

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	11/07/2019 18:52
Date Of Accident	21/06/2019 16:00
Exact Location Of Accident	ASIA SQUARE TOWER 1 CARPARK LEVEL 3 LOT 40
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7628L
Insured/Policyholder	
Name Of Registered Owner	FUN YIN CHIA (FAN YINGJIA)
NRIC No	S7818167B
Email Address	XAVIATRIX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87537750
Alternative Phone No	OTHERS-87537750

Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE 200 A-171CC (A)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2018-00000307-01
Cover Note Number	

Driver

Name of Driver	FUN YIN CHIA (FAN YINGJIA)
NRIC No	S7818167B
Date Of Birth	26/06/1978
Occupation	INDOOR
Date Of Driving Pass	14/10/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87537750
Fax Number	
Contact Number	OTHERS-87537750
EEmail Address	XAVIATRIX@GMAIL.COM

Address	BLK 124 PAYA LEBAR WAY #21-2921
Postcode	381124
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	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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20190622/7016

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (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: 11 JUL 19

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

15/07/2019

Roshan Wajah

Accident Sketch Plan

SKETCH PLAN

UNIKANWA BIKE WAS PARKED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO THE POLICE REPORT
A/2016/22/2016

DECLARATION

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


Policyholder's Signature
Date & Time:

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


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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20190622/7016

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190622/7016

When I reported the incident to the building carpark administrators I was told that they understand all was fine up til around 4pm when the owner of a red car that was supposedly parked next to my motorbike suffered extensive damages from the toppling over of my bike onto the car. Asia Square carpark administrators told me that they will be reviewing the security footage to investigate further.

My motorbike has quite obvious damage on many areas of the right hand side that was dropped. I am making this report to claim damages and to further pursue the offender.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Unknown		
Victim			
Person Name	FUN YIN CHIA		
ID Type	NRIC NO	ID No	S7818167B
Gender	Female	Age	40
Race	Chinese	Language	English
Occupation	Banking	Address Type	
Address	APT BLK 124 PAYA LEBAR WAY #21-2921 SINGAPORE 381124		Mobile No 87537750
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 22/06/2019 14:56
Classification Of Case:

Authentication Stamp

POLICE REPORT



SINGAPORE
POLICE FORCE



A/20190622/7016

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190622/7016

Person Name	FUN YIN CHIA (Informant)
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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2019 14:56
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S662300200 / GST Reg. No: M400017733

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 : 27/11/14/19090863 Vehicle Registration No: FBK 7628L
Name (as shown in NRIC) : FUNE YIM QHIA (FANE YIM QHIA) NRIC/FIN/Passport No : S 5781816713
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 87537750
Email Address : _____
Date of Accident : 21/06/2019 Time of Accident : 16:00
Place of Accident : ASIA SQUARE Tower 1 GARAGE
Insurance Company : FWD

(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:

POLICY NUMBER PNM2018-ADD00307-01

Policyholder / Driver's Signature _____
Date: _____

[Signature] 29/07/2019
Reporting Centre Personnel's Signature
Name: Resh
NRIC/FIN No.: _____
Date: _____