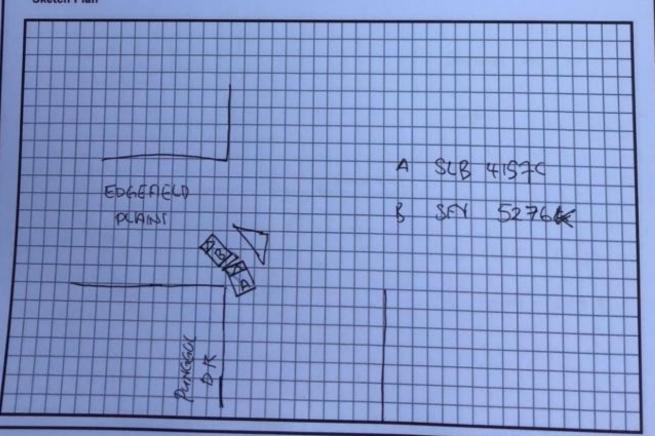
- packages), and/or
  (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  (collectively the "Purposes")
  (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, 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 SUMARDI BIN MOHD AFFANDI

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Personnel

#### Sketch Plan

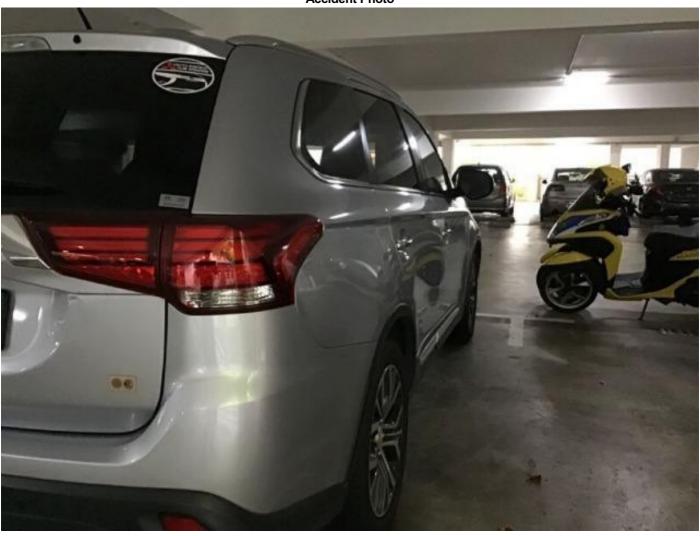


# **ACCIDENT STATEMENT (2000 characters)**

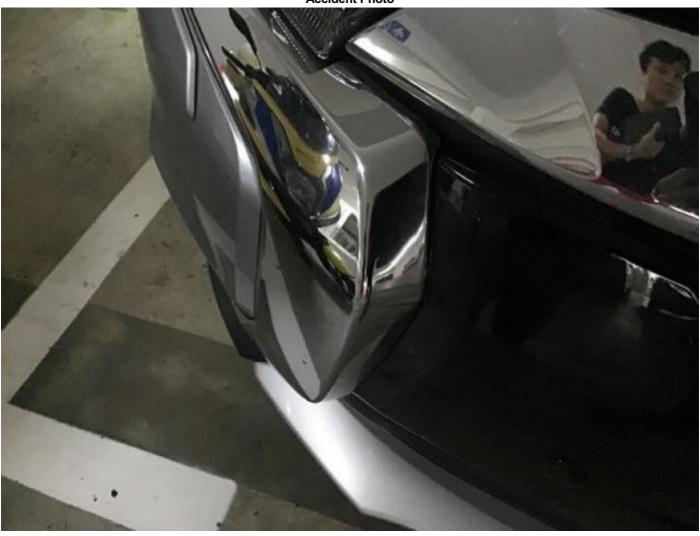
LRT.As I was following the 3rd party SF thought the 3rd party was moving forwa front after I check at the blindspot and to contact with the 3rd party rear vehicle.I	drive turn to Edgefield Plains towards damai Y5276K from behind with a slow moving, I ard as the traffic was clear. The moment I turn in the on going traffic my vehicle was already in a manage to take some photos and exchange a parties agreed that no injuries was involved at		
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 SUMARDI BIN MOHD AFFANDI			
MARS Officer			
	Registered Owner or Driver's Signature		
Job Complete Date/Time	Date/Time:		
13 May 2019 at 4:08 PM	13 May 2019 at 4:08 PM		

