

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	11/05/2019 19:38
Date Of Accident	11/05/2019 14:55
Exact Location Of Accident	QUEENSWAY TOWARDS PORTSDOWN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9537E
Insured/Policyholder	
Name Of Registered Owner	RICHARD FAIRHALL
NRIC No	G3183425U
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90614802
Alternative Phone No	OTHERS-90614802

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 USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00002954
Cover Note Number	NA

Driver

Name of Driver	FAIRHALL LOUISE ANN
NRIC No	G3183431M
Date Of Birth	03/10/1980
Occupation	INDOOR
Date Of Driving Pass	22/07/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90614802
Fax Number	
Contact Number	
Email Address	LOUISE.FAIRHALL@OUTLOOK.COM

Address	NA
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	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)	4
Passenger 1	NAME: : PASSENGER 1 GENDER: : MALE
Passenger 2	NAME: : PASSENGER 2 GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER 3 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 travelling along Queensway towards Portsdown Road, it was a 3 lane traffic and my vehicle SLG9537E was positioned in the middle lane. As I started to lane change to the left suddenly vehicle SJG2611T which was ahead of me suddenly stop and my vehicle side right front collided onto third party vehicle rear left. No injuries 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	SJG2611T
Vehicle Make/Model/Colour	COROLLA ALTIS 1.6L CVT
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SHU HUI

NRIC/Passport Number	S8706251A
Contact Number	97636443
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

IMPORTANT

1. Please report the accident as soon as possible to speed up the claims process.
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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 be 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 of the external cover of any postal parcel(s)) 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 be 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 also 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
Mohamed Saifulah B/O Syed
Masood
Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

	<p>Following</p>	<p>Vehicle A: SUG 9537E</p> <p>Vehicle B: SSG 2611T</p>
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ACCIDENT STATEMENT (2000 characters)

I was travelling along QUEENSWAY TOWARDS PORTSDOWN ROAD it was a 3 lane traffic and my vehicle SLG9537E was positioned in the middle lane. As I started to lane change to the left suddenly vehicle SJG2611T which was ahead of me suddenly stop and my vehicle side right front collided onto third party vehicle rear left. No injuries involved.

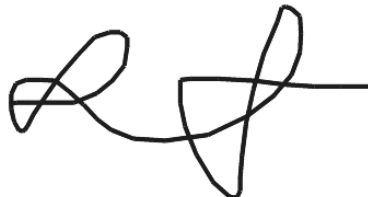
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 May 2019 at 5:26 PM

Date/Time:

11 May 2019 at 5:26 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



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **G3183431M**
Name
FAIRHALL LOUISE ANN

Birth Date: **03 Oct 1980**
Issue Date: **22 Jul 2016**
Valid Till: **21-07-2021**



002591426A

REPUBLIC OF SINGAPORE

FIN **G3183431M**



Name
FAIRHALL LOUISE ANN

Date of Birth: **03-10-1980** Sex: **F**
Nationality
AUSTRALIAN

G3183431M

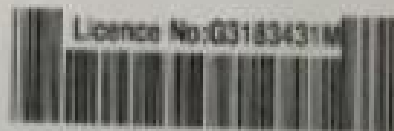
Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ 22 Jul 2016

NP 425A

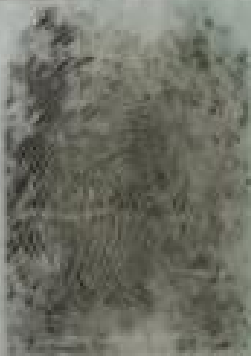


Licence No: G3183431M

FA1836864

DEPENDANT'S PASS

Immigration Regulations



FN G3183431M

Date of Issue
19-05-2017

Date of Expiry
21-07-2020



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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: S66S0020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH19061371 Vehicle Registration No: SLG9537E
Name (as shown in NRIC) : FAIRHALL LOUISE ANN NRIC/FIN/Passport No : G3183431M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90614802
Email Address : _____
Date of Accident : 11/05/2019 Time of Accident : 14:55
Place of Accident : QUEENSWAY TOWARDS PORTSDOWN
Insurance Company : FWD SINGAPORE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND NAME OF REGISTERED OWNER

Policyholder / Driver's Signature
Date:

Shirley Loo
Reporting Centre Personnel's Signature
Name: Shirley Loo
NRIC/FIN No.: _____
Date: 13 MAY 2019