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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/09/2019 15:20
Date Of Accident	07/09/2019 08:55
Exact Location Of Accident	JUNC OF POTONG PASIR AVE 1 & UPPER SERANGOON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC2514B
Insured/Policyholder	
Name Of Registered Owner	TEO SHU-WEI FELINA
NRIC No	S7831129J
Email Address	TEOFELINA78@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98456164
Alternative Phone No	OTHERS-98456164
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	130
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	PNPV2019-00010226
Cover Note Number	
Driver	
Name of Driver	TEO HAK CHING

 Name of Driver
 TEO HAK CHING

 NRIC No
 \$1016780I

 Date Of Birth
 01/12/1949

 Occupation
 INDOOR

 Date Of Driving Pass
 26/09/1972

Driving Experience 46 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97808344

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 624 HOUGANG AVE 8

#02-208

Postcode 530624

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
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)

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOGANG N.P.C

Police Station Address ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKB5691G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

LEE AH SENG

NRIC/Passport Number

S2610356H

Contact Number

94766136

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TEO HAK CHING

Approximate Age

Injuries Sustain **SLIGHT** Injured person in which vehicle? SMC2514B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

Accident Sketch Plan

SKETCH PLAN

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- R. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 Fersonal 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)
 - (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
- (b) all insurer(c) 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
- 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) so 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

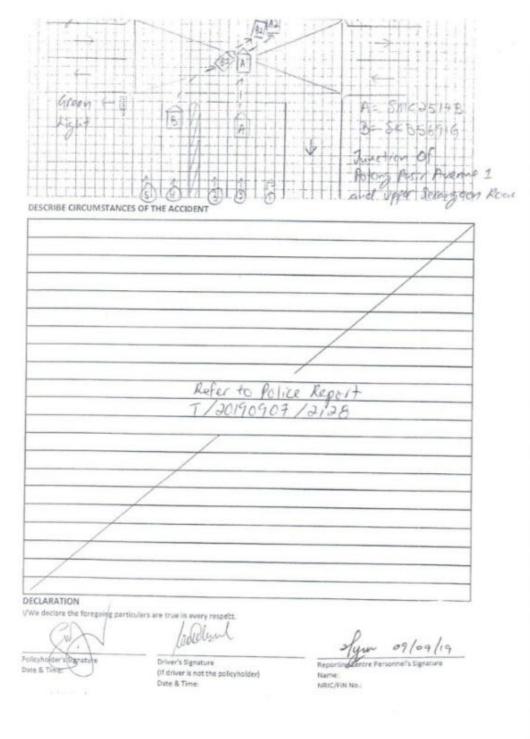
(ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder) Date & Time

NRIC/FIN No.:

Accident Sketch Plan



Individual Statement

