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 witholding 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 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	22/01/2018 13:26
Date Of Accident	20/01/2018 20:30
Exact Location Of Accident	KALLANG WAVE MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ688X

Insured/Policyholder

Name Of Registered Owner	CHIANG WEE HWA
NRIC No	S7727786B
Email Address	WHCHIANG77@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92960253
Alternative Phone No	OTHERS-92960253

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00002632
Cover Note Number	01/04/2017 TO 31/03/2018

Driver

Name of Driver	CHIANG WEE HWA
NRIC No	S7727786B
Date Of Birth	27/09/1977
Occupation	INDOOR
Date Of Driving Pass	21/11/2003
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92960253
Fax Number	
Contact Number	OTHERS-92960253
EMail Address	WHCHIANG77@YAHOO.COM.SG

Address	BLK 121 MCNAIR ROAD #02-71 (S) 320121
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	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : MARIDEL YSULAT HP: 96448461 GENDER: : MALE
Passenger 2	NAME: : CHIANG PIET HAM GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU2887S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CAYDEN
NRIC/Passport Number	
Contact Number	98233544
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>.

3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.

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. <u>Any false reporting may be referred to the Police for investigation</u>.

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

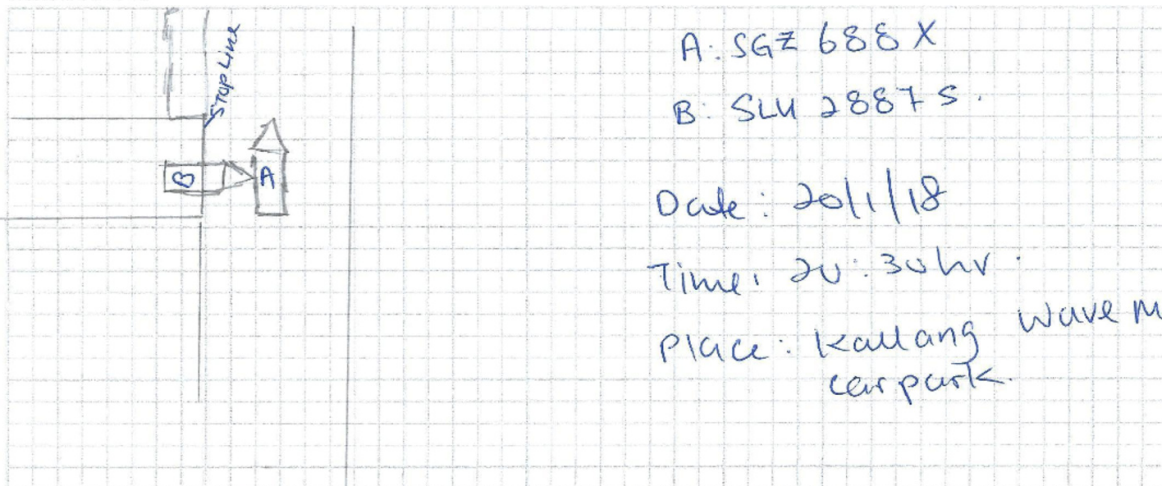   (ii) for complying with requirements under any regulations, laws or court orders.

_____
Policyholder's Signature
Date & Time:

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

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

GIARMC SketchPlanForm_V3

SKETCH PLAN

A. SGZ 688 X
B. SLU 2887 S.

Date: 20/1/18
Time: 20.30hr.
Place: Kallang wave Mall carpark.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/1/18 @ 20:30hrs I was driving SGZ 688X along Kallang wave Mall carpark drive way, SLU 2887S failed to stop and look out for approaching vehicles, had move out, and thus his car SLU 2887S had collided onto the LH portion of my car SGZ688X. After the collision, my car alignment was out.

DECLARATION

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

X _____
Policyholder's Signature
Date & Time:

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

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

GIARMC SketchPlanForm_V3

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
CHIANG WEE HWA

NRIC No
S7727786B

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE   DRIVING LICENCE

Licence Number: S 7 7 2 7 7 8 6 B
Name:

CHIANG WEE HWA (ZHANG WEIHUA)

Birth Date: 27 Sep 1977
Issue Date: 14 Feb 2003

000197589H

SCT 0796139155

13142082

NRIC No/Colour	Race	Blood Group
S7727786B / PINK	CHINESE	O+
Date Of Birth	Country Of Birth	Sex
27/09/1977	SINGAPORE	M
Service Status	Military Rank Status	
REGULAR	MILITARY EXPERT M07141	

Address
BLK 121 MCNAIR ROAD #02-71 SINGAPORE 320121

CashCard
Use governed by CashCard
Terms & Conditions

1111020102914054

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	09 Feb 2000
Class 2A	Motorcycles between 201 cc and 400 cc	27 Mar 2001
Class 2	Motorcycles exceeding 400 cc	25 Jun 2002
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	21 Nov 2003

S7727786B

S / No. 9000015575

Licence No: S7727786B

NP 428A

FWD

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: PNPV2017-00002632

Car plate number: SGZ688X

Your name (As the policyholder): CHIANG WEE HWA

Coverage start date: 01/04/2017

Coverage end date: 31/03/2018

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: Hong Leong Finance Limited

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

Issued on: 19/03/2017

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

Accident Photo