

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	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	LI YAN
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
Occupation	INDOOR
Date Of Driving Pass	07/02/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90739258
Fax Number	
Contact Number	OTHERS-90739258
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?	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 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 Driver	SUN BO
NRIC/Passport Number	G3498633P
Contact Number	9756 9802
Address	NIL
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

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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.

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

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.:

Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

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.

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 -
JOHNNY VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

29 November 2019 at 10:26 AM

Date/Time:

29 November 2019 at 10:26 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8983339F**



 Name: **LI YAN**
李 妍
Race: **CHINESE**
Date of birth: **23-11-1989** Sex: **F**
 Country/Place of birth: **CHINA**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8983339F**
Name: **LI YAN**
Birth Date: **23 Nov 1989**
Issue Date: **19 Jun 2018**



 002814501B

Driving License

9449194



NRIC No. **S8983339F**

Nationality
CHINESE

Date of issue
22-06-2017

Address
**APT BLK 652B JURONG WEST STREET 61
#14-400
SINGAPORE 642652**

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

EFFECTIVE DATE 07 Feb 2014

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

NP 428A

Licence No: S8983339F



PICS BY INSURED



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PICS BY INSURED



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
U-MARKET PLACE ENTERPRISE PTE. LTD.



Name
SUN BO

Work Permit No.
0 7797928-

Sector:
MANUFACTURING



K1895328

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **G 3 4 9 8 6 3 3 P**

Name:
SUN BO

Birth Date: **16 Mar 1988**

Issue Date: **31 Jan 2019**

Valid Till **30/01/2024**



002898250A

PICS BY INSURED



Addendum Sheet



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 : MBHH19157478 Vehicle Registration No: SLU9814G

Name(as shown in NRIC) : LI YAN NRIC/FIN/Passport No : S8983339F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : Mobile No. : 90739258

Email Address : MUZINVKAI@YAHOO.COM

Date of Accident : 28/11/2019 Time of Accident : 1700hrs

Place of Accident : THE FLORAVALE BASEMENT CARPARK

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:

To amend from third party claim to own damage claim.

Policyholder / Driver's Signature

Date: 2 Dec 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: