#### 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.
- 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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	19/12/2019 17:09		
Date Of Accident	19/12/2019 14:00		
Exact Location Of Accident	AYE (NEAR TO EXIT 3 LOWER DELTA RD)		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SMC9191C		
Insured/Policyholder			
Name Of Registered Owner	WONG CHUN HOONG PHILIP		
NRIC No	S7020986A		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-90908112		
Alternative Phone No	OTHERS-90908112		
Vehicle Particulars			
Manufacturer	MITSUBISHI		
Model	ECLIPSE CROSS-1.5 (A)		
Exact Purpose for which vehicle was being used at time of accident	PERSONAL		
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	PNPV2019-00011794		
Cover Note Number			

#### **Driver**

Name of Driver CHUAH SOCK NEE

 NRIC No
 \$7370854J

 Date Of Birth
 02/07/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 14/01/2008

Driving Experience 11 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90908112

Fax Number
Contact Number

EMail Address IRENECSN73@YAHOO.COM

Address BLK 1E CANTONMENT ROAD #07-59

Postcode 08550

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

2

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?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

**Circumstances of Accident** 

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

YES NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SDM6336B

Vehicle Make/Model/Colour HONDA/HRV/WHITE

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver DORIS HOO

NRIC/Passport Number

Contact Number 90229750

Address

Postcode

Insurance Company Name EQ INSURANCE COMPANY LTD

Nature Of Damage

No. Of Passenger (Including Driver)

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#### Sketch Plan

#### SKETCH PLAN

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

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

#### Sketch Plan #2

KETCH PLAN		
(A)	TB 1	Ai suc 919/C B: 50m 6336B
ESCRIBE CIRCUMSTANCES  Z way dr	TO THE COMPANY OF THE PARTY OF	one By towards City
The pront	veticle sudded	ing ByE towards City. by brake & I managed hale B hit on to my. violeo footage attached
to brace is	. fine. But vo	hale B hit on to my.
car near	portion. I have	video footage attached
		<u> </u>
ECLARATION We declare the foregoing part	ciculars are true in every respect.	e le
licyholder's Signature Ite & Time:	Driver's Signature (If driver is not the policyholde	Reporting Centre Personnel's Signature  Per)  Name:

Date & Time:

NRIC/FIN No.:







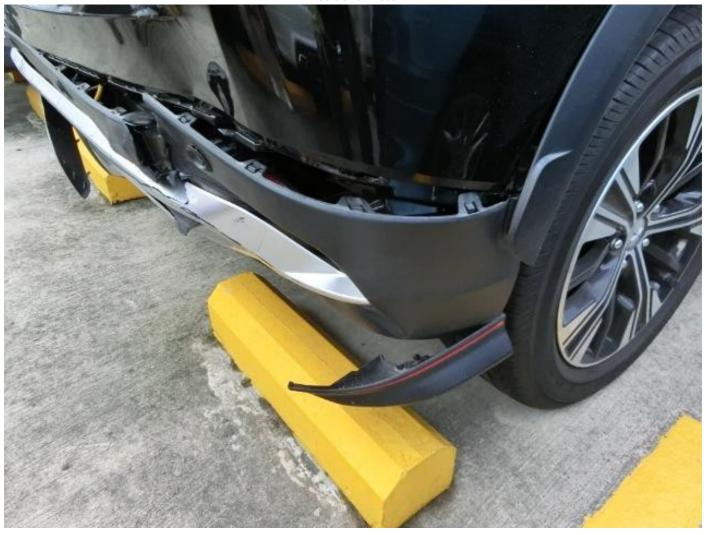


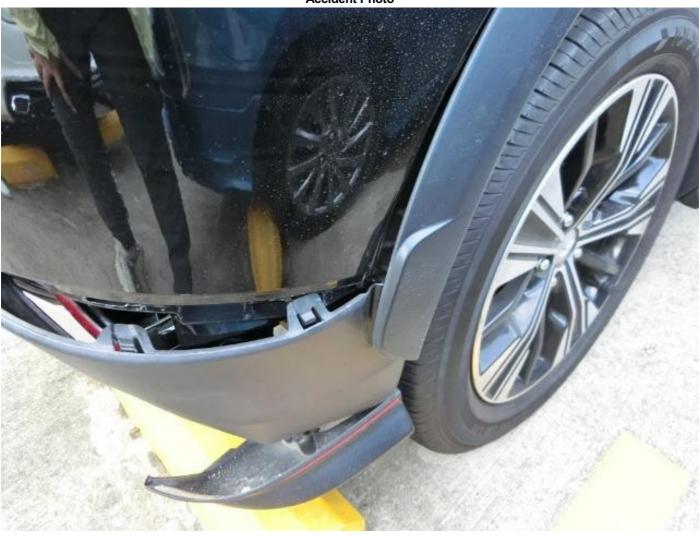


**Driving License** 



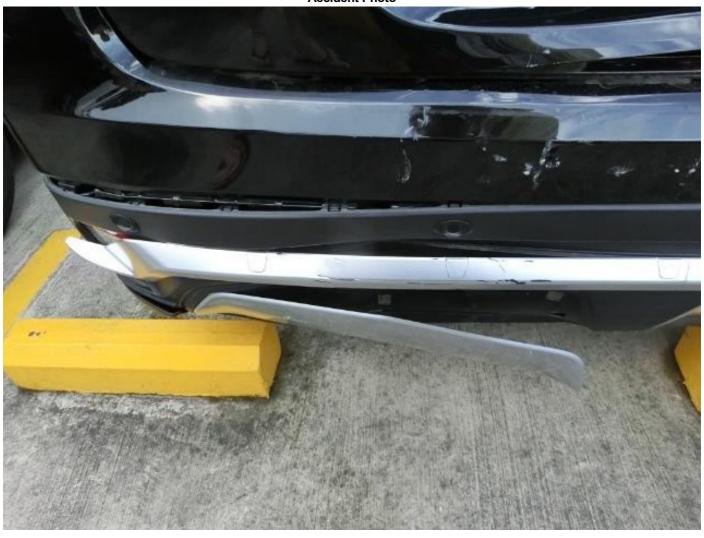








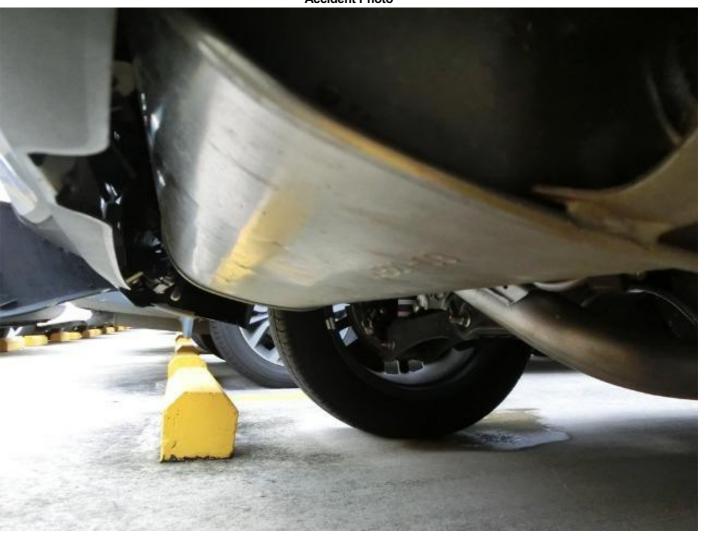
















#### **Identification Card**



