

## 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	11/06/2019 12:32
Date Of Accident	09/06/2019 17:00
Exact Location Of Accident	BAYFRONT AVE(MBS DROP OFF POINT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1883K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO FOH CHUN
NRIC No	S1439009Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90671998
Alternative Phone No	OTHERS-90671998

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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 HIRE

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000227
Cover Note Number	

### Driver

Name of Driver	HO FOH CHUN
NRIC No	S1439009Z
Date Of Birth	21/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90671998
Fax Number	
Contact Number	OTHERS-90671998
Email Address	NOEMAIL

Address	BLK 842 SIMS AVE #19-770
Postcode	400842
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLR1576L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident 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 (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

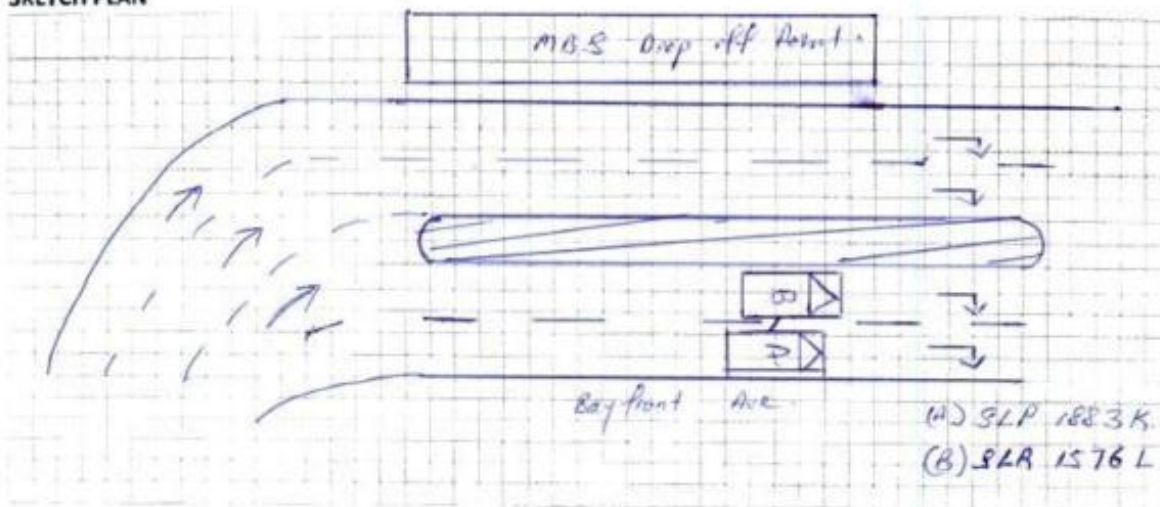
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 11/06/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Individual Statement

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/06/19 at @ 1700 hrs, I was driving in my vehicle (SLP 1883K) along Bayfront Ave, MBS Drop off Point. After alighting my passenger, I drove on the extreme right lane to exit to the main road. As I drove passed a vehicle (SLR 1576L) parked on my left. Suddenly, the passenger opened the rear right door. As a result, my vehicle left side collided with the door.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Sammyo*

Policyholder's Signature  
Date & Time:

*Sammyo*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*sfy 11/06/19*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

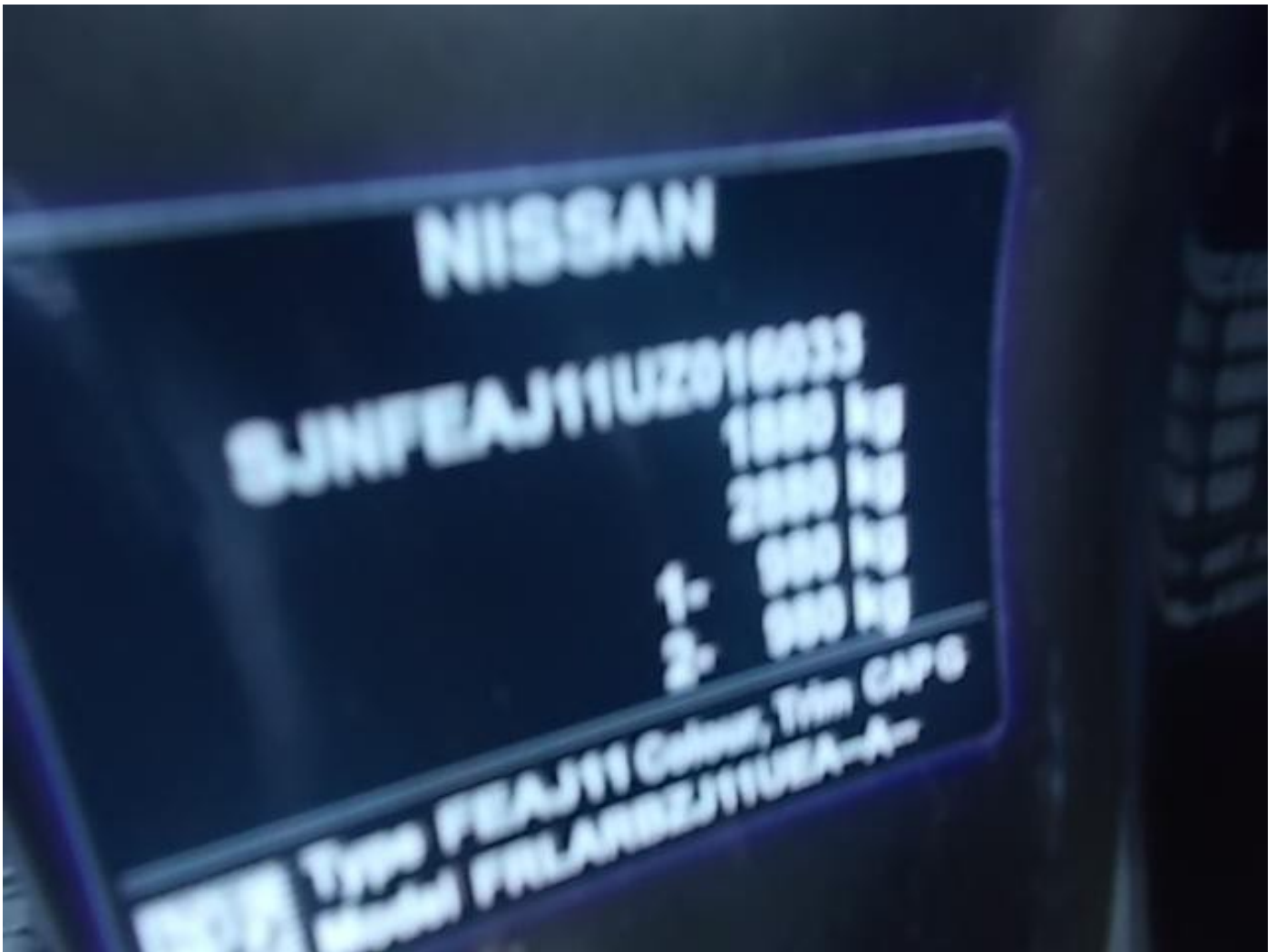




Accident Photo







Accident Photo



# Identification Card

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1439009Z**

Name: **HO FOH CHUN**

Birth Date: **21 May 1960**  
Issue Date: **28 Jul 2006**

**For LKK/NAC Use Only**

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO: **S1439009Z**

Name: **HO FOH CHUN**

Race: **CHINESE**

Date of Birth: **21-05-1960**

Country of Birth: **SINGAPORE**

Land Transport Authority

**VOCATIONAL LICENCE**

License No: **S1439009Z**

Name: **HO FOH CHUN**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

**For LKK/NAC Use Only**

**YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

CLASS 9 Motor Car up to 3500kg with not more than 7 passengers, exclusive of the driver, and other motor vehicles up to 3500kg

PASS DATE

21/05/2019

**For LKK/NAC Use Only**

1072110

License No: **S1439009Z**

Issue Date: **28-07-2006**

AP1 (LA) 042 SIMS AVENUE #15-770  
SINGAPORE 400642

APAC No: **S1439009Z** Date: **06/03/2017** No: **01400000**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575101.

Type	Description	Issue Date
12	TAXI VI	21/02/2019

**For LKK/NAC Use Only**