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 <u>truthful and 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 aforesaid

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	ACCIDENT STATEMENT
Date Of Report	27/07/2020 13:23
Date Of Accident	26/07/2020 12:45
Exact Location Of Accident	BLK 44 SIMS DRIVE CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS8642B
Insured/Policyholder	
Name Of Registered Owner	KWEK LEW TAT SAMUEL
NRIC No	S7405050F
Email Address	COLCECOLA888@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98734211
Alternative Phone No	OFFICE-98734211
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE 1.6 MT ABS AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	t en
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	PNCV2020-00000259
Cover Note Number	

Driver

Name of Driver KWEK LEW TAT SAMUEL

NRIC No S7405050F

Date Of Birth 14/02/1974

Occupation OUTDOOR

Date Of Driving Pass 30/11/1999

Driving Experience 20 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98734211

Fax Number

Contact Number OFFICE-98734211

EMail Address COLCECOLA888@YAHOO.COM

Address BLK 279 TOH GUAN ROAD #11-195

Postcode 600279

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD ON 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

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

Circumstances of Accident

REFER TO THE SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHI

Vehicle Make/Model/Colour

Details Of Properties

SHB3090P

NO

Vehicle Category PRIVATE CAR

Name of Driver CHIA THUAN HWA

NRIC/Passport Number S1367953C Contact Number 90885335

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KWEK LEW TAT SAMUEL

Approximate Age

Injuries Sustain Injured person in which vehicle? SJS8642B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode **NECK & BACK**

YES

NO

Sketch Plan

SKETCH PLAN

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 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:
 - (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:

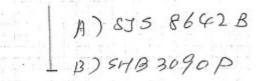
Driver's Signature (If driver is not the policyholder)

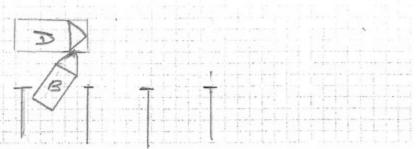
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ASSERTING CHICAGO IN THE ACCIDENT
On the above date & time I SJS864013 was driving
straight at BLIC 40 SMS DAVE CON park. Out of suddenly, I
felt an impact from my right I quickly alight and
sealised that vehide SHBZOPOP drive but from carparle lot
without checking my on coming volicile. The driver of the
Without checking my on coming volicite. The driver of the Vehicle Bapalogised to me. As a result, whide B codided outo
my variede

DECLARATION

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

Park.

Policyholder's Signature Date & Time: Jahr.

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





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



















