

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 Actual 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	07/11/2022 22:46 (SGT)
Reported by	Both
Date of Accident	06/11/2022 13:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	19 Recreation Rd, Singapore 546516
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW8998B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO HUI YU RICHARD
NRIC No	S1434174I
Email Address	richardteo9090@gmail.com
Mobile Phone No	(Phone) +65-90901690
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	1395

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2017-00004773-05

DRIVER

Name of Driver	TEO HUI YU RICHARD
NRIC No	S1434174I
Date Of Birth	13/07/1960
Occupation	Indoor

Date Of Driving Pass	19/12/1979
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90901690
Alt. Phone Number	-
Email Address	richardteo9090@gmail.com
Address	74 TANAH MERAH KECHIL AVE
Address complement	#06-48
Postcode	465536
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 on collision
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Mrs Teo
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

I was driving along RECREATION ROAD carefully as the road was quite small. Suddenly a vehicle from a residence came out and hit the left side front passenger side.

Both drivers stop and we took some pictures of the accident.
The driver admitted that it was his carelessness.

We exchange particulars.

No injury involved.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB3785Y
Vehicle Manufacturer	Hyundai
Vehicle Model	CN7 AVANTE 1.6 DOHC CVT S
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	NG JUN YAN, KENNETH
NRIC No	S9628989H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

07112022

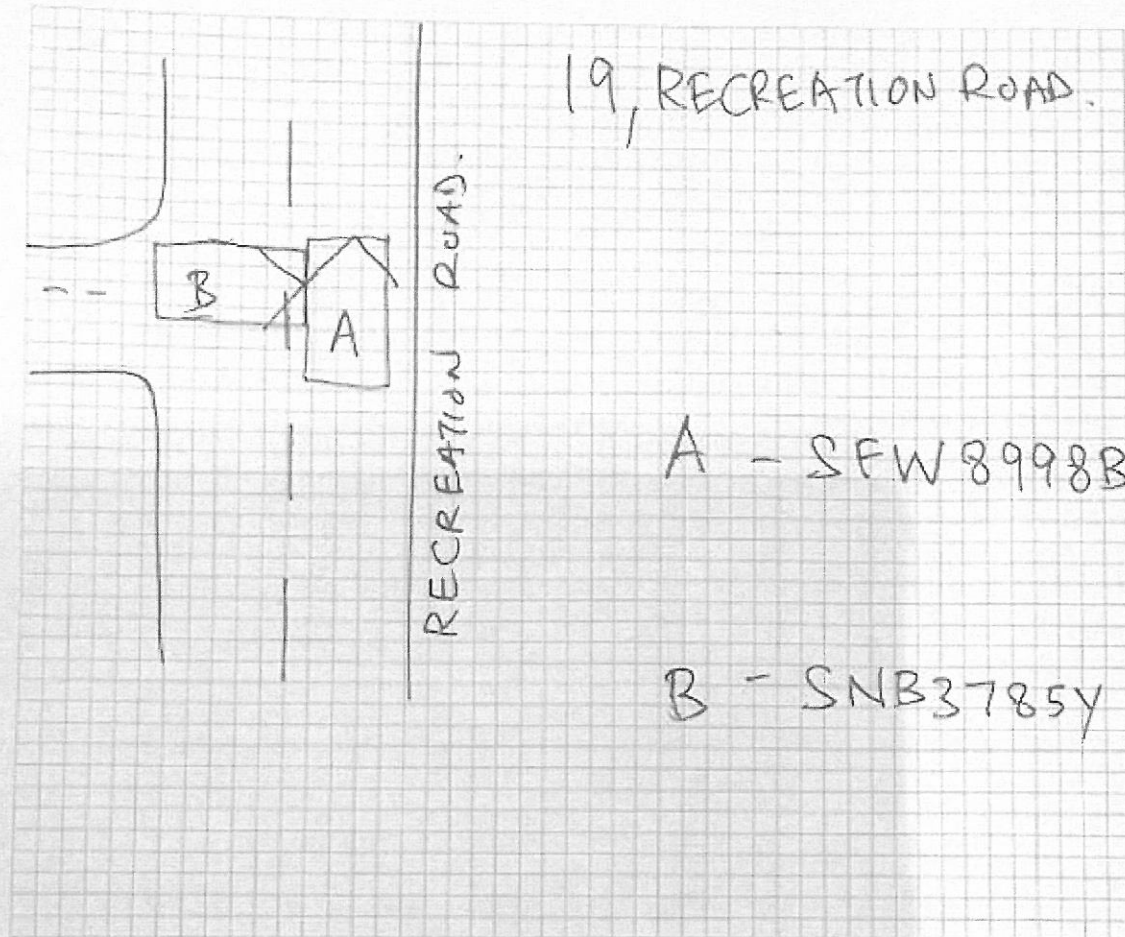
Driver's Signature
(If driver is not the policyholder)
Date & Time:

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. Jun2022



[Signature]
Policyholder's Signature / Date & Time

7/11/22

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

Witnessed By Reporting Officer
Mohammad Azaly Bin Abdullah
Witnessed by Reporting Centre
Personnel

AJAX MARS PTE LTD

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Suddenly a vehicle from a residence came out and hit the left side front
passenger side.


Both drivers stop and we took some pictures of the accident.
The driver admitted that it was his carelessness.

We exchange particulars.

No injury involved.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time: 0711022

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: