

29 Aug 2019  
12pmMSME19110013 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 21/08/2019 15:29  
SUBMITTED BY: Chia Pei YingYour NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 21/08/2019 15:44

(sunny)

## 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 21/08/2019 15:29  
 Date Of Accident 19/08/2019 20:05  
 Exact Location Of Accident BKE (TWDS WOODLANDS BEFORE DAIRY FARM EXIT)  
 Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP6531T  
**Insured/Policyholder**  
 Name Of Registered Owner CARMEN HO  
 NRIC No S8271521E  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-98009890  
 Alternative Phone No OFFICE-98009890

## Vehicle Particulars

Manufacturer HONDA  
 Model VEZEL  
 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 COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number PNPV2018-00007060-01  
 Cover Note Number

## Driver

Name of Driver ROBERT LINCOLN HOFFMAN  
 NRIC No S7415707F  
 Date Of Birth 07/05/1974  
 Occupation INDOOR  
 Date Of Driving Pass 15/02/1996  
 Driving Experience 23 YEARS AND 6 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-98009890  
 Fax Number  
 Contact Number  
 Email Address LINCOLN.CARMEN@GMAIL.COM

22/08/2019 10:56

Address	BLK 585 WOODLANDS DRIVE 16 #09-82
Postcode	730585
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	COLLISION - CHANGE/CROSS LANE
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?	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)	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**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS TRAVELLING IN MY VEHICLE A. SUDDENLY, I HEARD A LOUD BANG. WHEN I ALIGHTED FROM MY VEHICLE A, I REALISED IT WAS VEHICLE B THAT HAD COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE A.

**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	SLZ1668M
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 Pg. 1


SKETCH PLANIMPORTANT NOTICE

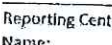
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.

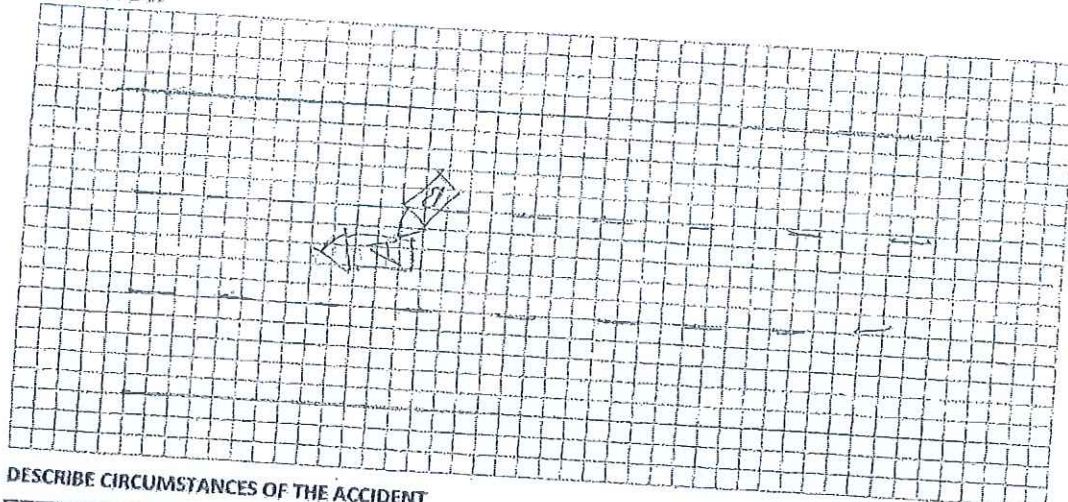
  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the above mentioned date, time and location, I was traveling on my vehicle 'A' suddenly I heard a loud bang. When I alighted from my vehicle 'A' I realised it was vehicle 'B' that had collided onto the rear right portion of my vehicle 'A' causing damages to my vehicle 'A'

Vehicle 'A' - SLP 6531T


Vehicle 'B' - SLZ 1668M

## DECLARATION

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

  
Policyholder's Signature  
Date & Time:

604/004/004/004/004

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

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