

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 13/12/2021 18:28 (SGT)
Date of Accident 12/12/2021 09:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information CASAFINA B1 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME654H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW PUI WENG
NRIC No SXXXX128I
Email Address LOWPUIWENG@GMAIL.COM
Mobile Phone No (Phone) +65-91822780
Alternative Phone No +65-91822780

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNCV2020-00000493-01
Cover Note Number -

DRIVER

Name of Driver LOW PUI WENG
NRIC No SXXXX128I

Date Of Birth	02/06/1966
Occupation	Indoor
Date Of Driving Pass	27/08/1990
Driving experience	31 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91822780
Alt. Phone Number	+65-91822780
Email Address	LOWPUIWENG@GMAIL.COM
Address	BLK 365A UPPER SERANGOON ROAD
Address complement	#14-1042
Postcode	531365
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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 ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No



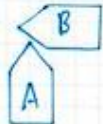
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV6461T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CAI ZHE HONG
Contact Number	(Phone) +65-97624492
Address	-
Address complement	-

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

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Policyholder's Signature / Date & Time	 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Driver's Signature (If driver is not the policyholder) / Date & Time	Rm 13/12/21 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Witnessed by Reporting Centre Personnel
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Sketch Plan  </div> <div style="width: 30%; text-align: right;"> A: SME654H B: SMV6461T </div> </div>		

Describe Circumstances of the Accident


I WAS PARKED ALONG CASAFINA B1 CARPARK. I WAS NOT PRESENT DURING THE TIME OF THE ACCIDENT. I RETURNED TO MY CAR THAT HAD A NOTE BY VEHICLE B'S DRIVER STATING THAT HE HAD COLLIDED WITH THE FRONT RIGHT PORTION OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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

 13/12/21
Witnessed by Reporting Centre Personnel

Hi, I'm sorry
 my vehicle SMV 6461T
 hit your car at 9.45am
 Sunday, 12 Dec. Please
 report the accident and
 file a claim against
 my insurance - Direct Asia
 I apologise for the inconvenience
 caused. Or can contact me
 today if you wish to discuss
 private settlement. I will report
 Cai Zhehong my insurance to
 97624492 that it no
 contact from
 you



















