

## 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 15/07/2019 09:18  
 Date Of Accident 13/07/2019 13:35  
 Exact Location Of Accident GAMBAS TOWARDS YISHUN AVE 7 BEFORE SEMAWANG AVE  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX930J  
**Insured/Policyholder**  
 Name Of Registered Owner SNG SOON HOCK NELSON  
 NRIC No S7206695B  
 Email Address SNG\_NELSON@YAHOO.COM.SG  
 Mobile Phone No (LOCAL) +65-97451185  
 Alternative Phone No Office-97451185

### **Vehicle Particulars**

Manufacturer TOYOTA  
 Model CAMRY

Exact Purpose for which vehicle was being used at time of accident

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 CAR

### **Insurance Company**

Name of Insurance Company FWD SINGAPORE PTE. LTD.  
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy NO  
 Policy Number PNPV2019-0010346  
 Cover Note Number

### **Driver**

Name of Driver SNG SOON HOCK NELSON  
 NRIC No S7206695B  
 Date Of Birth 26/02/1972  
 Occupation INDOOR  
 Date Of Driving Pass 19/03/1990

Driving Experience 29 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-97451185  
 Fax Number  
 Contact Number OFFICE-97451185  
 EMail Address SNG\_NELSON@YAHOO.COM.SG  
 Address BLK 6684C WOODLANDS DR 62  
 #04-163  
 Postcode 733684  
 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 CHAIN COLLISION  
 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 3  
 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) 2  
 Passenger 1 Name: : AARON SNG  
 Gender: : Male

#### 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

REFER TO ATTACHED.

#### 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 SJS6031C

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)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLW2609T  
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)

**Sketch Plan**

**SKETCH PLAN****IMPORTANT NOTICE**

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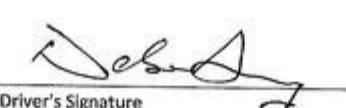
**8. Consent under the Personal Data Protection Act (PDPA)**

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:

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

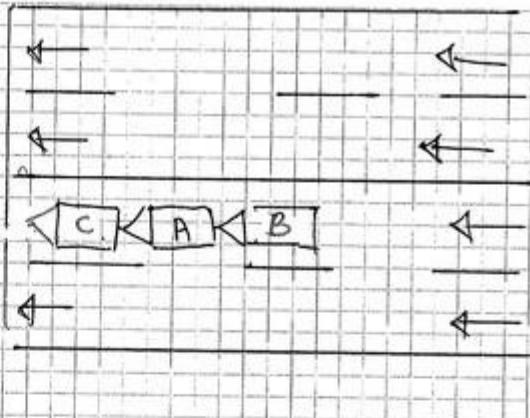
## Sketch Plan #2

## SKETCH PLAN

Vehicle A: SKX 930J

Vehicle B: SJS 6031C

Vehicle C: SLW 2609T

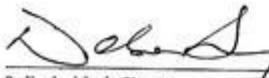


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

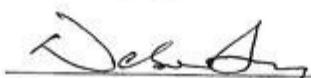
On the stated date & time, I was driving on the stated venue. The front Traffic Light turned Red, The front vehicle C SLW 2609T stopped & I prepared to stop. Before my vehicle SKX 930J come to a complete stop, Vehicle B SJS 6031C hit onto my car. The great impact pushes my car to move forward & hit onto Vehicle C SLW 2609T that was in front of me. I stopped & alighted from my car & we changed particulars.

## DECLARATION

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



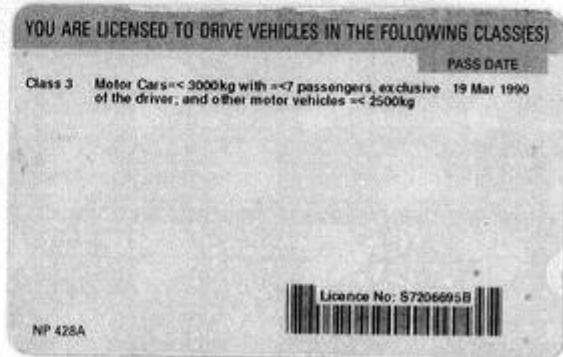
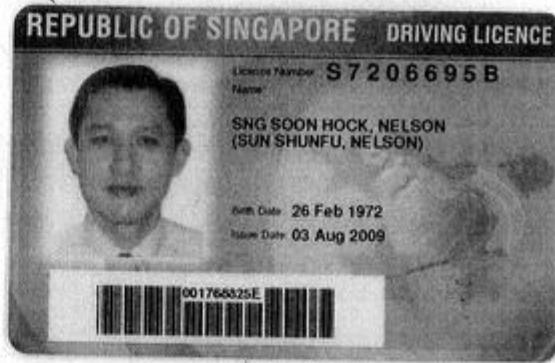
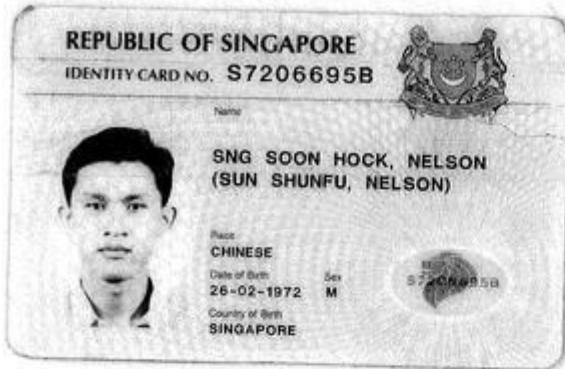
Policyholder's Signature  
Date & Time:



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

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

**Driving License / IC**



## INSURANCE CERT



## YOUR THIRD PARTY, FIRE &amp; THEFT CAR INSURANCE SUMMARY

Please call **+65-6322-2072** for FWD Emergency Assistance

if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours or the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER** : PNPV2019-00010346

## About this policy

Premium paid	: S\$411.45	Coverage start date	: 06/06/2019
(Inclusive of GST)		Coverage end date	: 05/06/2020

Who is insured to drive: : You and any Authorised Driver

Policy Type : THIRD PARTY, FIRE, THEFT

## About you (As the policyholder)

Your name	: Sng Soon Hock Nelson		
Address	: 684C Woodlands Drive 62 04-163 Singapore 733684		
Email	: sng_nelson@yahoo.com.sg		
NRIC/FIN	: S7206695B	Date of birth	: 26/02/1972
Marital status	: Married	Gender	: Male
Current no claims discount	: 50%	Mobile Number	: 97451185
Years of driving experience	: Three or more	Certificate of merit	: Yes

## About your car

Car make and model	: TOYOTA CAMRY 2.5
Year of first registration	: 2015
Car plate number	: SKX930J
Issued on:	: 05/06/2019

ALL INFORMATION IS FOR INTERNAL USE ONLY

Please refer to contract for specific terms, conditions and exclusions of this policy.

Please immediately inform us at **+65-6320-8988**

**Accident Photo**

## Accident Photo



**Accident Photo**

## Accident Photo



## Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**

**Accident Photo**

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