



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	23/02/2022 16:32 (SGT)
Date of Accident	22/02/2022 16:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	IN FRONT HOUGANG MALL - HOUGANG AVENUE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9337H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZOE KARA YEOW
NRIC No	S7813538G
Email Address	zoekara555@gmail.com
Mobile Phone No	(Phone) +65-91255155
Alternative Phone No	+65-91255155

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	CLC 180 K
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
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00007843-01
Cover Note Number	21/07/2021 TO 20/07/2022

DRIVER

Name of Driver	QUEK SEOW KOON
NRIC No	S7635811G

Date Of Birth	05/11/1976
Occupation	Indoor
Date Of Driving Pass	26/12/1997
Driving experience	24 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87794966
Alt. Phone Number	-
Email Address	kunshaoguo1@gmail.com
Address	BLK 21 TAMPINES ST 86 #05-12 (S) 528592
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	FIANCEE
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 Property
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ZOE KARA YEOW
Gender	Female

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 WITH ATTACHED.

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	GBC8001E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	ABDUL MALIK BIN AHMAD
Contact Number	(Phone) +65-87884479
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (including Driver)	1

SKETCH PLAN

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5. 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

~~case~~ - to attached.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy.
please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time:



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

Witnessed by Reporting Centre
Personnel

On 22/02/2022 at around in between 1550hrs to 1605hrs, I drove my car SJM9337H just in front of Hougang Mall - Hougang Avenue 10. My car SJM9337H was in the right lane, almost 3/4 of the body when the van, GBC8001E rammed into our car and further accelerated into it one more time causing further damage to my car. The damage caused is at the right side of my car near the driver area. The right side mirror fell off.

As I cannot open my car door, we both the drivers shifted our car to the left side of the road as not to cause any jam to the traffic behind. When the other driver came down from his van, he apologised and told us that he was at fault. We took the pictures and exchanged our particulars.

The driver told us his van is leased by his company and hence have to wait for instructions to settle the damage and claims as he does not know what to do, hence we waited. The car leasing vendor came and took the footage of the accident. We requested for the footage but he refused to share with us and claimed that was his property. We called the police and ambulance arrived at the scene, then after the traffic police arrived too. We told the matter to the traffic police and he advised us to make a claim to both our respective insurance company. I have made known to the traffic police in regards to the footage and he advised that the insurance companies will request according to the case.



