

## 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	13/02/2020 12:42
Date Of Accident	11/02/2020 08:30
Exact Location Of Accident	ALONG SLE TOWARDS WOODLANDS NEAR EXIT 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8531D
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### Insured/Policyholder

Name Of Registered Owner	KER SIEW BEE
NRIC No	SXXXX574E
Email Address	RACHELLAHH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81681599
Alternative Phone No	OFFICE-81681599

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (A)
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	PNPV2019-00018313
Cover Note Number	14/12/2019 - 13/12/2020

### Driver

Name of Driver	KOH KER HWEE, RACHEL
NRIC No	TXXXX955D
Date Of Birth	23/05/2000
Occupation	INDOOR
Date Of Driving Pass	25/09/2019
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81681599
Fax Number	
Contact Number	
EMail Address	RACHELLAHH@GMAIL.COM

Address	BLK 224 SIMEI STREET 4 #09-106
Postcode	S520224
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5872999 - <b>FAX NO:</b> 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO REPORT ATTACHED.

#### 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	SJC3303Y
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	WONG WEI XUAN ROY
NRIC/Passport Number	SXXXX578Z
Contact Number	97355505
Address	NA
	NA
Postcode	NA
Insurance Company Name	

Nature Of Damage

NA

No. Of Passenger (Including Driver)




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.

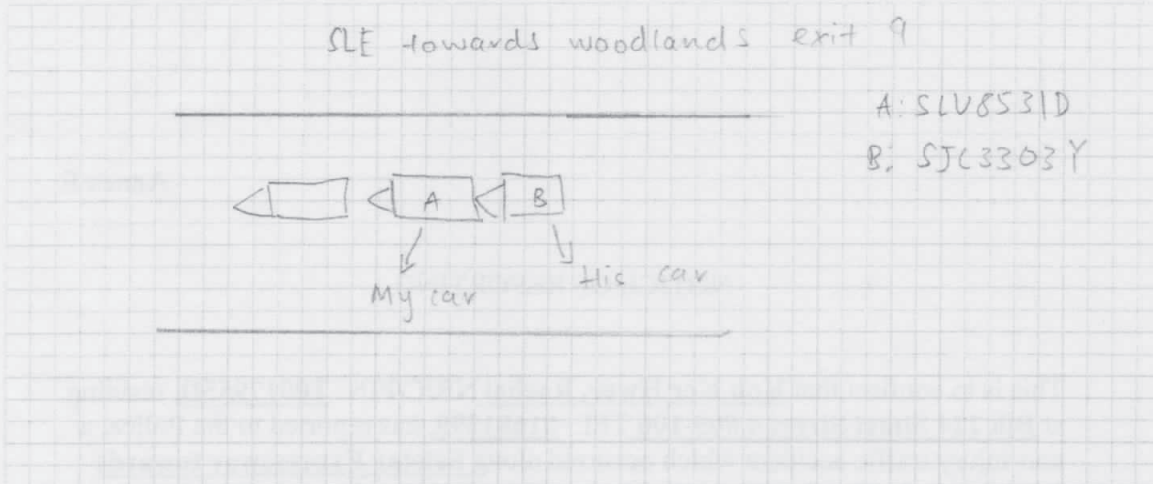
  
 Policyholder's Signature  
 Date & Time:

13/2/20  
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 12.15 pm

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at SLE highway when there is a traffic jam. The car in front of me and around me slow down and came to a stop. I stop as well. However, the car behind me did not stop in time and hit the back of my car.


Insurance Co.	FWD
Vehicle No.	SLV 8531D
Date of Accident	11/02/20
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim	

## DECLARATION

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



Policyholder's Signature  
Date & Time:

 13/2/20

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12:15 pm



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Annex E

NOTICE OF REPORTING

This is to confirm that **Koh Ker Hwee, Rachel** NRIC/FIN: **T0017955D**, residing at **Blk 224 Simei Street 4 #09-106** TEL: **81681599**, has reported to the Police, a non-injury traffic accident which occurred along **Seletar Expressway towards Woodlands near exit 9** on **11/02/2020** at about **0834hrs** involving the following vehicles:

- i) **SLU8531D** (Complainant)
- ii) **SJC3303Y** (Other party)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/ Name of Issuing Officer: **Sgt(3) T140394 Natasha**


Date: **11/02/2020**

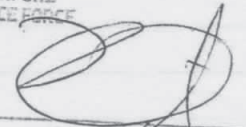
Time: **1718hrs**

Police Post/ Unit: **Changi Neighbourhood Police Centre**

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

 SINGAPORE  
POLICE FORCE



SIGNATURE