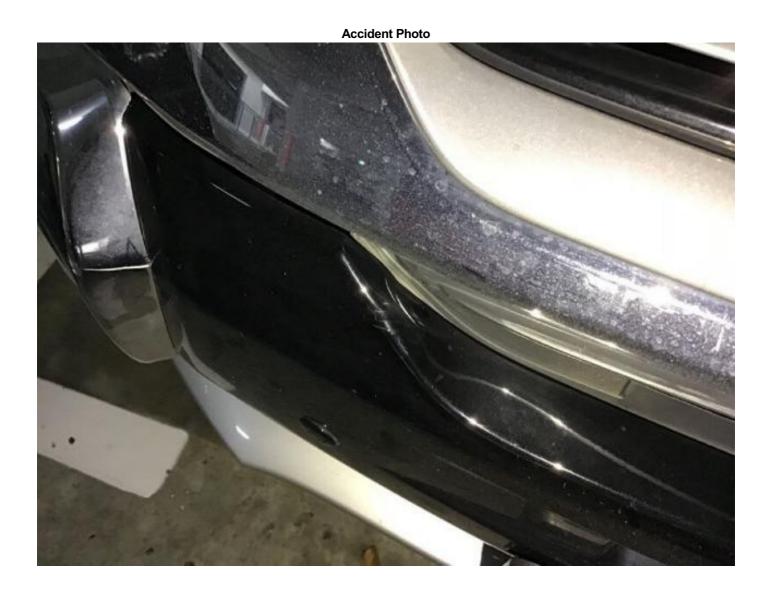






















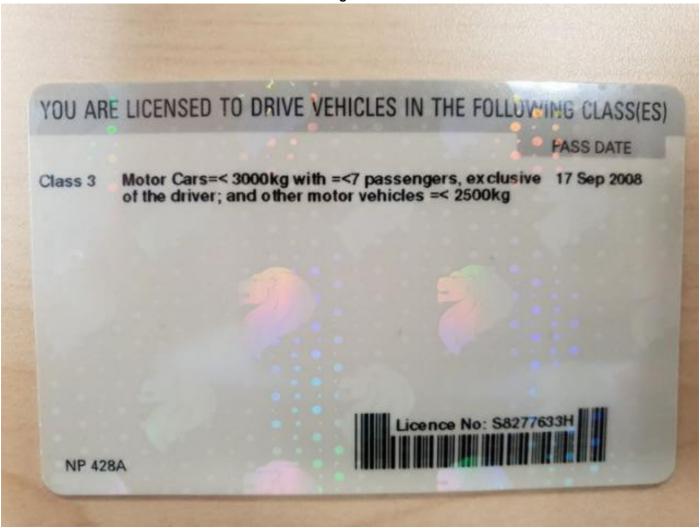




**Driving License** 



## **Driving License**



## **Identification Card**



## **Identification Card**



#### Addendum Sheet Pg. 1



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MBHH19062298 Vehicle Registration No: SLB4157C \_\_NRIC/FIN/Passport No: <u>S8277633H</u> Name(as shown in NRIC): TANG WENLI (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address \_Singapore( ) \_\_Mobile No. :\_<sup>90</sup>606649 Contact (Tel) **Email Address** : wenli@hengfamily.us : 13/05/2019 \_\_Time of Accident : \_\_07:15 Date of Accident Place of Accident : Alg punggol drive turn to Edgefield Plains twrds damai LRT $Insurance \ Company: \ \underline{FWD\ SINGAP}ORE\ PTE\ LTD$ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: ATTACH VIDEO FOOTAGE

Reporting Centre Personnel's Signature

Name: SABITRA

NRIC/FIN No.: G2616300K

Date: 15/05/2019

Date:

Policyholder / Driver's Signature