

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	04/11/2019 11:13
Date Of Accident	02/11/2019 15:00
Exact Location Of Accident	PIE (TUAS) BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5334L
Insured/Policyholder	
Name Of Registered Owner	HOR YONG FEI
NRIC No	S8066656Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91138977
Alternative Phone No	OFFICE-91138977

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SP
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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00004758
Cover Note Number	

Driver

Name of Driver	HOR YONG FEI@DUSTY
NRIC No	S8066656Z
Date Of Birth	01/01/1980
Occupation	INDOOR
Date Of Driving Pass	30/01/2010
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91138977
Fax Number	
Contact Number	OFFICE-91138977
EMail Address	NOEMAIL

Address	43B LORONG STANGEE
Postcode	425034
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	CHAIN COLLISION
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	4
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SMA8407Z
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM8132P
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Vehicle Make/Model/Colour
Details Of Properties
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJT494J
Vehicle Make/Model/Colour
Details Of Properties
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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Fill in this form correctly, the data will then be used to prepare the Accident Report.
2. This form will be completed by the Policyholder and/or the Authorized driver.
3. Information on this form must be as truthful and accurate as possible. Any attempt to conceal facts or to mislead the insurer may result in the insurer's refusal to pay any claim. Insurable Interest
4. The above information is for the use of the insurer's claims department and is not to be used for any other purpose. It is the duty of the insured to provide accurate information.
5. Any false reporting may be referred to the Police for investigation.
6. The report may be forwarded by the insurers of the car to the Management Centre of the General Insurance Association of Singapore (GIA) for processing and that request of the report will for a fee be made available to any interested party.
7. In the event of a claim, the insurer may request to the insured to provide a copy of this report of the accident and to provide any other information made available to the insurer.
8. **Consent under the Personal Data Protection Act (PDPA)**
I, the undersigned, do hereby agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may use, process, store, disseminate and/or disclose 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 disseminate and transfer such Personal Information to all insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles 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 (with as the power for the purpose) of
 - (b) processing, handling and/or dealing with my claims including the settlement of the claims and any relevant investigation relating to the claims.
 - (c) investigating the accident and/or my claims.
 - (d) contacting out and/or dealing with my instructions or responding to any enquiries by me.
 - (e) administering my claims including the making of correspondence, statements, invoices, reports, or notices to me, which may involve disclosure of certain personal data about me to bring about delivery of the claim as well as on the external cover of envelopes/mail packages, and/or
 - (f) complying with applicable law in administering, processing, handling and/or dealing with my claims (all the above purposes).
9. All insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms may use personal data to collect, store, disseminate and/or process my Personal Information for one or more of the above purposes, and
10. my Personal Information may also 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 situated outside of Singapore, for one or more of the above purposes.
11. 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.
12. The information so collected under (b) above may be stored / disclosed
13. 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
14. for complying with requirements under any regulations, www.dca.org.sg

Policyholder's Signature
Date & Time

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

Reporting Center Person's Signature
Name
NRQ/Ref No

Accident Sketch Plan

SKETCH PLAN

1st Toyota Camry 4th Lane

A 1st Lane
C 2nd Lane
D 3rd Lane
E 4th Lane



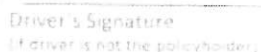
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the 2nd lane. I was not able to stop the vehicle on time when the vehicles in front suddenly stopped on the road and I rear ended into the back of a red car SMA8407Z

DECLARATION

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


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.