

## 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	20/08/2019 14:22
Date Of Accident	19/08/2019 17:25
Exact Location Of Accident	AYE TWDS KEPPEL
Country/State of Loss	SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJL9507P
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### **Insured/Policyholder**

Name Of Registered Owner	TAN BOON LENG KENNETH
NRIC No	S1628031C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96363621
Alternative Phone No	Office-96363621

### **Vehicle Particulars**

Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX CVT SPORTS AIRBAG 2WD 4DR
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	PNPV2018-00015635

Cover Note Number

Name of Driver	TAN BOON LENG KENNETH
NRIC No	S1628031C
Date Of Birth	22/10/1964
Occupation	INDOOR
Date Of Driving Pass	03/12/1984

8/26/2019

E-FILE

Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96363621
Fax Number	
Contact Number	OFFICE-96363621
EMail Address	NOEMAIL
Address	BLK 143 LORONG 2 TOA PAYOH #16-186
Postcode	310143
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?	
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**

REFER TO 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	SKU1461E
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	SFA3366Z
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****IMPORTANT NOTICE**

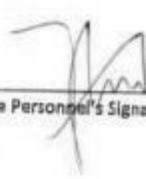
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

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

  
X \_\_\_\_\_  
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**

DOA: 19/8/19 AYE

A: S3L 9507P

B: SKU 1461E

C: SFA 3366Z

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Veh C stopped so I followed suit but veh B failed to brake in time hit onto my veh rear portion & due to the strong impact my car moved forward & hit veh C.

**DECLARATION**

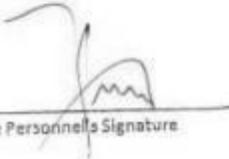
I/We declare the foregoing particulars are true in every respect.

  
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.:

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

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## Accident Photo



**Accident Photo**