

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	11/03/2020 16:19
Date Of Accident	10/03/2020 08:45
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8913R
Insured/Policyholder	
Name Of Registered Owner	CHUA BINGQUAN, NIGEL
NRIC No	S8635530B
Email Address	NIGELCBQ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98288093
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180-1.6 (R18 BI) (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00009954
Cover Note Number	

Driver

Name of Driver	CHUA BINGQUAN, NIGEL
NRIC No	S8635530B
Date Of Birth	17/12/1986
Occupation	INDOOR
Date Of Driving Pass	28/12/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98288093
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NIGELCBQ@HOTMAIL.COM

Address	BLK 90 DAWSON ROAD #39-12
Postcode	142090
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : NICOLE CHUA 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

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	SFR8777Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YEW WEI, CRAIG
NRIC/Passport Number	S9524503Z
Contact Number	9437 7527
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: 81A 8913R
ACCIDENT DATE: 10/03/2020 @ 08:45

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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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time: 11/3/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

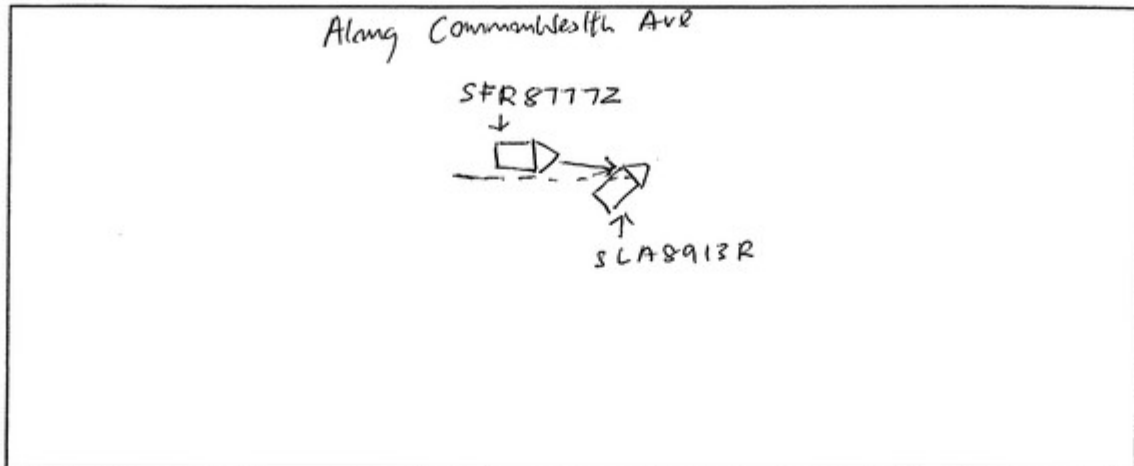
CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened after a traffic light junction. The other party and I were stationary side by side at the onset as we stopped due to red light traffic. When the traffic light turned green, I noticed the other party was facing downwards doing something as he claimed and unaware of the traffic conditions. Therefore, I signalled left, move forward and took the opportunity to switch lane onto my left and in front of him. At this point, the cars directly in front of us had taken off to a safe distance, allowing me ample space to switch in front. As the other party was not paying attention to traffic conditions, and was still stationary even when traffic light has turned green, I managed to move forward and switched to his lane. However, he suddenly speed up caught up with me and knocked onto my left corner. In view that he did not stop his car immediately upon contact, the impact caused our cars to have prolonged abrasions. Due to the accident, my car damages includes: Front left light, front left fender, front bumper, front left rim

OWN DAMAGE ☒ 3RD PARTY CLAIM () REPORTING ONLY () OWN WORKSHOP ()

DECLARATION

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

Policyholder's Signature
Date & Time: 11/3/2020

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8635530B**



Name

CHUA BINGQUAN, NIGEL

蔡 炳 泉

Race
CHINESE

Date of birth
17-12-1986

Sex
M

Country/Place of birth
SINGAPORE

5686032



NRIC No. **S8635530B**



Date of issue
06-01-2017

Address
APT BLK 90 DAWSON ROAD
#39-12
SINGAPORE 142090

Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8635530B**
Name: **CHUA BINGQUAN, NIGEL**

Birth Date: **17 Dec 1986**
Issue Date: **28 Dec 2005**



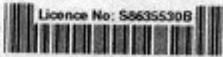


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	28 Dec 2005

NP 428A

Licence No: S8635530B



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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