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 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.

ACCIDENT STATEMENT	
Date Of Report	06/12/2019 17:53
Date Of Accident	06/12/2019 08:15
Exact Location Of Accident	TPE/ SLE HEADING TOWARDS ANG MO KIO LAMP POST 566
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDL139Z
Insured/Policyholder	
Name Of Registered Owner	KHOO MIA SONG
NRIC No	S6834603G
Email Address	KHOO_ANDY@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96684263
Alternative Phone No	OTHERS-96684263
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER G GRADE
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
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001294
Cover Note Number	N.A
Driver	
Name of Driver	KHOO MIA SONG
NRIC No	S6834603G
Date Of Birth	09/09/1968
Occupation	INDOOR
Date Of Driving Pass	19/04/1986
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96684263
Fax Number	
Contact Number	OTHERS-96684263
EMail Address	KHOO_ANDY@YAHOO.COM

Address	NA
Postcode	
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

I was driving moderately on the most right lane of the expressway when suddenly the vehicle ahead of me jammed brake. I tried to jammed my brake too but it was too sudden. Unfortunately I hit the rear of the vehicle ahead of me. Later I realised that I am involved in a 4 vehicles chain collision. No injury involved. All 5 Drivers exchange mobile numbers.

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	SHA1666Y
Vehicle Make/Model/Colour	TOYOTA / PRIUS HYBRID 1.8 CVT / BLUE
Details Of Properties	N.A
Vehicle Category	TAXI
Name of Driver	TENG
NRIC/Passport Number	
Contact Number	90609178
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL8136J
Vehicle Make/Model/Colour	MAZDA / 3 4-DOOR SEDAN 1.5L SP.6EAT / BLUE
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	ADELINE
NRIC/Passport Number	
Contact Number	98779358
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJV6128S
Vehicle Make/Model/Colour	BMW / 216I GT LED NAV / BLACK
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	TRINA
NRIC/Passport Number	
Contact Number	91286960
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

SDL0139Z

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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
MOHAMMAD AZALY BIN ABDULLAH

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
6/12/19, 1:36 PM	Date & Time:	NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A - SDL 139 Z

B - SHA 1666 Y

C - SLL 8136 J

D - SJV 6128 S

E - SJN 825 U (NO CONTACT).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature
Date & Time: 6/12/19.

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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

2

ACCIDENT STATEMENT (2000 characters)

I was driving moderately on the most right lane of the expressway when suddenly the vehicle ahead of me jammed brake. I tried to jammed my brake too but it was too sudden. Unfortunately I hit the rear of the vehicle ahead of me. Later I realised that I am involved in a 4 vehicles chain collision. No injury involved. All 5 Drivers exchange mobile numbers.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMMAD AZALY BIN ABDULLAH

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

6 December 2019 at 1:35 PM

Date/Time:

