

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	26/08/2019 16:14
Date Of Accident	24/08/2019 16:40
Exact Location Of Accident	SLIP RD FROM COMPASSVALE ST TWDS PUNGGOL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6487T
Insured/Policyholder	
Name Of Registered Owner	CHAI LIP KAI
NRIC No	S8872388J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96395493
Alternative Phone No	OTHERS-96395493

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	PNPV2019-00010564
Cover Note Number	

Driver

Name of Driver	CHAI LIP KAI
NRIC No	S8872388J
Date Of Birth	16/02/1988
Occupation	INDOOR
Date Of Driving Pass	03/11/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96395493
Fax Number	
Contact Number	OTHERS-96395493
EEmail Address	NOEMAIL

Address	BLK 108C CANBERRA WALK #09-31
Postcode	753108
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?	YES
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: : LEE XUAN TING 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

PLS REFER TO THE ATTACHED 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	SBS6225E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHAI LIP KAI
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SKV6487T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LEE XUAN TING
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SKV6487T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

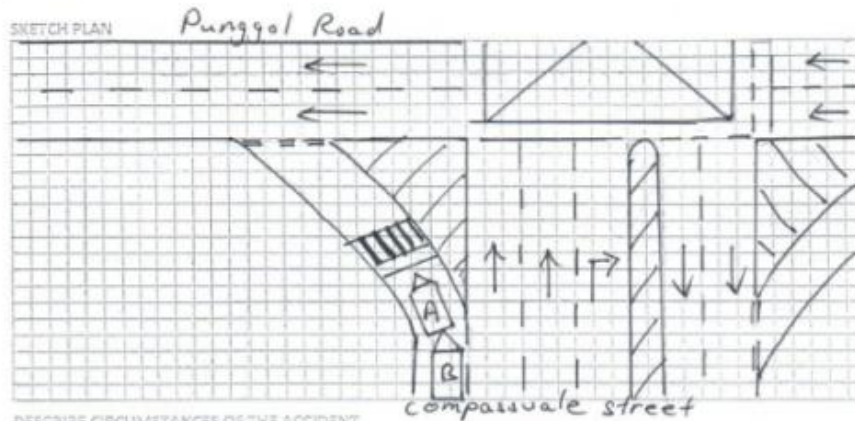
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/are 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 (a) 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/IN No.:

Individual Statement



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/08/2019 at about 1640 hrs at Slip Road from
Compassvale street towards Punggol Road. I was travelling
on the above mentioned slip road and came to a
stop while giving way to the pedestrian to cross the
zebra crossing. Suddenly I felt a great impact from
behind and when I alighted, I realised that it was
Vehicle (B) who hit onto my Rear Portion of my Vehicle (A)
causing damages to my vehicle. I have one passenger
inside my vehicle.

(A) SKV 6487 T

(B) SBS 6225 E

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

DECLARATION

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

Policyholder's Signature
Date & Time:

24/08/2019 17:15

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

Reporting Officer's Signature
Name: *26/08/19*
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

