

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	26/11/2019 17:57
Date Of Accident	26/11/2019 01:05
Exact Location Of Accident	AIRPORT BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8997S
Insured/Policyholder	
Name Of Registered Owner	CHIA HAI POH
NRIC No	S1794902J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97596506
Alternative Phone No	OFFICE-97596506

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200K
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2018-00016704
Cover Note Number	

Driver

Name of Driver	SAMUEL CHIA WEI HAN
NRIC No	S9838393Z
Date Of Birth	25/10/1998
Occupation	INDOOR
Date Of Driving Pass	01/08/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92362269
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 837 HOUGANG CENTRAL #06-525
Postcode	530837
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	3
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

I WAS DRIVING ON 26/11/2019 AT 1.05AM ALONG AIRPORT BLVD ROAD TOWARDS CHANGI AIRPORT ON LANE 3. SUDDENLY, CAR B (PC7285T) HIT ME FROM THE BACK. MY REAR BONNET, MY BUMPER AND MY FRONT LEFT SIDE HEADLAMP DAMAGE AS A RESULT FROM THE ACCIDENT. WHEN CAR B HIT ME FROM THE BACK, DUE TO THE IMPACT THE CAR SWERVE TO THE RIGHT WHICH I HIT CAR C (SLD3294K) RESULTING MY LEFT HEADLAMP DAMAGED.

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	PC7285T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMAD FAHRAZI BIN AMIR
NRIC/Passport Number	
Contact Number	96774238
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD3294K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
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

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.

Policyholder's Signature
Date & Time:

26/11/2019

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

26/11/19

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

Focus Auto

SKETCH PLAN



A-SG8997S
B-PC7285I
C-SLD3294K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on 26/11/19 @ 1.05 am along Airport Boulevard on lane 3 Road towards Changi Airport. Suddenly car B (PC7285I) hit me from the back. My ^{rear} bonnet, my bumper and my ^{front} left side headlamp damage result of ~~the~~ from the accident. When Car B hit me from the back due to the impact the car swirl to the right which I hit car C (SLD3294K) result my left headlamp damage.


DECLARATION

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


Policyholder's Signature

Date & Time:

26/11/2019


Driver's Signature
(If driver is not the policyholder)

Date & Time:

26/11/19

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9838393Z**

Name: **SAMUEL CHIA WEI HAN**

Birth Date: **25 Oct 1998**

Issue Date: **01 Aug 2018**

002830320F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9838393Z**

Name: **SAMUEL CHIA WEI HAN**

謝 瑞 翰

Race: **CHINESE**

Date of birth: **25-10-1998**

Sex: **M**

Country/Place of birth: **SINGAPORE**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	01 Aug 2018

NP 428A

Licence No: S9838393Z



5410545

Barcode

NRIC No: **S9838393Z**

Date of issue: **26-12-2014**

Address: **APT BLK 837 HOUGANG CENTRAL #06-525 SINGAPORE 530837**





YOUR THIRD PARTY, FIRE & THEFT CAR INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.
All accidents must be reported within 24 hours or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2018-00016704

About this policy

Premium paid : S\$413.14 **Coverage start date** : 17/12/2018
(Inclusive of GST) **Coverage end date** : 16/12/2019
Who is insured to drive: : You and any Authorised Driver
Policy Type : THIRD PARTY, FIRE, THEFT

About you (As the policyholder)

Your name : Chia Hai Poh
Address : 837 Hougang Central 06-525 Singapore 530837
Email : 837chia@gmail.com
NRIC/FIN : S1794902J **Date of birth** : 29/07/1967
Marital status : Married **Gender** : Male
Current no claims discount : 50% **Mobile Number** : 97596506
Years of driving experience : Three or more **Certificate of merit** : Yes

About your car

Car make and model : MERCEDES BENZ E200K
Year of first registration : 2008
Car plate number : SLG8997S
Issued on: : 13/12/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at +65-6820-8888
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

