

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	22/08/2019 13:26
Date Of Accident	22/08/2019 06:55
Exact Location Of Accident	KJE TOWARD PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3205S
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Insured/Policyholder

Name Of Registered Owner	MAUNG ZAR NI HTUN
NRIC No	S8073062D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90175727
Alternative Phone No	Office-90175727

Vehicle Particulars

Manufacturer	MAZDA
Model	3

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 **REPORTING ONLY**

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	PNPV2019-00005636

Cover Note Number

Driver

Name of Driver	ZIN MAR
NRIC No	S7883884A
Date Of Birth	31/10/1978
Occupation	INDOOR
Date Of Driving Pass	07/02/2009

Driving Experience 10 YEARS AND 6 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-93885757
 Fax Number
 Contact Number
 EMail Address ZINMAR237@GMAIL.COM
 Address 237 YISHUN RING ROAD
 #03-1030
 Postcode S760237
 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 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 4
 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) 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

ACCIDENT HAPPENED DURING CHANGING TO SECOND LANE. I DO NOT NOTICE THE FRONT CAR SLOW DOWN AND HIT.

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 SLF4827G
 Vehicle Make/Model/Colour
 Details Of Properties

Vehicle Category
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	SLC9863J
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 3

Vehicle Registration Number	SLX9041D
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 PLANIMPORTANT 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 situated 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:

22/8/19 11:00am



Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/8/19 11:00 am

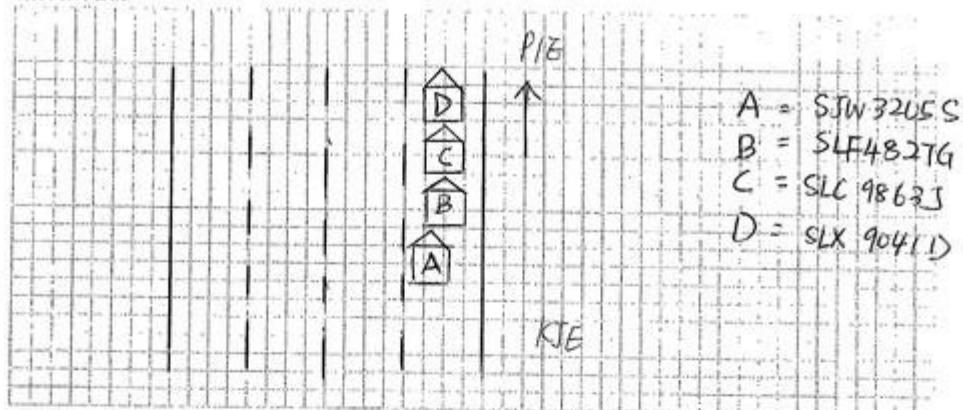
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened during changing to second Lane. I do not notice the front car slow down and hit.

DECLARATION

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

Policyholder's Signature

Date & Time:

22/8/19 11:00 AM
GARIBWIC Sletz/Malifutin VS

Driver's Signature

[If driver is not the policyholder]

Date & Time: 22/8/19 11:00 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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YOUR THIRD PARTY, FIRE & 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 : PNPV2019-00005636

About this policy

Premium paid : S\$617.20 Coverage start date : 21/03/2019
(Inclusive of GST) Coverage end date : 20/03/2020

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

Policy Type : THIRD PARTY, FIRE, THEFT

About you (As the policyholder)

Your name	: Maung Zar Ni Htun	Coverage start date	: 21/03/2019
Address	: 237 Yishun Ring Road 03-1030 Yishun Hearts Singapore 760237	Coverage end date	: 20/03/2020
Email	: maungzarnihtun@gmail.com	Date of birth	: 02/09/1980
NRIC/FIN	: S8073062D	Gender	: Male
Marital status	: Married	Mobile Number	: 90175727
Current no claims discount	: 20%	Certificate of merit	: Yes
Years of driving experience	: Three or more		

About your car

Car make and model : MAZDA 3 1.6

Year of first registration : 2010

Car plate number : SJW3205S

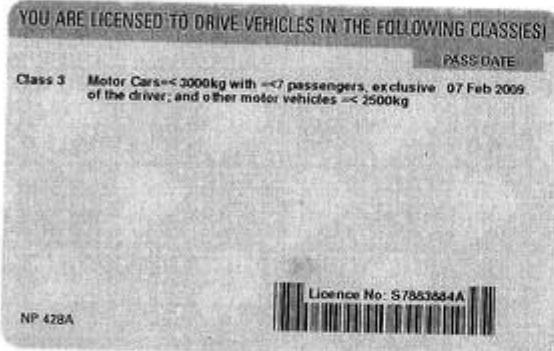
Issued on: : 21/03/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

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

Please immediately inform us at **+65-6820-8888** or email us to contact.sg@fwd.com if any details in this Car Insurance Summary need to be changed.

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Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo