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 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.

ACCIDENT STATEMENT	
Date Of Report	13/01/2020 15:26
Date Of Accident	10/01/2020 20:25
Exact Location Of Accident	JURONG WEST AVE 4 & JURONG WEST ST 72
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJG3366U
Insured/Policyholder	
Name Of Registered Owner	CHUA GEOK HONG
NRIC No	SXXXX952I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84881818
Alternative Phone No	OFFICE-84881818
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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 HIRE
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000855
Cover Note Number	
Driver	
Name of Driver	CHUA GEOK HONG
NRIC No	SXXXX952I
Date Of Birth	10/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1996
Driving Experience	23 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84881818
Fax Number	
Contact Number	OFFICE-84881818
EMail Address	NOEMAIL

Address	BLK 728 JURONG WEST AVE 5 #12-196
Postcode	640728
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?	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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : CHIN WEI MING GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	**ROAD**: 2 JURONG WEST AVE 5 , **POSTCODE:** 649482 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7929999 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200110/2164

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ5978H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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6. 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.
7. 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 :

   (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

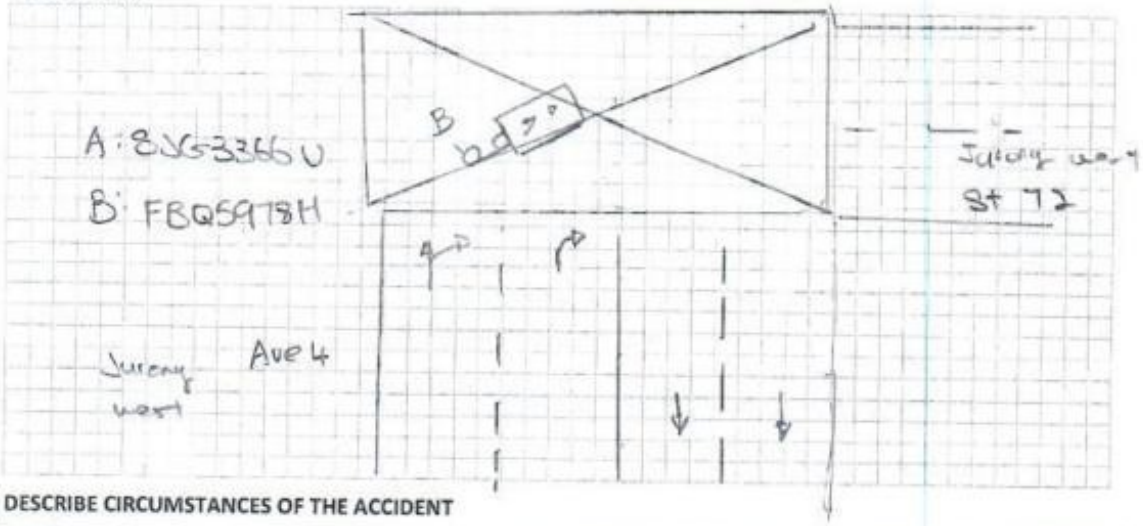
   (ii) for complying with requirements under any regulations, laws or court orders.

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.:

GIARMC SketchPlanForm_V3

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer + refer to Police ~~rep~~ report.

DECLARATION

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

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.:

SINGAPORE POLICE FORCE

T/20200110/2164

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE 649482
Tel No: 1800-7929999

Report No. T/20200110/2164

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
10/01/2020 22:43	J/20200110/0101	156

Informant's Particulars

Name of Informant: CHUA GEOK HONG			Address: APT BLK 728 JURONG WEST AVENUE 5 #12-196 SINGAPORE 640728	
ID Type / ID No.: NRIC NO / S7506952I			Contact No.: Home/Office:	Mobile: 84881818
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 44	Date of Birth: 18/03/1975	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/01/2020 20:25	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 JURONG WEST AVENUE 4 JURONG WEST STREET 72				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ5978H	Motorcycle				Slightly Damaged	0
SJG3366U	Car	TOYOTA	WISH 1.8 CVT	Orange	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG3366U	FWD Singapore Pte. Ltd	PNCV2019-00000855	24/07/2019	02/11/2020

SINGAPORE POLICE FORCE

T/20200110/2164

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE 649482
Tel No: 1800-7929999

Report No. T/20200110/2164

CONTINUATION OF REPORT

Brief Details.

On 10/01/2020 at about 2025hrs, I was driving my vehicle SJG3366U, together with my husband in the vehicle, along Jurong West Ave 4 wanting to turn into Jurong West Street 72. When I was at the junction of Jurong West Ave 4 and Jurong West Street 72, traffic light was green in my favor. I then proceed turning into Jurong West Street 72, and while making a check on the opposite traffic, I felt an impact on my rear and realized that a motorcycle FBQ5978H had collided into my vehicle.

