

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 Submission 03/02/2021 16:13 (SGT)
Date of Accident 02/02/2021 18:22 (SGT)
Exact Location of Accident Singapore
Additional Location Information MARINA BLVD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH631U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN KOK SHENG
NRIC No SXXXX051H
Email Address SHYNE.CKS@GMAIL.COM
Mobile Phone No (Phone) +65-94882251
Alternative Phone No (Office) +65-94882251

VEHICLE PARTICULARS

Manufacturer Kia
Model Forte
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company FWD
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNCV2018-00000426
Cover Note Number -

DRIVER

Name of Driver CHAN KOK SHENG
NRIC No SXXXX051H
Date Of Birth 14/05/1983
Occupation Indoor

| | |
|--|------------------------------|
| Date Of Driving Pass | 15/11/2005 |
| Driving experience | 15 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94882251 |
| Alt. Phone Number | (Office) +65-94882251 |
| Email Address | SHYNE.CKS@GMAIL.COM |
| Address | 8 CHOA CHU KANG GROVE #11-21 |
| Address complement | SOL ACRES |
| Postcode | 688206 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|-------------------------------|
| Type of Accident | Collision - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|--------------|
| Name | TAN HIN BOON |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED REPORT

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 | SMH7719T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LEE ZHE KAI |
| Contact Number | (Phone) +65-93205793 |

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHAN KOK SHENG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLH631U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**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 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.
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")

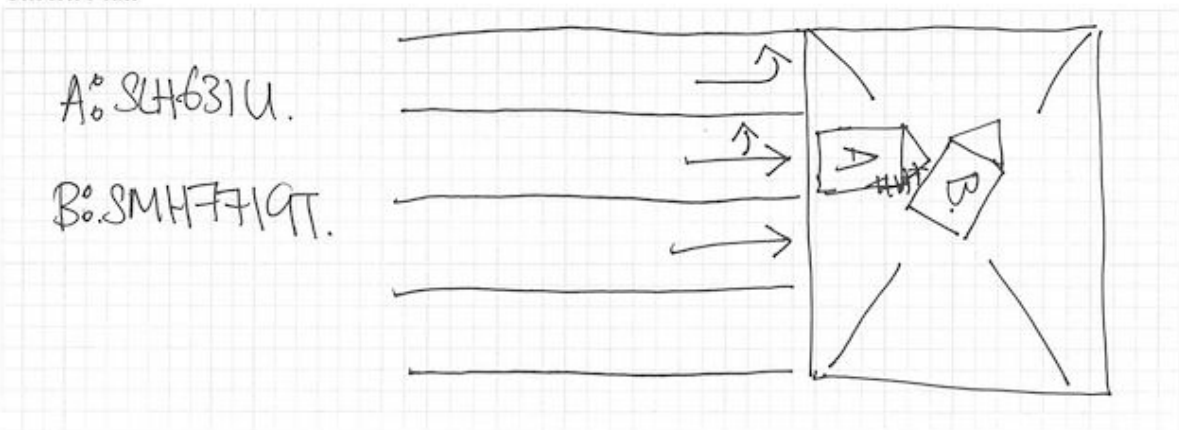
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

x 
Policyholder's Signature / Date & Time

x  3 Feb 2021 / 3:10pm
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

I WAS DRIVING ALONG MARINA BUD GOING STRAIGHT ON A
 GO STRAIGHT TURN LEFT LANE. SUDDENLY CAR SMH-THI-9T TURN
 LEFT & COLLIDED INTO MY CAR FROM THE RIGHT. HE WAS ON
 THE GOING STRAIGHT LANE ONLY.

Declaration

We declare the foregoing particulars are true in every respect.

x 
 Policyholder's Signature / Date &
 Time

x  3 Feb 2021 / 3:30pm
 Driver's Signature (If driver is not the policyholder) / Date
 & Time



Witnessed by Reporting Centre
 Personnel

















