

## 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             | 03/03/2020 10:58                                 |
| Date Of Accident           | 02/03/2020 07:10                                 |
| Exact Location Of Accident | AYE (TOWARDS JURONG) AFTER LOWER DELTA ROAD EXIT |
| Country/State of Loss      | SINGAPORE                                        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJY2444A             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHAN LIANGHONG JAMES |
| NRIC No                     | SXXXX689J            |
| Email Address               | XDETOX32@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-83448344 |
| Alternative Phone No        | OTHERS-97643020      |

### Vehicle Particulars

|                                                                              |             |
|------------------------------------------------------------------------------|-------------|
| Manufacturer                                                                 | AUDI        |
| Model                                                                        | A6          |
| 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             | PNPV2018-00008022-01    |
| Cover Note Number         |                         |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | SNG ZHENWEI, UZIA      |
| NRIC No              | SXXXX722B              |
| Date Of Birth        | 10/06/1981             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 26/03/2004             |
| Driving Experience   | 15 YEARS AND 11 MONTHS |
| Gender               | FEMALE                 |
| Mobile Number        | (LOCAL) +65-83448344   |
| Fax Number           |                        |
| Contact Number       | OTHERS-97643020        |
| Email Address        | XDETOX32@GMAIL.COM     |

|                                                     |                        |
|-----------------------------------------------------|------------------------|
| Address                                             | 21 FORT ROAD<br>#02-04 |
| Postcode                                            | 439089                 |
| 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 | -<br>-<br>-            |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-            |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| 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                         | 6                                      |
| 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)                                                     | 3                                      |
| Passenger 1                                                                                 | NAME: : KYLER CHAN<br>GENDER: : MALE   |
| Passenger 2                                                                                 | NAME: : KIERA CHAN<br>GENDER: : FEMALE |

#### 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 PLAN

#### 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 | SGL1744J    |
| 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKA8426S  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLL8154G  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLX485R  
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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SJL8873M  
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 SNG ZHENWEI, UZIA  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SJY2444A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name KYLER CHAN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SJY2444A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name KIERA CHAN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SJY2444A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

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7. By the lodging 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 thereafter.
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 be 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 Ministry of Transport 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 to me;
  - (iv) administering my claims (including the mailing of correspondence, statements, notices, 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 be 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, settling 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.

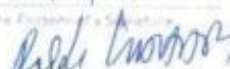
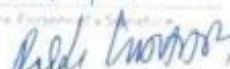
  
Policyholder's Signature

Date & Time

  
Driver's Signature

(if driver is not the policyholder)

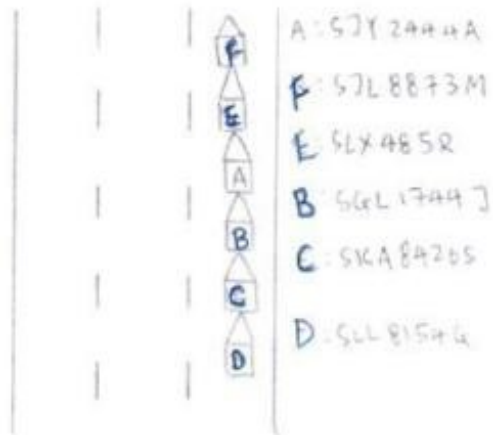
Date & Time

  
Recording Centre Employee's Signature  
Name:   
NIC/ID No: 

## Sketch Plan #2

### SKETCH PLAN

AYE (TOWARDS JURONG) AFTER  
LOWER DELTA ROAD EXIT



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling along  
AYE (Towards Jurong) After Lower Delta Rd Exit. I was traveling  
straight when I saw vehicle C brake I ~~followed~~ ~~frutted~~  
followed my vehicle was stationary when suddenly vehicle  
D solided on to my vehicle pushing my vehicle forward  
and colliding on to vehicle C. When I alighted I was  
involve in a 5 car chain collision.

### DECLARATION

(We declare the foregoing particulars are true in every respect)

*James*  
Police Officer's Signature  
Date & Time

*MS*  
Driver's Signature  
(If driver is not the possessor)  
Date & Time

*MS* 03/03/2020  
Police Officer's Signature  
Date  
NATIONAL No.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

