

## 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	27/05/2022 16:19 (SGT)
Date of Accident	27/05/2022 12:35 (SGT)
Exact Location of Accident	Tai Seng St, Singapore
Additional Location Information	TAI SENG STREET SINGAPORE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK1357B

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BALASUBRAMANIAM S/O SELVAM
NRIC No	S8623520Z
Email Address	BALASUBRAMANIAMSELVAM@GMAIL.COM
Mobile Phone No	(Phone) +65-98349505
Alternative Phone No	+65-98349505

#### VEHICLE PARTICULARS


Manufacturer	Mitsubishi
Model	Eclipse cross
Variant	MITSUBISHI / ECLIPSE CROSS 1.5 CVT SUNROOF
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	1499

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2022-00000104
Cover Note Number	-

#### DRIVER

Name of Driver	BALASUBRAMANIAM S/O SELVAM
NRIC No	S8623520Z

 Accident report SP0U225R0007

Date Of Birth	16/08/1986
Occupation	Indoor
Date Of Driving Pass	08/02/2010
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98349505
Alt. Phone Number	+65-98349505
Email Address	BALASUBRAMANIAMSELVAM@GMAIL.COM
Address	BLK 18A CANBERRA DRIVE #03-43
Address complement	-
Postcode	768099
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 - Opening Door of 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PAX 1
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  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### 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	GBC4279Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-


Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GAN KOK LEONG (YAN GUOLIANG)
NRIC No	S7204460F
Contact Number	(Phone) +65-96118883
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

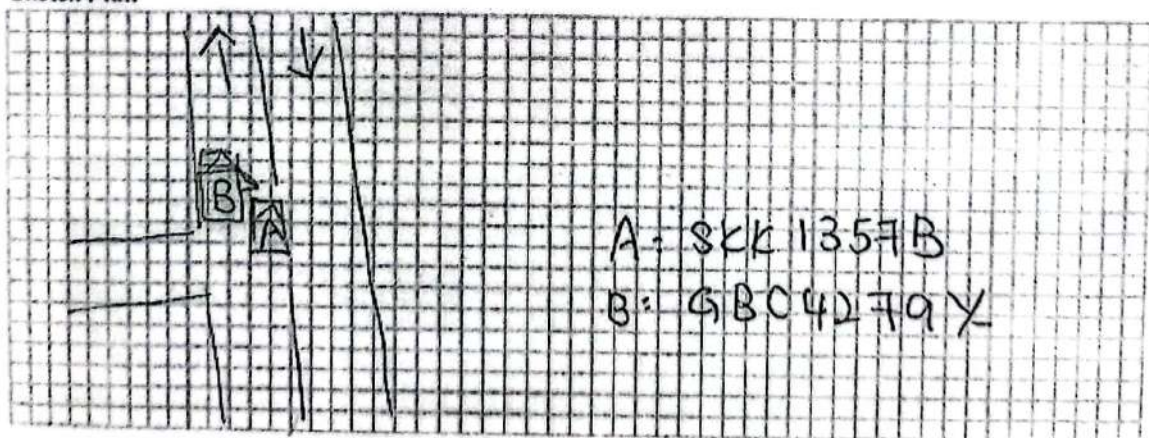
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

## Sketch Plan



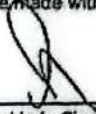
## Describe Circumstances of the Accident


I was driving along Ter Jery Street and there was a lorry stopped by the roadside. It was a 1 carterway so I had to overtake him while I was driving, the driver opened the door suddenly and the door crashed onto my side mirror. The driver admitted fault for parking by the roadside to perform unloading and had opened the door without checking.

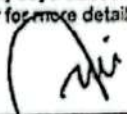
## Declaration

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

  
Witnessed by Reporting Centre Personnel