#### 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 <u>truthful and accurate</u> 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.

The lodgement of this report to the insurers, you hereby consideresaid.	allable upon application by interested parties. sent to the archiving of this report at the centre and to copies of the report being made available					
	ACCIDENT STATEMENT					
Date Of Report	29/11/2019 11:15					
Date Of Accident	28/11/2019 17:00					
Exact Location Of Accident	THE FLORAVALE BASEMENT CARPARK					
Country/State of Loss	SINGAPORE					
	DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SLU9814G					
Insured/Policyholder						
Name Of Registered Owner	LIYAN					
NRIC No	S8983339F					
Email Address	MUZINVKAI@YAHOO.COM					
Mobile Phone No	(LOCAL) +65-90739258					
Alternative Phone No	OTHERS-90739258					
Vehicle Particulars						
Manufacturer	MAZDA					
Model	3-1.5 SEDAN (A)					
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?	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	PNPV-2018-00016544					
Cover Note Number	N.A.					
Driver						
Name of Driver	LI YAN					
NRIC No	S8983339F					
Date Of Birth	23/11/1989					

Date Of Birth **INDOOR** Occupation **Date Of Driving Pass** 07/02/2014

**Driving Experience** 5 YEARS AND 9 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-90739258

Fax Number

OTHERS-90739258 **Contact Number** 

**EMail Address** MUZINVKAI@YAHOO.COM Address NIL

Postcode NIL

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 COLLIDED INTO PARKED VEHICLE

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.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

I was adjusting my car into the lot along The Floravale basement Carpark. When I was parked inside the lot, suddenly van GBH8376Y came from my right and hit onto my car front left side position. Damages of my car front left side position. No injuries were involved.

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 GBH8376Y

Vehicle Make/Model/Colour TOYOTA / HIACE VAN TURBO 5DR MT

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of DriverSUN BONRIC/Passport NumberG3498633PContact Number9756 9802

Address NIL

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Sketch Plan**

#### SKETCH PLAN

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- 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.
- The 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.
- 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:
  - 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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
VOO CHEON YEE

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

A: SLU9814G B: GB48376Y DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	Along the Flowale Basement Corpork.
REFER TO ATTACHED STATE	MENT.	
*		
DECLARATION  //We deciare the foregoing partic	culars are true in every respect.	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER VOO CHEON YEE
Nhow		VOO CHEON TEE

# **ACCIDENT STATEMENT (2000 characters)**

parked inside the lot, suddenly van GBH	The Floravale basement Carpark. When I was 8376Y came from my right and hit onto my car ar front left side position. No injuries were
Taxi Voucher No.:	
DECLARATION	
We declare that the above particulars & information provide	ed above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - JOHNNY VOO CHEON YEE	•
	MEM
MARS Officer	
	Registered Owner or Driver's Signature
lob Complete Date/Time	Date/Time:
29 November 2019 at 10:26 AM	29 November 2019 at 10:26 AM

















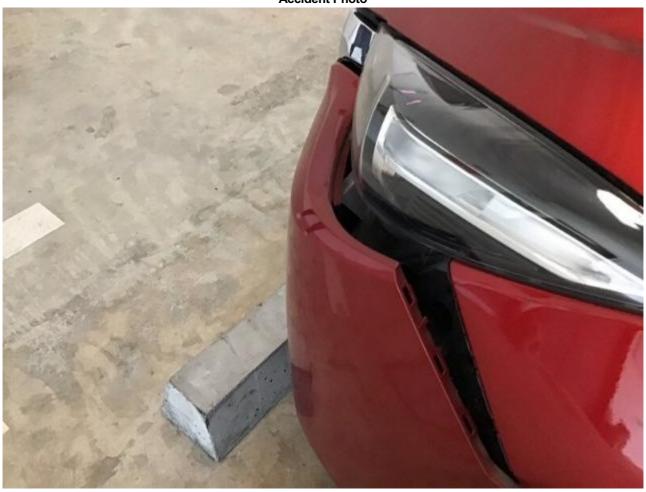




















PICS BY INSURED

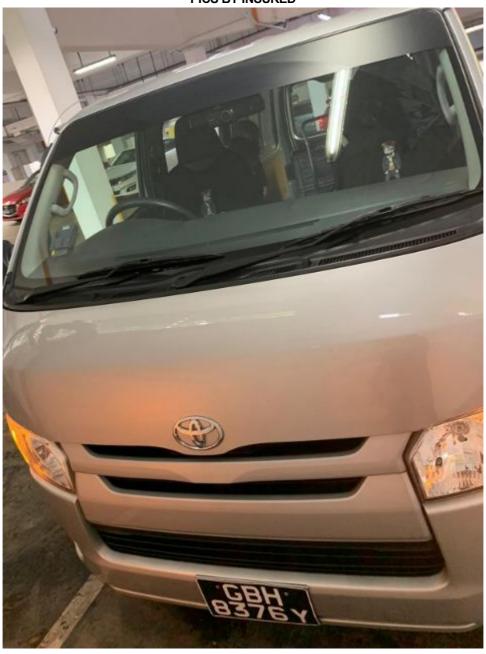


PICS BY INSURED













**Addendum Sheet** 



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00

UEN: 5665500206 / 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.

		ADD	DENDUM	
1)	PARTICULARS OF PE	RSONMAKINGTHEAMEND	MENTS:	
	Original Report No	MBHH19157478	Vehicle Registration No:	SLU9814G
	Name(as shown in NRIC) :		NRIC/FIN/PassportNo :	
	(*Vehicle Driver/Ve	hicle Owner) (*) Please dele		
	Address :			Singapore( )
	Contact (Tel) :		Mobile No.: 90739258	
	Email Address :	MUZINVKAI@YAHOO.C	OM	
	Date of Accident :	28/11/2019	Time of Accident : 1700	hrs
	Place of Accident :	THE FLORAVALE BASE	MENT CARPARK	
	Insurance Company:	FWD SINGAPORE PT	E. LTD.	
	was	m		
		/		

2 Dec 1019

NRIC/FINNo .:

Date: