

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	13/07/2022 18:24 (SGT)
Reported by	Both
Date of Accident	08/07/2022 11:15 (SGT)
Exact Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	JUNCTION BETWEEN AIRPORT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9653U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KARIN KOH KAILING
NRIC No	SXXXX253E
Email Address	KARIN@INKENGINEERS.COM
Mobile Phone No	(Phone) +65-91017154
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jeep
Model	Renegade
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2021-00004878

DRIVER

Name of Driver	KARIN KOH KAILING
NRIC No	SXXXX253E
Date Of Birth	26/08/1981
Occupation	Indoor

Date Of Driving Pass	30/04/2008
Driving experience	14 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91017154
Alt. Phone Number	-
Email Address	KARIN@INKENGINEERS.COM
Address	662D EDGEDALE PLAINS #02-700
Address complement	-
Postcode	824662
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 - Head to Rear
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP3371X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

SKETCH PLAN

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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' 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.

YEW ANN CONSTRUCTION PTE LTD
80 Tagore Lane, Singapore 787522
Tel: 64561122 (3 Lines)
Fax: 64513822 / 64513747
Co. Regn. No: 198402304J

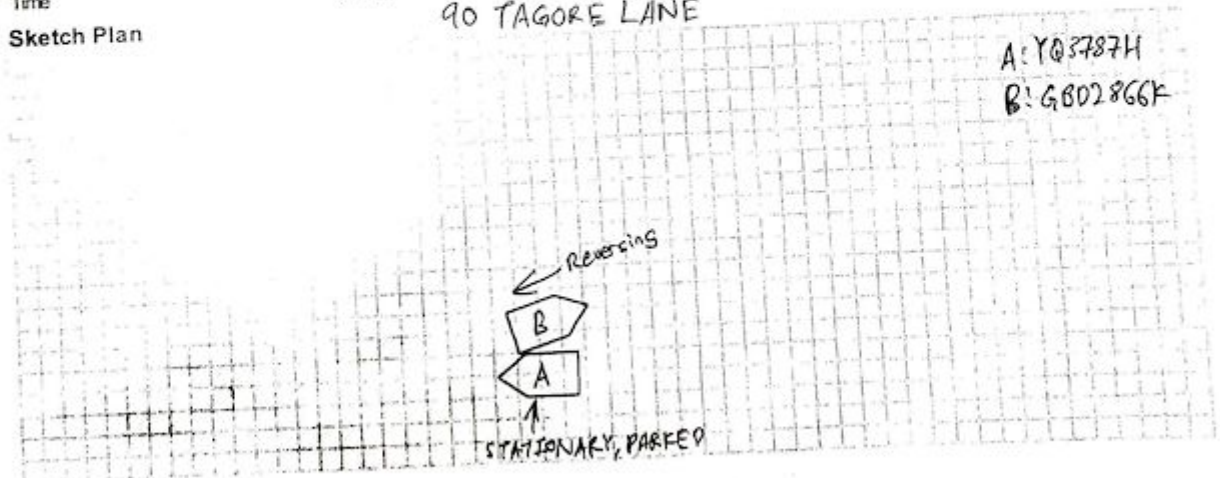
Policyholder's Signature / Date & Time _____
Driver's Signature (If driver is not the policyholder) / Date & Time _____

Witnessed by Reporting Centre Personnel _____

Sketch Plan

90 TAGORE LANE

A: YQ3787H
B: G802866F



Describe Circumstances of the Accident

MY VEHICLE (YQ3787H) WAS PARKED ALONG 80 TAGORE LANE. NO ONE WAS IN THE VEHICLE AT THE TIME OF THE ACCIDENT BUT I WAS NEARBY. SUDDENLY, I HEARD A LOUD SOUND AND WHEN I WENT TO CHECK, VEHICLE B (GBD2899K) HAD REVERSED INTO THE FRONT RIGHT PORTION OF MY STATIONARY VEHICLE. THERE WAS NO DESIGNATED DRIVER AT THE TIME OF THE ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against **ANN CONSTRUCTION** advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the **14 days** of occurrence. Kindly check with your insurer for more details.

Janine
 Policyholder's Signature / Date & Time
 Tel: 64581122 (3 Lines)
 Fax: 64513822 / 64513747
 Co. Regn. No: 100402

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

[Signature]
 Witnessed by Reporting Centre Personnel





















