### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number **EMail Address** 

- 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</u> and <u>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

	ACCIDENT STATEMENT
Date Of Report	05/03/2020 15:30
Date Of Accident	05/03/2020 12:00
Exact Location Of Accident	ALONG SIMS AVE EAST
Country/State of Loss	SINGAPORE
·	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ1697M
Insured/Policyholder	
Name Of Registered Owner	CHIN LI LING
NRIC No	\$7205280C
Email Address	SEANCEH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97299230
Alternative Phone No	OFFICE-92254338
Vehicle Particulars	
Manufacturer	BMW
Model	216D ACTIVE TOURER D/AB LED
Exact Purpose for which vehicle was being used at time of accident	
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	PNCV2018-00000628
Cover Note Number	21/12/2018-29/05/2020
Driver	
Name of Driver	CHIU ENG HIAP (JIANG RONGXIE)
NRIC No	S7103704E
Date Of Birth	29/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	26/05/1993
Driving Experience	26 YEARS AND 9 MONTHS
Driving Experience Gender	26 YEARS AND 9 MONTHS  MALE (LOCAL) +65-97299230

SEANCEH@GMAIL.COM

Address 432 UPPER CHANGI ROAD

#04-02

Postcode 487049

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 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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

1

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

sistance.

Number of Passengers (Including Driver)

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

## REFER TO ATTACHMENT

### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLP9595P
Vehicle Make/Model/Colour MAZDA (B)

**Details Of Properties** 

Vehicle Category PRIVATE HIRE

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

SLR7906D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

HONDA (C)

PRIVATE HIRE

#### Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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) of:
  - 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

NBIC/FIN No.:

SKETCH PLAN	
	A)- SLJ1697M
	B - SLP95951
	C - SLR79061
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	The state of the s
While Loving along Sims Avenue	East on 5/3/20
at and 12 pm when I mulled i	What to award
1	
fore when I was about to switch	4 lane
shederly a votale in my right	De h2 onle
sharing it wonder to my my	May Inf 18
my front right side and a	indenly another
yehrde Im behow hit out	my New and
0	
of my vehicle.	
1	
You had been advised by workshop that in the event that you wish to claim	Reporting Only
against your own policy (OD claim), there is a Fourteen (14) days clause	Claim OD
whereby the claim must be made within the stipulated timeframe from the day of occurance.	Claim TP
	/ Claim OD / TP at other workshop

Policyholder's Signature Date & Time:

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

Date & Time:

Reportin Co Name: NRIC/FIN No Centre Personnel's Signature







## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2018-00000628

Car plate number

: SU1697M

Coverage start date: 21/12/2018

Coverage end date: 29/05/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Chin Li Ling

NRIC/FIN: S7205280C

Address: 432 Upper Changi Road 04-02 East Village Singapore 487049

Email: seanceh@gmail.com

Mobile Number: 92254338

Date of Birth: 20/02/1972

Gender : Female

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

About your car and policy

Car make and model: BMW 216D 1.5

Year of first registration: 2016

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): \$\$2,161.01



































**Accident Photo** 





















