

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report accidents to the police in the accident to assist in the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. This form recording may be referred to the Police for investigation.
6. This report will be forwarded by the insurers to the GIA Roadway Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, to a limited extent, be made available upon application by interested parties.
7. By the completion 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	14/04/2021 16:28 (SGT)
Date of Accident	13/04/2021 14:40 (SGT)
Exact Location of Accident	67 Grange Rd, Singapore 249572
Additional Location Information	Grange Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN2753U
INSURED POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Ng Ah Soon
NRIC No	SXXXXX048E
Email Address	ahsoonng@gmail.com
Mobile Phone No	(Phone) +65-98584230
Alternative Phone No	+65-98584230

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2019-00000995-01
Cover Note Number	-

DRIVER

Name of Driver	Ng Ah Soon
NRIC No	SXXXXX048E

Accident report SV0S214E0002

Number
Phone Number
Email Address
Address

Address complement
Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

22/04/1961

Outdoor

13/12/1983

37 YEARS AND 4 MONTHS

Male

(Phone) +65-98584230

+65-98584230

ahsoonng@gmail.com

BLK 109 Rivervale Walk #06-26

-

540109

Yes

-

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Head to Rear

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No

Number of vehicles involved in the accident

1

Was anybody injured in the Accident?

No

Was any injured conveyed to hospital by ambulance?

-

Was any other material or property damaged?

Yes

Number of Passengers (Including Driver)

0

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No

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 the sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident

With the owner

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBS3389K

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

-

Vehicle Category

Bus

Name of Driver

-

Contact Number

-

Address

-

- Correctly fill in the details of the accident involved in the claims process
- Ensure that the completed form is submitted to the Police Station and to the Insurer's Office
- What should I do if my vehicle is damaged and I am injured? An accident involving a vehicle may result in a claim for a personal injury claim.
- The claim for a personal injury claim is not a claim for a vehicle claim, and the claim for a vehicle claim is not a claim for a personal injury claim.
- Any false reporting may be referred to the Police for investigation.
- The claim for a vehicle claim is not a claim for a personal injury claim, and the claim for a personal injury claim is not a claim for a vehicle claim.
- By the independent of the claim for a vehicle claim, the claim for a personal injury claim is not a claim for a vehicle claim, and the claim for a vehicle claim is not a claim for a personal injury claim.
- Consent under the Personal Data Protection Act (PDPA)
 I, the insured, hereby agree and consent that:
 (i) My insurer, my broker and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data for the purpose of settling my claim and any other purpose as may be required by the insurer, including the Personal Information and Disclosure in relation to Personal Information to all insureds who have insured vehicle(s) involved in this accident. All insureds who have insured vehicle(s) involved in this accident shall be collectively referred to as the Insurers. The Insurers, together with the Monetary Authority of Singapore and any relevant government agency authority, such as the police, for the purpose(s) of:
 (a) processing, handling and/or dealing with my claims, including the settlement of my claims and any necessary investigation relating to the claims;
 (b) investigating the accident and/or claims;
 (c) carrying out and/or dealing with my instructions in respect of my claims;
 (d) administering my claims, including the mailing of correspondence, statements, notices, reports or papers to me which could involve disclosure of certain personal data of mine to third parties, including delivery of the same as well as on the external cover of envelopes, mail packages, and/or
 (e) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 collectively the Purposes.
 (ii) All insureds who have insured vehicle(s) involved in this accident and the Insurers, together with the GIA, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes.
 (iii) My Personal Information may be disclosed by any of the Insurers and/or GIA to any third party service providers or agents, including their staff and/or firms, which may be outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature & Date & Time

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

Witnessed by Recording Officer (if any)

Sketch Plan

A - SMN 953U
B - SB 533AK

