

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	16/12/2019 16:05
Date Of Accident	14/12/2019 13:20
Exact Location Of Accident	X-JUNCTION OF ANG MO KIO AVENUE 1/BISHAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ94S
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Insured/Policyholder

Name Of Registered Owner	TEY YI LOONG, NICHOLAS
NRIC No	S8736643Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94244548
Alternative Phone No	OTHERS-94244548

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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?	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00001482
Cover Note Number	

Driver

Name of Driver	TEY YI LOONG, NICHOLAS
NRIC No	S8736643Z
Date Of Birth	15/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2007
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94244548
Fax Number	
Contact Number	OTHERS-94244548
Email Address	NOEMAIL

Address	BLK 120 MCNAIR ROAD #15-85
Postcode	320120
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	COLLISION - HEAD TO REAR
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?	YES
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

PLEASE REFER TO SKETCH AND 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	SKB934P
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 INJURED PERSON 1

Name	TEY YI LOONG, NICHOLAS
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SDQ94S

YES

NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please read carefully the following terms and conditions of the agreement.
2. The report will be submitted by the Participant under the Authorized Power.
3. Participants should provide as truthful and accurate as possible information and make no attempt to conceal or mislead the Police and/or the Insurance Company in any way.
4. The report will be submitted by the Participant under the Authorized Power and the report will be submitted to the Police and/or the Insurance Company.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Participant to the Police and/or the Insurance Company and the report will be submitted to the Police and/or the Insurance Company.
7. As the Participant of the report, the Participant should be aware that the report will be submitted to the Police and/or the Insurance Company.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent to:

- (a) My insurer, my workplace and the relevant insurance corporation of Singapore ("IGA") may be permitted to collect, use, disclose and/or process my personal data (including information set out in this form) and any other personal information provided by me or possessed by my insurer to collect, use, disclose and/or transfer with the relevant information to all insurers and relevant entities involved in this accident (all insureds who have insured vehicles) involved in this accident shall be collectively referred to as the "Insurers", the Insurers, Insurance firms, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police) for the purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claim, claims handling, investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my claims for or regarding a vehicle owned by me;
 - (iv) administering my claims including the making of correspondence, statements, disputes, inquiries, claims to me, which could involve disclosure of certain personal data about me (such as about delivery of the claim as well as the internal notes of correspondence/packages), and/or;
 - (v) complying with applicable laws, rules, regulations, standards, handling and/or dealing with my claims collectively the "Purposes".
- (b) all insurers and relevant entities involved in this accident and the Insurers, Insurance firms, may be permitted to collect, use, disclose and/or process my Personal Information for use or disclosure about Singapore; and
- (c) my Personal Information may be processed by my insurer and/or IGA to their third party service providers for administering their relevant claims, which may be used outside of Singapore, for one or more of the above purposes;
- (d) my Personal Information will also be collected and used to collect or claims history for the purpose of fraud detection, investigation and management, prevention and to focus claims;
- (e) my information will be made available to all relevant parties involved in this accident;
 - (i) to all insurers and/or other third parties that are involved in this accident, including, but not limited to, my insurer, my workplace, my insurer, my workplace and/or other third parties; and
 - (ii) to all relevant parties involved in this accident, including, but not limited to, my insurer, my workplace and/or other third parties.

Participant Signature
Date

Participant Signature
Date

Participant Signature
Date

Sketch Plan #2

Sketch Plan
SKETCH PLAN



A = 50/14 =

B = 2K5 11-4-P

Cross Junction of
Ang Mo Kio Avenue 1
and Bishan Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to sketch

DECLARATION

I hereby declare that the information provided is true and correct.

Signature of Driver

Signature of Witness

as 16/11/2019
Rohit Kumar

Sketch Plan #3

On 14.12.19 at about 13:20 hours at Cross Junction of Ang Mo Kio Avenue 1 and Bishan Road. I was travelling straight on lane 3 (along Ang Mo Kio Avenue 1 towards Upper Thomson Road) and the traffic was heavy, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised vehicle (B) collided onto rear portion of my vehicle (A).

Vehicle (A): SDQ 94S

Vehicle (B): SKB 934P

W/16/12/2019