6 December 2019 at 1:35 PM

Sketch Plan #4

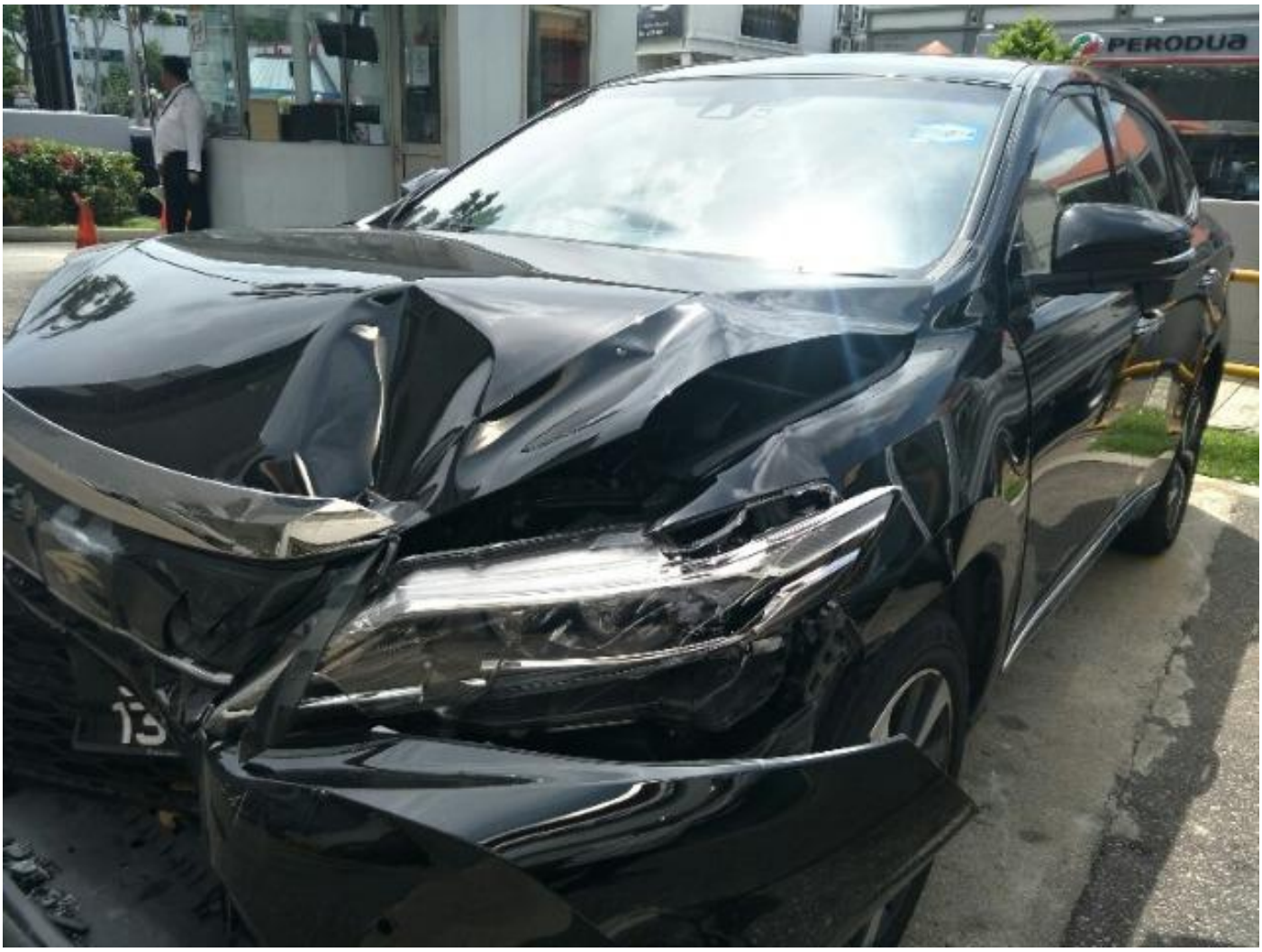
MAP


8:52
4G
Search here
28°
MUSLIM FOOD
Sengkang
Riverside Park
Seletar Link
KANG
TPE
Punggol Way
10
9
10
vale Mall
PUNGGOL
Google
Explore nearby
Explore
Commute
For you

Accident Photo

Accident Photo

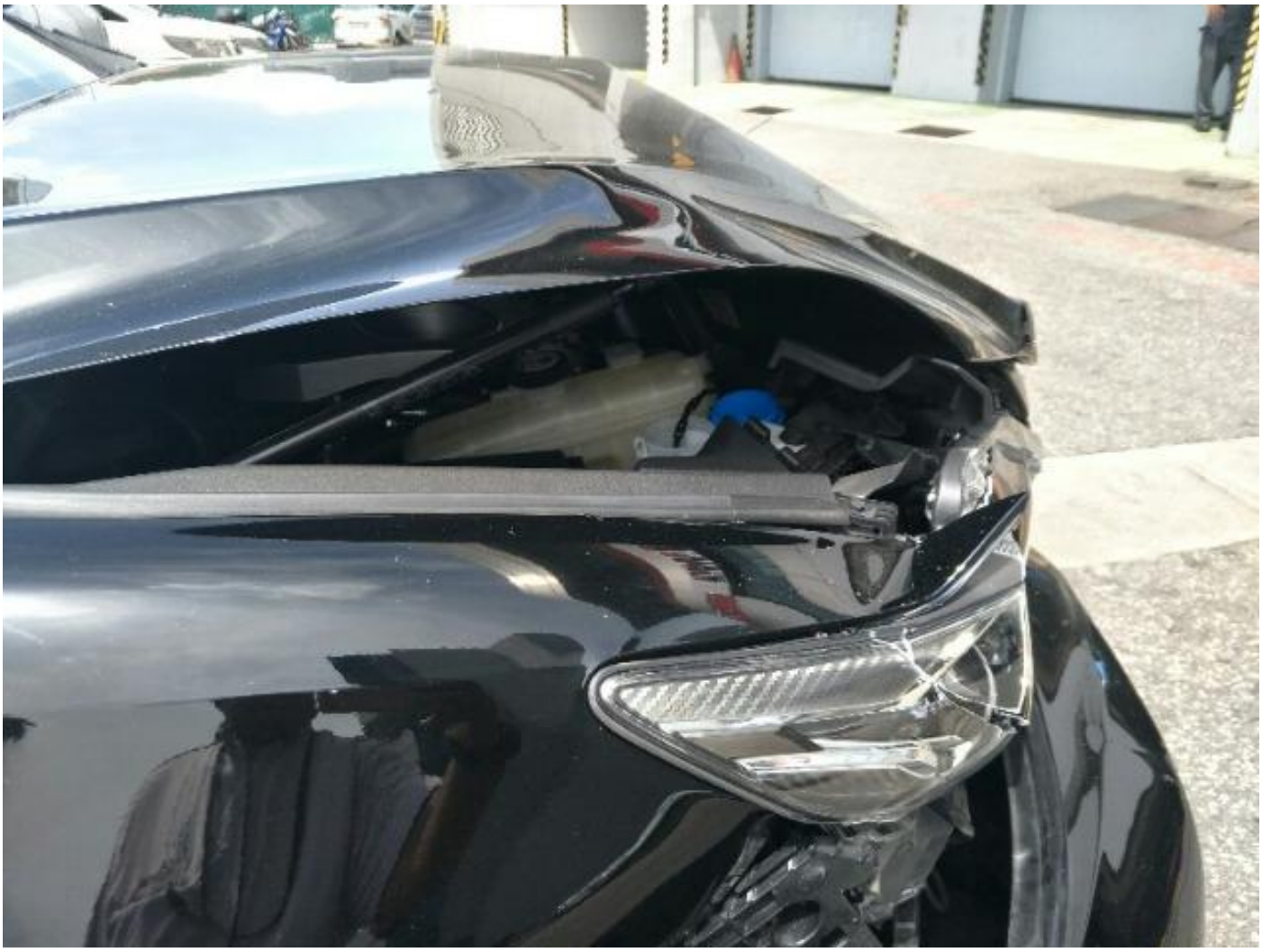
Accident Photo



Accident Photo

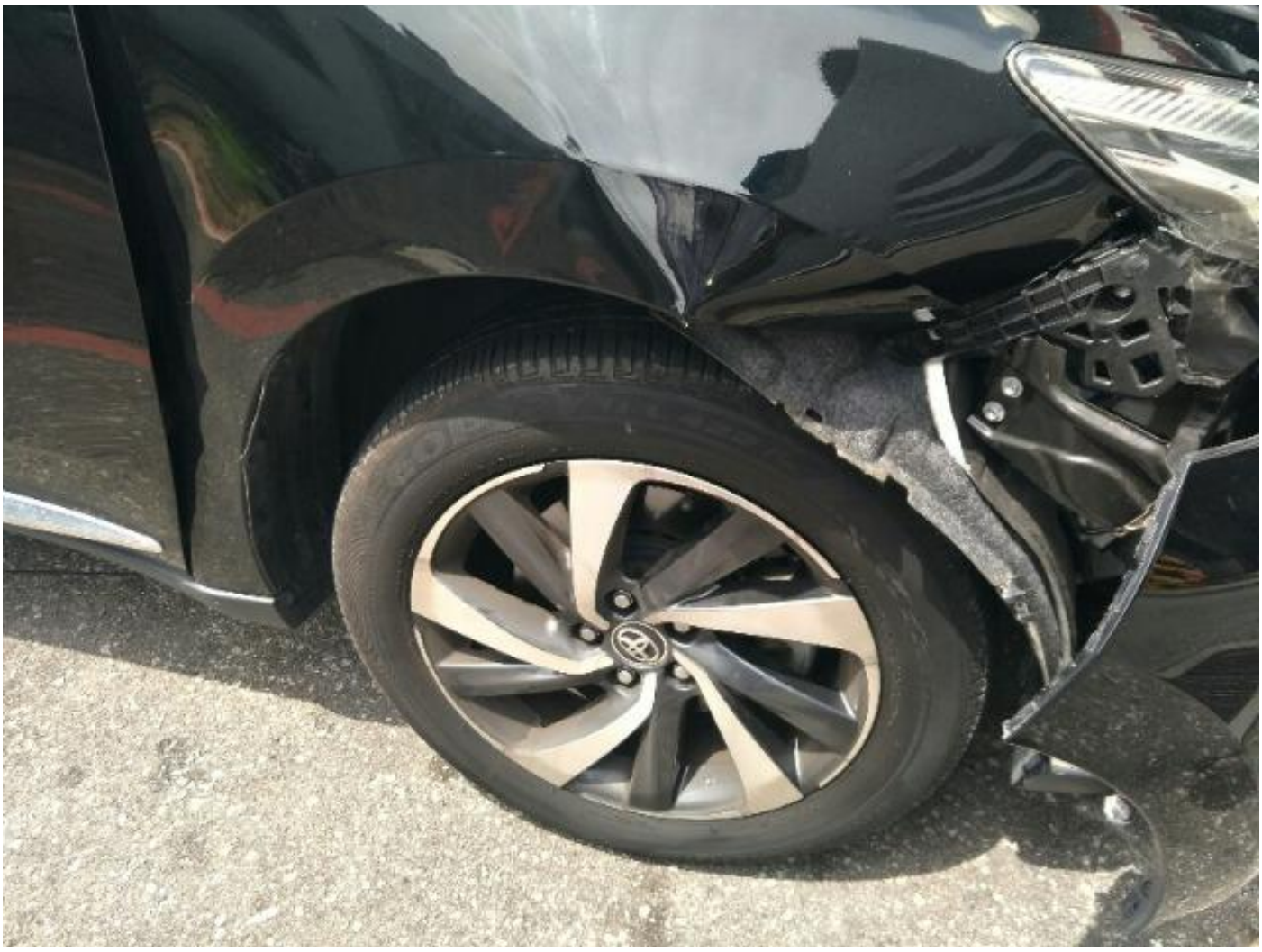
Accident Photo

Accident Photo



Accident Photo

Accident Photo



Accident Photo

Accident Photo

Identification Card

Driving License