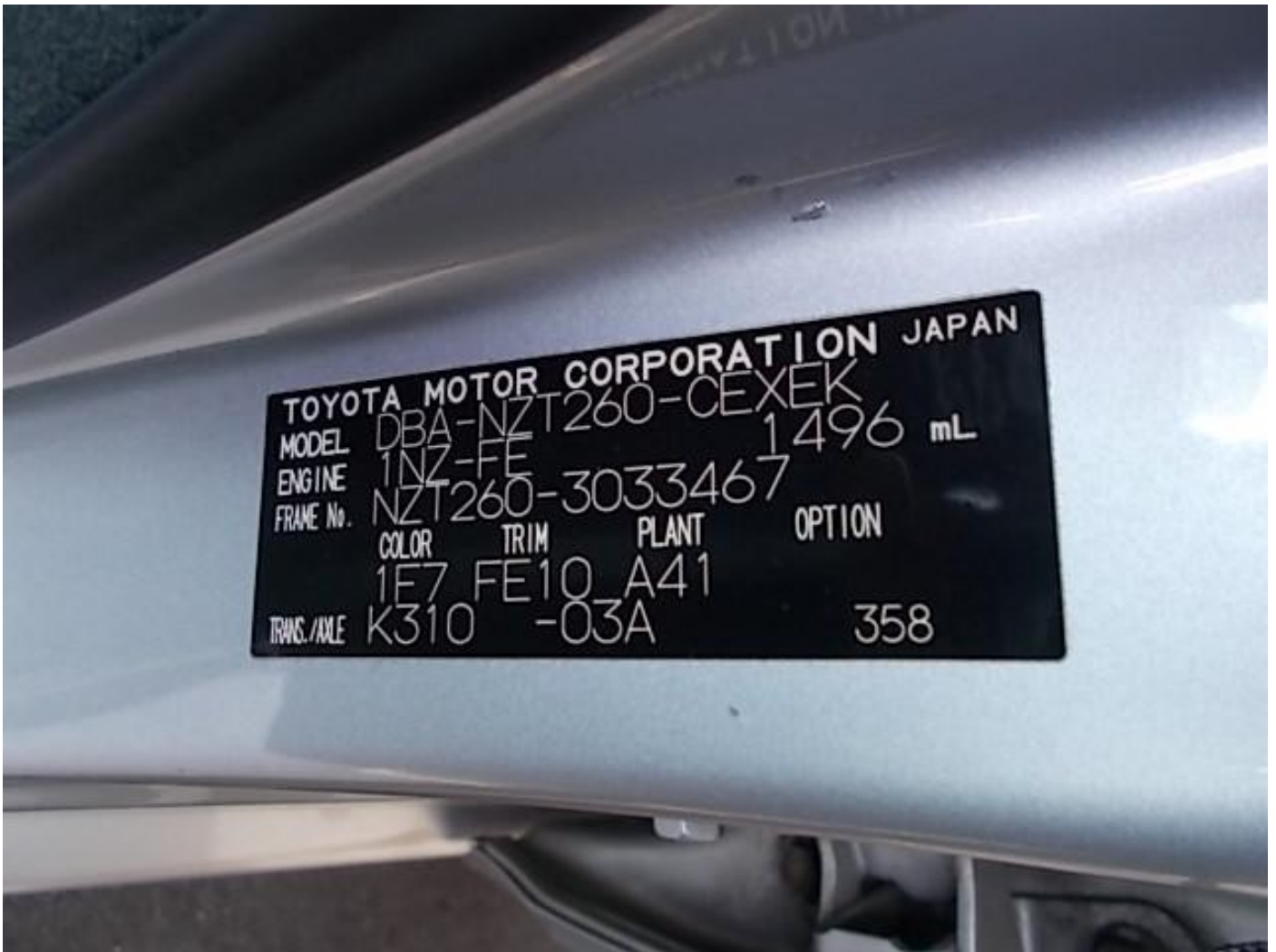


Accident Photo





Accident Photo



Accident Photo



Identification Card

OWNER & DRIVER
SKN04977



Owner's Driver
58072804

REPUBLIC OF SINGAPORE
58072804
For LXX/NAC Use Only
Valid from 18 Feb 2008
Valid until 18 Feb 2010
Barcode
58072804

FOR LXX/NAC USE ONLY
Barcode
58072804

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #13-00 Singapore 048582
Tel (65) 6224 0000 Fax (65) 6224 0000
Operating Hours: Monday to Friday, 0900 - 1700
URL: www.gia.org.sg / GIC Reg. No. 18562012722

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: MNA 119112439 Vehicle Registration No: SKU 64877
Name (as shown on NRIC): CHAI LIP KAI NRIC/FIN/Passport No: S8872388J
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 24/8/19 Time of Accident: 16:40
Place of Accident: SLIP RD FROM COMPASSVALE ST TOWARDS RANBOL RD
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:

I wish to AMEND BELOW MENTION
(Pg 2) & (Pg 3) Passenger - LEE SUAN TING
change to
LEE XUAN TING

Policyholder / Driver's Signature
Date:

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