

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	13/09/2019 15:55
Date Of Accident	13/09/2019 08:30
Exact Location Of Accident	NEW UPPER CHANGI RD TOWARDS TAMPINES JUNCTION OF B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3519X
Insured/Policyholder	
Name Of Registered Owner	WONG SHU HUI MELISSA
NRIC No	S8428740G
Email Address	MELTHEGREAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91791412
Alternative Phone No	OTHERS-91791412

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	PNPV2018-00001793-01
Cover Note Number	N.A

Driver

Name of Driver	WONG CHOON NGAN
NRIC No	S2512665C
Date Of Birth	24/12/1951
Occupation	INDOOR
Date Of Driving Pass	29/11/1975
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98386556
Fax Number	
Contact Number	
EMail Address	MELTHEGREAT@GMAIL.COM

Address	NA
Postcode	
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	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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: ON 13/09/2019 AT 8.30AM, MY FATHER (WONG CHOON NGON, S2512665C, TEL: 98386556) WAS DRIVING ALONE IN MY VEHICLE, SLL3519X - GREY, HONDA VEZEL HEADING HOME FROM BLK 57 NEW UPPER CHANGI ROAD, MARKET. AT ALONG NEW UPPER CHANGI ROAD, JUNCTION OF TANAH MERAH KECHIL ROAD TOWARDS TAMPINES DIRECTION, THE TRAFFIC LIGHT WAS RED AND THEREFORE, HE STOP THE VEHICLE. ABOUT 20 SECS LATER, HE FELT A TOTAL OF TWO IMPACTS FROM THE REAR. MY FATHER CAME DOWN AND EXCHANGED NUMBERS WITH THE OTHER DRIVER OF SKG4190R (DARK GREY NISSAN). AT THAT POINT OF TIME, NO ONE WAS INJURED, NO POLICE OR AMBULANCE AT SCENE. THERE ARE IN CAR CAMERAS INSTALLED AT THE FRONT AND REAR OF MY VEHICLE WHICH CAPTURED THE ENTIRE ACCIDENT. FROM THE IN CAR FOOTAGE, THE CAR ROLLED FORWARD SLOWLY AND THEREAFTER, COLLIDED ONTO MY VEHICLE. MY VEHICLE SUSTAINED A DENT AT THE REAR BUMPER AND BOOT. I WISH TO STATE THAT I HAVE CONTACTED THE OTHER DRIVER TO DISCUSSED ABOUT THE DAMAGE COST. HOWEVER, SHE WAS AGGRESSIVE AND MADE MANY ACCUSATIONS AT ME. I AM LODGING THIS REPORT AS I AM CONCERN ABOUT HER REACTIONS.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG4190R
Vehicle Make/Model/Colour	NISSAN / ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR / GREY
Details Of Properties	N.A

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98229215
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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/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.

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN**

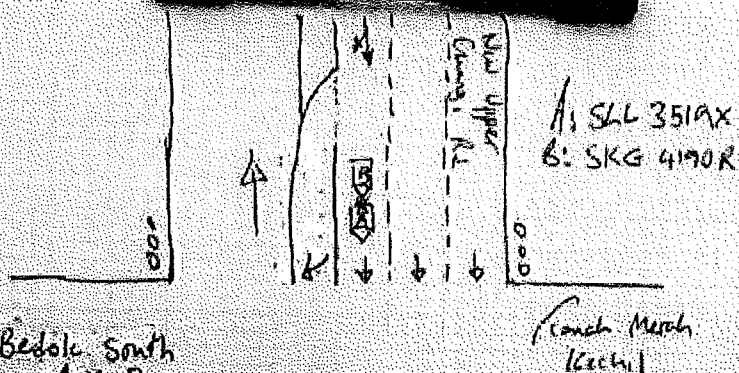
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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VERNEY BY AJAX MARS (ARC)
REPORTING OFFICER
ALZUMBULATAN