

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 ability.
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 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 Report	02/12/2017 12:16
Date Of Accident	01/12/2017 17:50
Exact Location Of Accident	ALONG MCE TOWARDS KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT4214M
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	CHONG SHU HUI, EILEEN (ZHONG SHUHUI)
NRIC No	S7907460H
Email Address	NICHOLDIMUS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98223461
Alternative Phone No	OTHERS-98223461

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L CVT (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00004409
Cover Note Number	08/06/2017 TO 07/06/2018

Driver

Name of Driver	CHONG SHU HUI, EILEEN (ZHONG SHUHUI)
NRIC No	S7907460H
Date Of Birth	16/03/1979
Occupation	INDOOR
Date Of Driving Pass	20/05/1999
Driving Experience	18 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98223461
Fax Number	
Contact Number	OTHERS-98223461
Email Address	NICHOLDIMUS@HOTMAIL.COM

Address	APT BLK 113 COMPASSVALE BOW #16-07 (S) 544814
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with attach.

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	SLB3660Y
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF4072S
Vehicle Make/Model/Colour	HONA VEZEL

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHD4496K

Vehicle Make/Model/Colour TAXI

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan Pg. 1

SKETCH PLAN

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. The 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 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: 2 December 2017 12:41

Driver's Signature

Date & Time: 2 December 2017 12:41

Reporting Centre Personnel's Signature

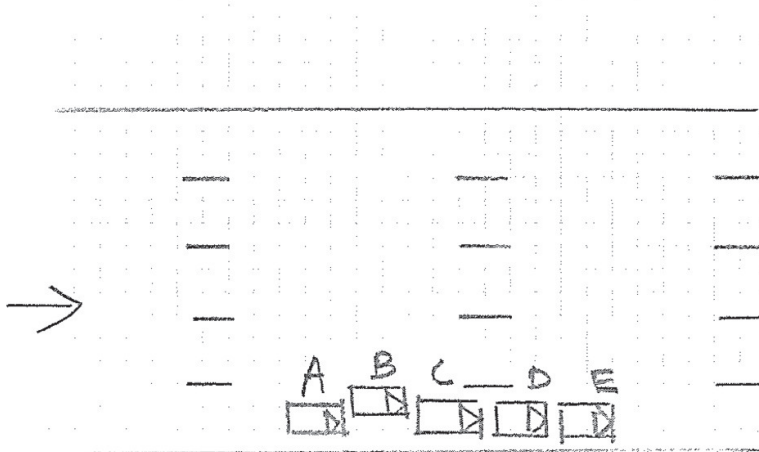
Name:

NRIC/FIN No:

Form 10/1 (Rev. 1/17)

Accident Sketch Plan Pg. 1

SKETCH PLAN



A: SKT 421HM
B: SLB 3660Y
C: SLF 4072S
D: SHD 4496K
E: UNKNOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along MCE (East-bound, before Fort Road exit), keeping at a speed limit of about 70km/h, a distance of 2.5 car lengths behind SLB 3660 Y. Suddenly I heard a tyre screeching sound and saw ^{SLB 3660 Y's} ~~the~~ brake lights come on. I immediately slammed my brakes but still did not manage to stop in time. Everyone alighted from their cars and I saw 3 other cars in front of mine. - the first was a comfort taxi SHD 4496K, second was SLF 4072S, third was SLB 3660 Y. my vehicle was the last car in the collision. According to the other drivers, there was a car before the taxi who was the culprit to the collision but the car had sped off.

DECLARATION

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

Policyholder's Signature
Date & Time: 2 December 2017
12:41

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2 December 2017
12:41

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7907460H**
Name
CHONG SHU HUI, EILEEN
(ZHONG SHUHUI, EILEEN)

Birth Date **16 Mar 1979**
Issue Date **30 Apr 2003**

000460114G

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7907460H**

Name
CHONG SHU HUI, EILEEN
(ZHONG SHUHUI)
鍾淑慧

Race
CHINESE

Date of birth **16-03-1979** Sex **F**

Country of birth
SINGAPORE

S7907460H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE
20 May 1999

Licence No: **S7907460H**

NP428A

4419745

NRIC No **S7907460H**

Date of issue
22-06-2009

**APT BLK 113 COMPASSVALE BOW #15-U/
SINGAPORE 544814**

NRIC No: **S7907460H** Date: **01/05/2014**



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2017-00004409 (Comprehensive - Classic Plan)

Car plate number: SKT4214M

Your name (As the policyholder): Chong Shu Hui, Eileen

Coverage start date: 08/06/2017

Coverage end date: 07/06/2018

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: DBS Bank Ltd

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 30/05/2017

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

Accident Photo



Accident Photo



Accident Photo

