

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	24/09/2019 14:33
Date Of Accident	23/09/2019 08:05
Exact Location Of Accident	BKE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6160U
Insured/Policyholder	
Name Of Registered Owner	ONG HOCK SENG
NRIC No	S1612842B
Email Address	FLYOHS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93871000
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	OPEL
Model	ASTRA ST 1.0AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PNPV2018-00010748
Cover Note Number	

Driver

Name of Driver	ONG HOCK SENG
NRIC No	S1612842B
Date Of Birth	30/01/1963
Occupation	INDOOR
Date Of Driving Pass	14/12/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93871000
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	FLYOHS@YAHOO.COM

Address	17A WOODLANDS AVENUE 6 #11-23
Postcode	738998
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?	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)	3
Passenger 1	NAME: : MR MUHAMIN GENDER: : MALE
Passenger 2	NAME: : MRS MUHAMIN 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

REFER TO SKETCH PLAN

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	SLN2077A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO KIM POH
NRIC/Passport Number	S8305153A
Contact Number	90613520
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : UNKNOWN

GENDER: :

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE


VEHICLE NO: SLR 61604
ACCIDENT DATE: 23/9/2019

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

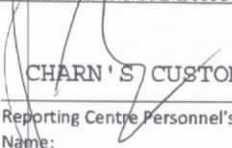
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.


Policyholder's Signature
Date & Time:

24/09/19
1025 hrs

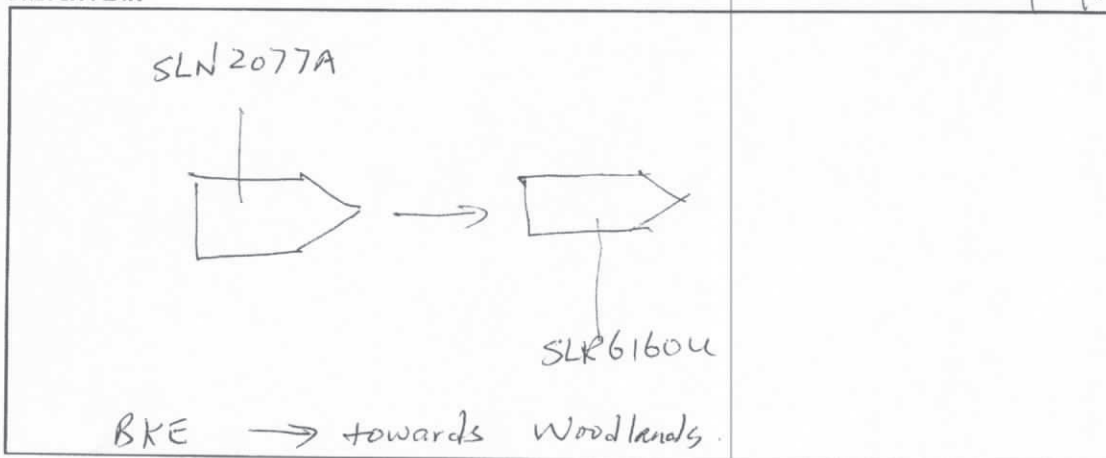
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SLR 6160u

23/9/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Along BKE towards Woodlands~~

Was driving along BKE towards Woodlands.
Hit by the car behind when slow down.

OWN DAMAGE (☒) 3RD PARTY CLAIM () REPORTING ONLY (☒) OWN WORKSHOP ()

DECLARATION

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

Policyholder's Signature

Date & Time:

24/09/19

1025hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT


Reporting Centre Personnel's Signature


Name:

NRIC/FIN No.:

Identification Card Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1612842B




Name
ONG HOCK SENG
王 福 成
Race
CHINESE
Date of birth
30-01-1963
Country/Place of birth
SINGAPORE

Sex
M

S1612842B


REPUBLIC OF SINGAPORE DRIVING LICENCE




30 Jan 1963
15 Feb 2018

990306006A

6035406



NRIC No. S1612842B



Date of issue
01-10-2018

Address
17A WOODLANDS AVENUE 6
#11-23
SINGAPORE 738998

CLASS 3 Motor Cars and Motor Tractors the weight of which whether does not exceed 2500 kilograms

14 Dec 1993

NP 400A

License No. S1612842B

SLR 61604
23/9/19
8.05pm.

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : MCCC 19126472 Vehicle Registration No: SLR 6160U
Name(as shown in NRIC) : Ong Hock Seng NRIC/FIN/Passport No : S1612842B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 17A Woodlands Avenue 6 #11-23 Singapore (738798)
Contact (Tel) : - Mobile No. : 93871000
Email Address : thphs@yahoo.com
Date of Accident : 23/09/2019 Time of Accident : 08:05
Place of Accident : BKE towards Woodlands
Insurance Company: FWD Singapore Pte Ltd

(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:

Amend to Third Party Claim

[Signature]
Policyholder / Driver's Signature
Date: 25/09/19

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