I then managed to exchange particulars and took photos of the scene. I believed that other party friends might had called for Ambulance. Ambulance arrived and conveyed the rider of FBQ5978H to NTFGH. Traffic Police was at scene and issued to case card and instruct to lodge a report. Due to the accident, my vehicle rear right low bumper was dislodged but still intact. My rear bumper was also dented.

I wish to state that there is front in-car camera installed in my vehicle and Traffic Police officer had seized the memory card. No injuries on myself and my husband.

SINGAPORE POLICE FORCE

T/20200110/2164

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE 649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 1 ONG JIE SHEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2020 22:43
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp NP188 SIGNATURE	

Accident Photo

Accident Photo

Accident Photo

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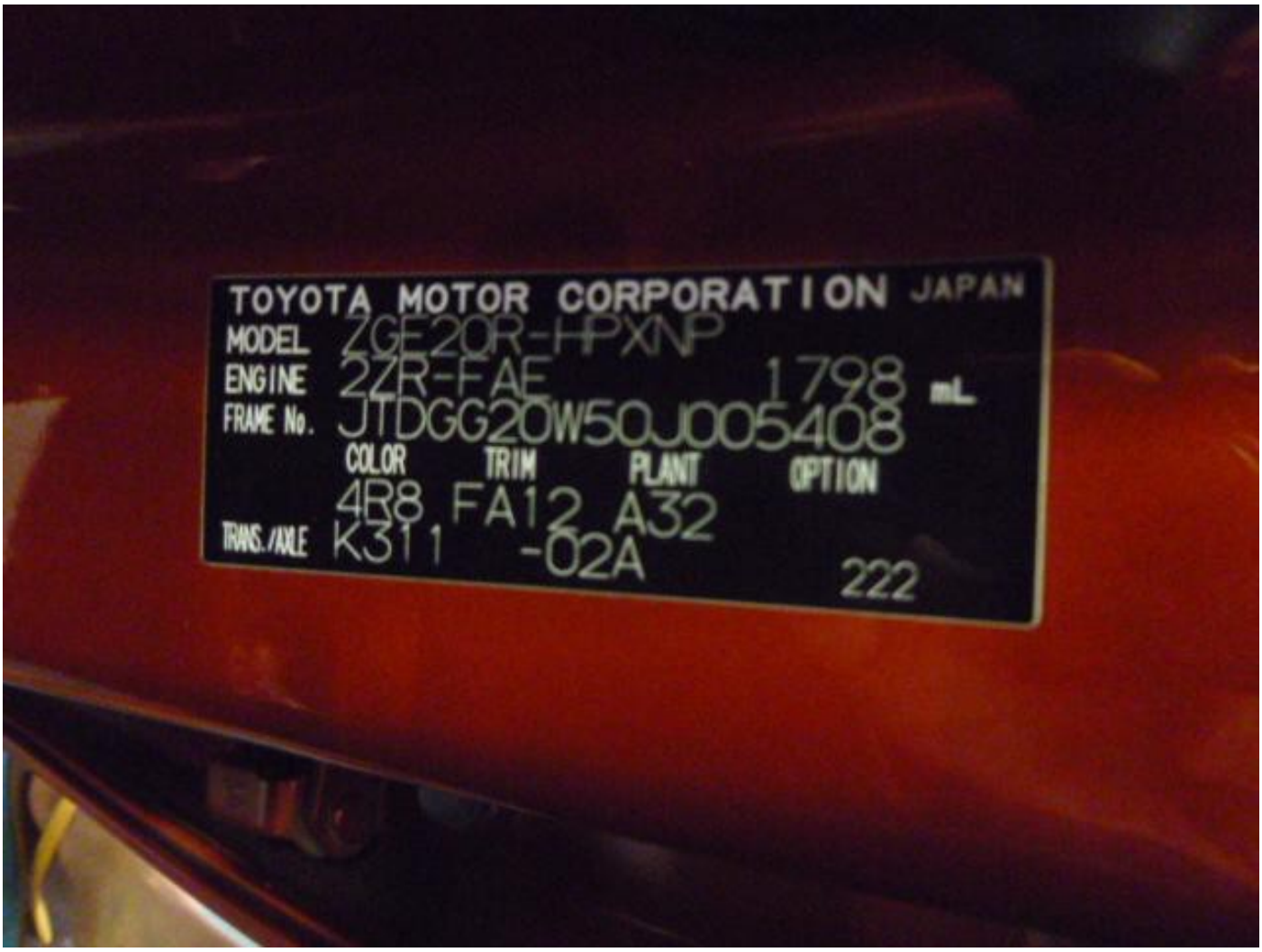
Accident Photo



Accident Photo