

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 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	28/03/2018 09:30
Date Of Accident	27/03/2018 19:15
Exact Location Of Accident	BKE - SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8584R
Insured/Policyholder	
Name Of Registered Owner	CHEONG YEW MENG JYM
NRIC No	S7612703D
Email Address	JYM@JYM.SG
Mobile Phone No	(LOCAL) +65-91127306
Alternative Phone No	OFFICE-91127306

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	PNPV2018-00003111
Cover Note Number	

Driver

Name of Driver	JOCELYN CHIONH HUI SHAN
NRIC No	S8123764F
Date Of Birth	03/08/1961
Occupation	INDOOR
Date Of Driving Pass	08/02/2012
Driving Experience	6 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94524238
Fax Number	
Contact Number	
Email Address	JYM@JYM.SG

Address	BLK 678 CHOA CHU KANG CRESENT #10-632 S 680678
Postcode	
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	RAINING
Road Surface	WET

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)	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 TO ATTACHED REPORT

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	SKG5427C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JING HAO
NRIC/Passport Number	S8709896F
Contact Number	94559135
Address	NA
	NA
Postcode	NA
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCY1714A
-----------------------------	----------

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IMRAN BIN BUSTAMAM
NRIC/Passport Number	S8703472J
Contact Number	92703366
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/3/18 0945M



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

Accident Sketch Plan Pg. 1

SKETCH PLAN

BKE - SLE

[D] [B] [A] [C]

A: 8KK 8584R .

B: 8KG 5427C

C: 8CY 1714A

D: unknown


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was stationary due to heavy traffic, as car in front has stop. moments later I felt an impact from behind. The force has cause my vehicle move forward & hit onto vehicle C. I came out & realised it was a chain collision involving 4 vehicles in total.


Insurance Co.	FWD.
Vehicle No.	8KK 8584A
Date of Accident	27/3/18
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	
<input type="checkbox"/> Other Workshop	KFS.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 28/3/18 0945hr.


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 28/3/2018 0945hr.


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

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8123764F**

Name: **JOCELYN CHIONH HUI SHAN**
(JOCELYN JIANG HUI SHAN)

Birth Date: **03 Aug 1981**

Issue Date: **08 Feb 2012**

002040887A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8123764F**



Name: **JOCELYN CHIONH HUI SHAN**
(JOCELYN JIANG HUI SHAN)

Race: **蒋 慧 珊**

CHINESE

Date of birth: **03-08-1981** Sex: **F**

Country of birth: **SINGAPORE**

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

Class 3A Motor cars without clutch pedals (Auto) =< 2000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

EFFECTIVE DATE **08 Feb 2012**

NP 428A

Licence No: **S8123764F**

4804740

NRIC No. S8123764F

Date of issue: **22-12-2011**

Address: **APT BLK 67B CHOA CHU KANG CRESCENT #10-632 SINGAPORE 680678**






CERTIFICATE OF INSURANCE

Please call +65-6822-2072 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: PNPV2018-00003111 (Comprehensive - Classic Plan)

Car plate number: SKK8584R

Your name (As the policyholder): CHEONG YEW MENG JYM

Coverage start date: 01/03/2018

Coverage end date: 28/02/2019

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: UOB Limited

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

Issued on: 26/02/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-6398
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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKFS18041621 Vehicle Registration No: SKK8584R
Name(as shown in NRIC) : JOCELYN CHIONH HUI SHAN NRIC/FIN/Passport No : S8123764F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 678 CHOA CHU KANG CRESENT #10-632 S 680678 Singapore()
Contact (Tel) : _____ Mobile No. : 94524238
Email Address : _____
Date of Accident : 27/03/2018 Time of Accident : 19:15
Place of Accident : BKE - SLE
Insurance Company: FWD SINGAPORE P/L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TYPO ERRO: OWNER VEHICLE SHOULD BE:

SKK8584R



Policyholder / Driver's Signature
Date:

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