

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	06/01/2020 19:45
Date Of Accident	05/01/2020 12:45
Exact Location Of Accident	WHITLEY RD BEFORE MERRY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG2953X
Insured/Policyholder	
Name Of Registered Owner	GOH HOCK CHIONG
NRIC No	SXXXX276Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92969983
Alternative Phone No	OFFICE-92969983

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 7-SEATER 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001675
Cover Note Number	

Driver

Name of Driver	GOH HOCK CHIONG
NRIC No	SXXXX276Z
Date Of Birth	25/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1972
Driving Experience	47 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92969983
Fax Number	
Contact Number	OFFICE-92969983
EEmail Address	NOEMAIL

Address	BLK 427 BUKIT PANJANG RING ROAD #17-699
Postcode	670427
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)	6
Passenger 1	NAME: : TAN YONG LIN GENDER: : FEMALE
Passenger 2	NAME: : GOH XIN YI GENDER: : FEMALE
Passenger 3	NAME: : WONG YOKE LAN GENDER: : FEMALE
Passenger 4	NAME: : GOH VICK TER GENDER: : MALE
Passenger 5	NAME: : GOH JUN XU GENDER: : MALE

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

REFER TO 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	SJK6534K
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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

GOH HOCK CHIONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMG2953X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (x) 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 (including the "Purposes")
- (y) all Insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for any or more of the above Purposes and:
- (i) my Personal Information may, from time to time, be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including third party law firms) which may be located outside of Singapore for the purpose of the above Purposes;
 - (ii) my Personal Information will/are collected and used by my Insurers for the purpose of "Goodwill" or investigations and management in present and all future claims;
 - (iii) the information collected under (i) and (ii) may be shared, disclosed or transferred:
 - (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.

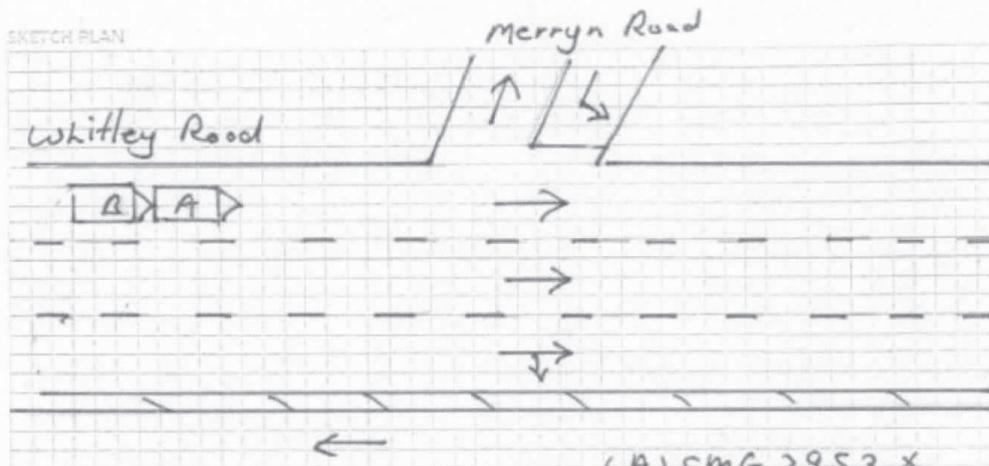
Policyholder Signature
Date & Time:

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

Registering Centre Person's Signature
Name:
NRC TIN No.:

Accident Sketch Plan

SKETCH PLAN



(A) SMG 2953 X
(B) SJK 6534 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/01/2020 at about 12:45 hrs at along Whitley Road towards PIE (Jurong) before Merryn Road. I was travelling on the extreme left lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I felt a great impact from the Rear and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. After the accident my shoulder and back was injured and was given 5 days MC after seeking for medical attention. I have 5 passengers inside my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Representative's Signature
Name:
S.S.C./P.S. No.: