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 <u>truthful and accurate</u> 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

	aforesaid.	
		ACCIDENT STATEMENT
	Date Of Report	12/03/2018 11:58
	Date Of Accident	09/03/2018 19:15
	Exact Location Of Accident	JUNC OF DUNEARN RD & WATTEN ESTATE RD
	Country/State of Loss	SINGAPORE
	D	PETAILS OF OWN VEHICLE
	Vehicle Registration Number	SKL7344T
	Insured/Policyholder	
	Name Of Registered Owner	WEE LIANG GIAP
	NRIC No	S7041221G
	Email Address	WEELIANGGIAP@GMAIL.COM
	Mobile Phone No	(LOCAL) +65-91160075
	Alternative Phone No	OTHERS-NOPHONE
	Vehicle Particulars	
	Manufacturer	VOLKSWAGEN
	Model	TOURAN-1.4 TSI (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?	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	PNPV2017-00008848

Cover Note Number **Driver**

Name of Driver TAN YAM LIM
NRIC No S7432751F
Date Of Birth 02/10/1974
Occupation INDOOR
Date Of Driving Pass 15/10/1993

Driving Experience 24 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96868262

Fax Number

Contact Number

EMail Address PAULINETYL@YAHOO.COM

Address 23A SHELFORD RD #02-06

Postcode 286655

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

NO

NO

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGU8207A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ANG BEE LIN

NRIC/Passport Number S1817140F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLV5654Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver YEO ING ANN
NRIC/Passport Number S8614001B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN YAM LIM

Approximate Age

Injuries Sustain NECK
Injured person in which vehicle? SKL7344T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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: 10 MAR

IN AM

Driver's Signature

(If driver is not the policyholder)

Date & Time: NO MAR 10 AM

Reporting Centre Personnel's Signature

Name:

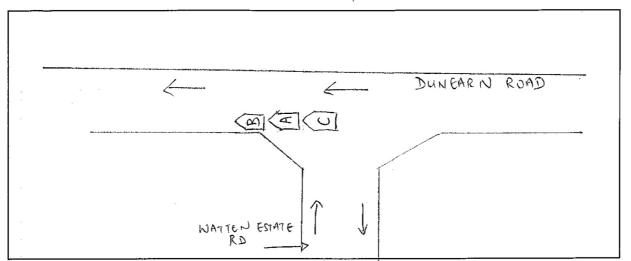
NRIC/FIN No .:

Sketch Plan Pg. 2

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Accident Date: 9 MAR 2018 Time: 7.16 PM Location: JUNCTION OF DUNEARD RD & MATTER

My Vehicle A: SKL 7344T Vehicle B: SLV 5654 Y Vehicle C/Others SGU 8207A ESTATE RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Dunearn Road. As I approached the junction I slowed
down as I saw ear B preparing to turn out of Water Estate Rel (minor road)
to Dunearn Rd. Car B turned out at the moment and I stopped my car in
time and there was no impact. However, Car C could not stop in time
and banged my carth from behind. As shown in my video to be submitted,
Car C had just changed lane from to the left lane and could not
stop in time and banged CarA. CarA then moved and hit CarB,
() Claim OD / TP at Ah Lim Motor (✓) Claim OB / TP at other workshop () Reporting Only
Remarks: Please forward a copy of my efile accident report to My workshop: Email Address: paulinetyle yahoo. com & Myself:

DECLARATION

Email Address

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

your own policy. Kindly check with your own insurer for more information.

Policyholder's Signature

GIARMO SketchPhy forest, V.

Date & Time:

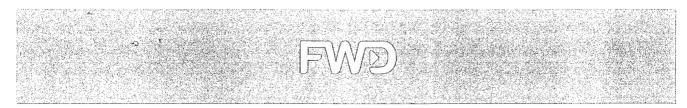
Driver's Signature(If driver is not the policyholder)

Date & Time NO MAR 18

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under

Witnessed by Reporting Centre Personnel

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YOUR CLASSIC CAR INSURANCE SUMMARY

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 or the next working day of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2017-00008848

About this policy

Premium paid : \$\$831.75 Coverage start date : 19/12/2017

(Inclusive of GST) Coverage end date : 18/12/2018

Who is insured to drive: : You and any Authorised Driver

Policy Type : CLASSIC

About you (As the policyholder)

Your name : Wee Liang Giap

Address : 23A Shelford Road #02-06 Shelford 23 Singapore 286655

Email : weelianggiap@gmail.com

NRIC/FIN : S7041221G Date of birth : 15/11/1970

Marital status : Married Gender : Male

Current no claims discount : 50% Mobile Number : 91160075

Years of driving experience : Three or more Certificate of merit : Yes

About your car

Car make and model : VOLKSWAGEN TOURAN 1.4

Car plate number : SKL7344T Year of first registration: 2013

Issued on: : 24/11/2017

Abhishek Bhatia Chief Executive Officer FWD Singapore Pte Ltd

Shrin

Please refer to contract for specific terms, conditions and exclusions of this policy.

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

INS NRIC & DRIVER NRIC & DL Pg. 1







