#### 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 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

<ol><li>By the lodgement of this report to the insurers, you aforesaid.</li></ol>	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	09/07/2020 17:19		
Date Of Accident	09/07/2020 15:30		
Exact Location Of Accident	CARPARK BLK 775 YISHUN RIND ROAD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SML4183L		
Insured/Policyholder			
Name Of Registered Owner	SIM ZUXIAN, JOSIA		
NRIC No	SXXXX746Z		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-90995200		
Alternative Phone No	OFFICE-90995200		
Vehicle Particulars			

**HYUNDAI** Manufacturer

Model AD AVANTE-1.6 GLS S (A)

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

**Insurance Company** 

FWD SINGAPORE PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number PNPV2020-00005998

Cover Note Number

**Driver** 

Name of Driver SIM ZUXIAN, JOSIA

NRIC No SXXXX746Z Date Of Birth 18/07/1988 Occupation INDOOR Date Of Driving Pass 29/10/2008

**Driving Experience** 11 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90995200

Fax Number

OFFICE-90995200 Contact Number

**EMail Address NOEMAIL**  Address BLK 775 YISHUN RING ROAD #11-3606

Postcode 760775

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 COLLISION - MAJOR/MINOR RD

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?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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?

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? YES

Remarks/ Reasons: TO BE SEND ON REQUEST

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBA403S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LIM WEI HENG

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

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- 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:
  - (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.

Policyhalder's Signature Date & Time: 9,712 Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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DECLARATION  I/We declare the foregoing of	religious are true in every respi	ect.	10	
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2 12 2	Driver's Signature		Reporting Centre Personnel's Signa	ture
Policyholder's Signature	(If driver is not the po	ollocholder)	Name:	

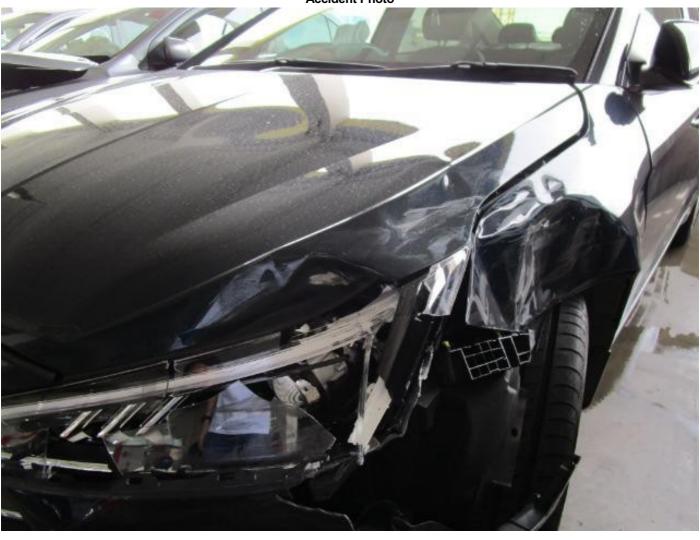








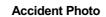








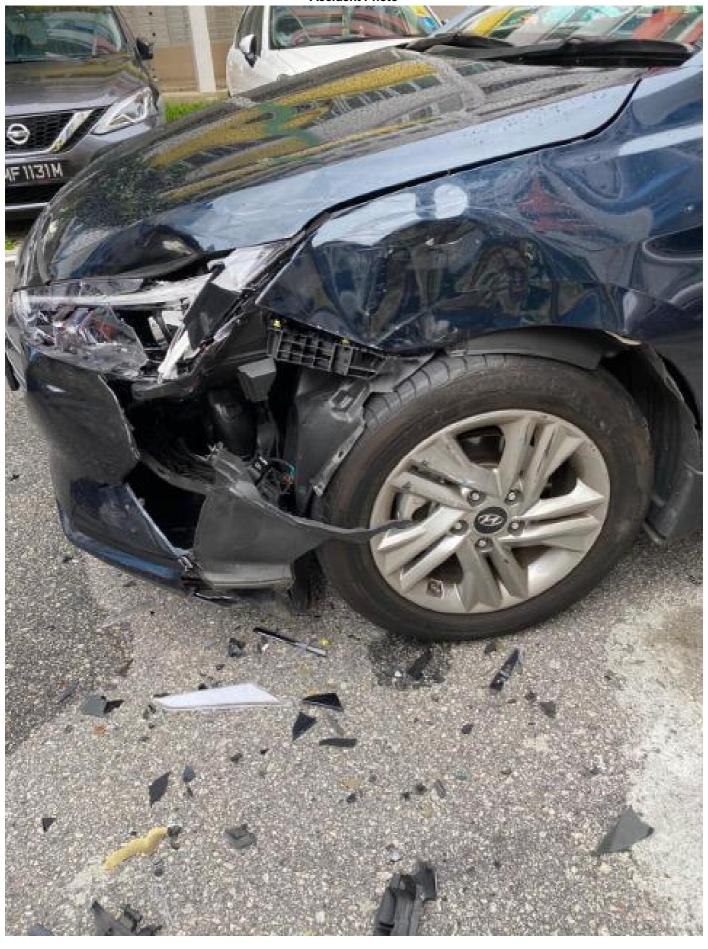




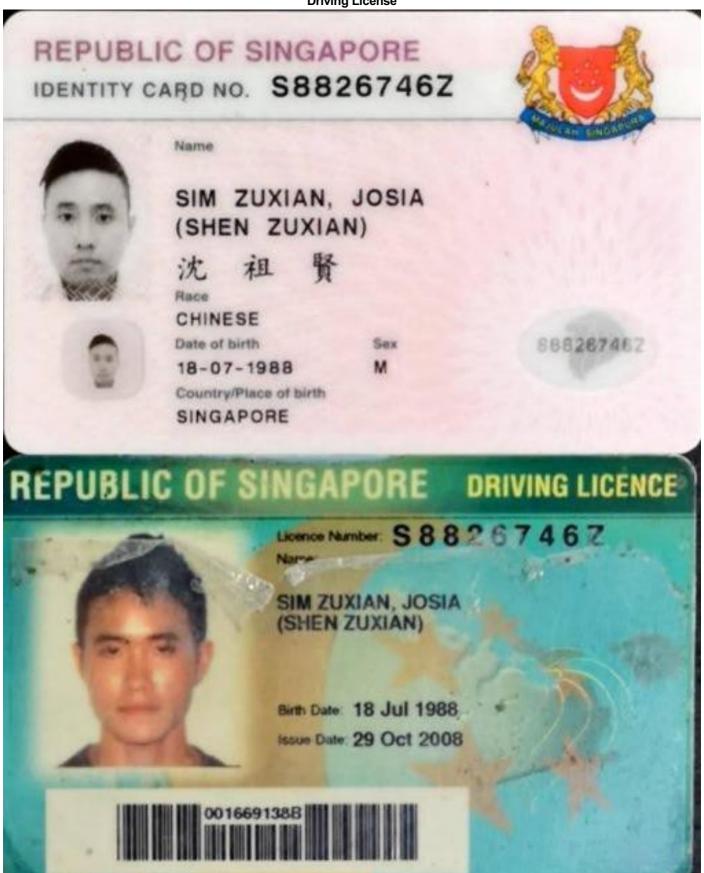












**Identification Card** 6231430 NRIC No. S8826746Z Date of issue 05-07-2019 Address APT BLK 775 YISHUN RING ROAD #11-3606 SINGAPORE 760775 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) PASS DATE Motor Cars=< 3000kg with =<7 passengers, exclusive 29 Oct 2008 of the driver; and other motor vehicles =< 2500kg Class 3

NP 428A