

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 | 19/08/2019 09:04 |
| Date Of Accident | 16/08/2019 19:00 |
| Exact Location Of Accident | LORNIE HIGHWAY TWDS THOMSON |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGR1900T |
| Insured/Policyholder | |
| Name Of Registered Owner | AMOS ANG |
| NRIC No | S8834003E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91595621 |
| Alternative Phone No | OFFICE-91595621 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | SUBARU |
| Model | FORESTER |
| 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? | 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | PNPV2019-00006017 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | AMOS ANG |
| NRIC No | S8834003E |
| Date Of Birth | 05/09/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/09/2015 |
| Driving Experience | 3 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91595621 |
| Fax Number | |
| Contact Number | OFFICE-91595621 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 409 TAMPINES ST 41 #03-203 |
| Postcode | 520409 |
| 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 - 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? | |
| 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: : WEE XINYI ESTHER 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

REFER TO STATEMENT.

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------------|
| Vehicle Registration Number | GW5359D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MUTHURAMAN ARUMUGAM |
| NRIC/Passport Number | G7009893N |
| Contact Number | 91697993 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN


VEHICLE NO.: SGR 1900T
INSURER : _____
DATE & TIME: 16/03/19 / 1900

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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: _____



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



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

Accident Sketch Plan

SKETCH PLAN



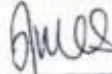
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

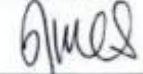
On the stated time & date, I vehicle A (SGR1900T) was travelling on the stated venue. As the vehicle in front of me step on his brake I follow suit. Vehicle B (GW5359D) suddenly hit onto my rear portion of my vehicle. My wife Wee Xynli, Esther S8821995C is my passenger during the time.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

(/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.:

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()

Driving License

6096047



NRIC No. S8834003E



Date of issue

07-01-2019

Address

APT BLK 409 TAMPINES STREET 41
#03-203
SINGAPORE 520409

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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

15 Sep 2015


Licence No: S8834003E



NP 428A

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8834003E



Name
AMOS ANG DE CHENG
(WENG DECHENG)
翁 德 城

Race
CHINESE


Date of birth
05-09-1988

Sex
M

Country/Place of birth
SINGAPORE

S8834003E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8834003E**
Name:
AMOS ANG DE CHENG
(WENG DECHENG)

Birth Date: **05 Sep 1988**
Issue Date: **29 Sep 2017**

002728722F



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SUBARU CORPORATION

VIN JF1SJ5KC5JG108405

Option Code KP64

Code d'option

Applied Model SJ5EK7C

Trim Code J20

Color Code 61K

Modèle concerné

Code de garniture


Code de couleur

Engine Type: FB20AVZHWA

Transmission Type: TR580RDZBA

Modèle de moteur

Modèle de boîtes vitesse



Accident Photo

