

## 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	18/03/2020 20:41
Date Of Accident	17/03/2020 17:30
Exact Location Of Accident	ALNG SLE TWRDS CTE NEAR UPPER THOMSON RD EXIT 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7150Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PUAH KIA TUAN
NRIC No	SXXXX122D
Email Address	KTPUAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97554981
Alternative Phone No	OTHERS-97554981

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	PNPV2019-00005629
Cover Note Number	NA

### Driver

Name of Driver	PUAH KIA TUAN
NRIC No	SXXXX122D
Date Of Birth	05/09/1965
Occupation	INDOOR
Date Of Driving Pass	01/03/1991
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97554981
Fax Number	
Contact Number	OTHERS-97554981
Email Address	KTPUAH@GMAIL.COM

Address	NA
Postcode	
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	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	4
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME RIGHT LANE. WHEN A VEHICLE IN FRONT OF ME STOPPED, I FOLLOW SUIT. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. I THEN DISCOVERED THAT VEHICLE B HAD BEEN HIT BY VEHICLE C FIRST AND THE IMPACT PUSHED VEHICLE B FORWARD AND HIT THE REAR OF MY VEHICLE. I THEN DISCOVERED ALSO THAT THERE WAS ANOTHER VEHICLE INVOLVED THAT HIT THE REAR OF VEHICLE C. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### 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	SHC3523C
Vehicle Make/Model/Colour	HYUNDAI / AE IONIQ HEV FL 1.6 DCT
Details Of Properties	
Vehicle Category	TAXI
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 SGZ1797H  
Vehicle Make/Model/Colour TOYOTA / VIOS E AUTO  
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 SGM5524X  
Vehicle Make/Model/Colour MITSUBISHI / LANCER 1.6 M  
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)

SKETCH PLAN

SKS7150Z

**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. 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:

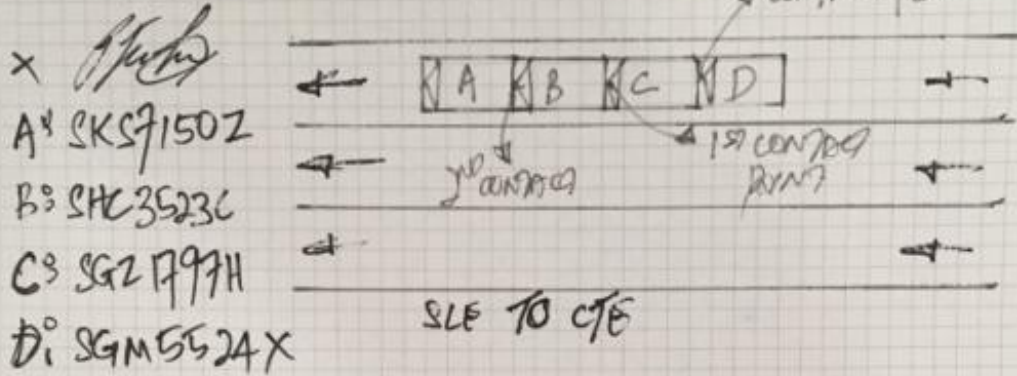
**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**HASHIM BIN KAMARI**

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

18 March 2020

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

## DECLARATION

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

X [Signature]  
Policyholder's Signature

Date & Time:

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

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

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

**ACCIDENT STATEMENT (2000 characters)**

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME RIGHT LANE. WHEN A VEHICLE INFRONT OF ME STOPPED, I FOLLOW SUIT. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. I THEN DISCOVERED THAT VEHICLE B HAD BEEN HIT BY VEHICLE C FIRST AND THE IMPACT PUSHED VEHICLE B FORWARD AND HIT THE REAR OF MY VEHICLE. I THEN DISCOVERED ALSO THAT THERE WAS ANOTHER VEHICLE INVOLVED THAT HIT THE REAR OF VEHICLE C. NO ONE WAS INJURED.

STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 March 2020 at 1:40 PM

Date/Time:

18 March 2020 at 1:40 PM

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

(Licence Number) **S2607122D**

Name  
**PUAH KIA TUAN**

Birth Date: **05 Sep 1965**  
Issue Date: **13 Aug 2003**



 0000742949F

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S2607122D**



Name  
**PUAH KIA TUAN**



Race  
**CHINESE**

Date of birth  
**05-09-1965**

Sex  
**M**

Country of birth  
**MALAYSIA**





# Identification Card

4138914



NRIC No. S2607122D



Date of issue  
30-11-2007

Address  
33 SIMEI RISE  
#07-08  
SINGAPORE 528780



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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	01 Mar 1991
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	01 Mar 1991

NP 428A

Licence No: S2607122D



PICS BY INSURED



**PICS BY INSURED**





**PICS BY INSURED**



**PICS BY INSURED**



**PICS BY INSURED**





PICS BY INSURED



PICS BY INSURED



**PICS BY INSURED**





PICS BY INSURED



**Addendum Sheet Pg. 1**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MBHH20034244 Vehicle Registration No: SKS7150Z  
Name (as shown in NRIC) : PUAH KIA TUAN NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 65-97554981  
Email Address : \_\_\_\_\_  
Date of Accident : 17/03/2020 Time of Accident : 17:30  
Place of Accident : ALNG SLE TWRDS CTE NEAR UPPER THOMSON RD EXIT 5  
Insurance Company: FWD Singapore Pte. Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. ATTACH THE PICS BY INSURED

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

SUGANYA  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: SUGANYA  
NRIC/FIN No.:  
Date: 19/03/2020

**Addendum Sheet Pg. 1**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MBHH20034244 Vehicle Registration No: SKS7150Z  
Name (as shown in NRIC) : PUAH KIA TUAN NRIC/FIN/Passport No : SXXXX122D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97554981  
Email Address : KTPUAH@GMAIL.COM  
Date of Accident : 17/03/2020 Time of Accident : 17:30  
Place of Accident : ALNG SLE TWRDS CTE NEAR UPPER THOMSON RD EXIT 5  
Insurance Company: FWD SINGAPORE PTE. LTD.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. AMEND THIRD PARTY TO OWN DAMAGE CLAIM

---

---

---

---

---

---

---

---

---

---

**MEERA**

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: MEERA  
NRIC/FIN No.:  
Date: 20/03/2020

## Addendum Sheet Pg. 1



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH20034244-02 Vehicle Registration No: SKS7150Z  
Name (as shown in NRIC) : PUAH KIA TUAN NRIC/FIN/Passport No : SXXXX122D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97554981  
Email Address : \_\_\_\_\_  
Date of Accident : 17/03/2020 Time of Accident : 17:30  
Place of Accident : ALNG SLE TWRDS CTE NEAR UPPER THOMSON RD EXIT 5  
Insurance Company: FWD SINGAPORE PTE. LTD.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. AMEND OWN DAMAGE CLAIM TO THIRD PARTY CLAIM.

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

MEERA  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: MEERA  
NRIC/FIN No.:  
Date: 26/03/2020