

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	02/04/2018 15:10
Date Of Accident	31/03/2018 12:30
Exact Location Of Accident	BLK 447 ANG MO KIO AVE 10 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE4687Y
Insured/Policyholder	
Name Of Registered Owner	BEH JING QUN NICHOLAS
NRIC No	S8631495I
Email Address	NICHOLASBEHJQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91289166
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 L VTI (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
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Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00002611
Cover Note Number	

Driver

Name of Driver	BEH AH KIM
NRIC No	S0097683J
Date Of Birth	14/04/1952
Occupation	INDOOR
Date Of Driving Pass	13/04/1973
Driving Experience	44 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96490853
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 629 HOUGANG AVE 8 #04-70
Postcode	530629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : SUMIATI
	GENDER: : FEMALE

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

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	GBB8150M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALAN
NRIC/Passport Number	
Contact Number	93383451
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGZ1686U
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SBW9228G
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)	

SKETCH PLAN

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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: 02 APR 2018
1200 HR

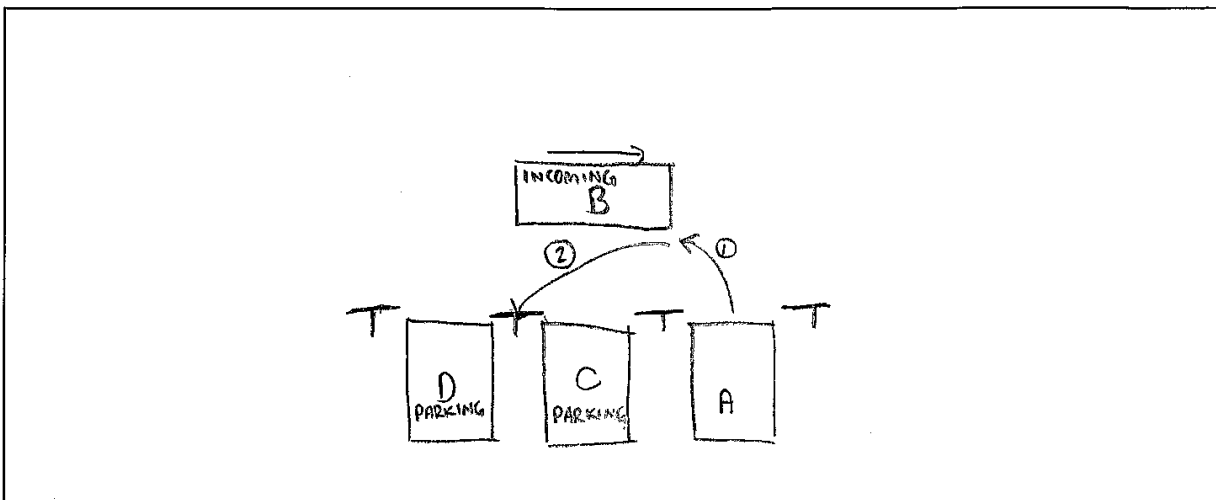
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 23 MAR 2018 Time: 12:30 Location: BLK 447 ANG MO KIO AVE 10 (CARPARK)
 My Vehicle A: SJE4687Y Vehicle B: QBB8150M Vehicle C/Others: SG216864 (C) SGW92286 (O)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving out of parking lot, my vehicle brushed into ^{incoming} vehicle B. To avoid further collision, ~~he~~ I swerve to the left and hit onto vehicle C & D, both stationary.

☒ Claim OD / TP at Ah Lim Motor () Claim OD / TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop :

Email Address :

& Myself :

Email Address :

624 HANGANG AVE 8, #04-70 SC530629)

nicholasbehjq@gmail.com

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

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

Date & Time 02 APR 2018

12:00 HR

Witnessed by Reporting Centre

Personnel



**SINGAPORE
POLICE FORCE**

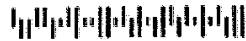
10 Ubi Avenue 3
Singapore 408555
Tel +65 6547 0000

30 Mar 2017

280-000620

BEH AH KIM
APT BLK 629 HOUGANG AVENUE 8
#04-70
SINGAPORE 530629

Our Ref : S0097683J



Dear Sir / Madam

ACKNOWLEDGEMENT OF RECEIPT OF MEDICAL EXAMINATION REPORT

We acknowledge receipt of your medical examination report on 30 Mar 2017.

- 2 As you have been certified medically fit to drive, you may continue to drive until your next medical examination.
- 3 If you are a foreigner, you may continue to drive until such date when your driving licence expires or until your next medical examination, whichever is earlier.
- 4 Traffic Police Department will send you another letter to go for your next medical examination when approaching your next age limit under the law.
- 5 Should you at any time be diagnosed to be unfit to drive by a medical practitioner, for your own safety and that of all road users, you are advised to surrender your licence to the Traffic Police.

Yours faithfully

**HEAD OF TESTING AND LICENSING BRANCH
TRAFFIC POLICE**

This is computer-generated and does not require a signature.



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: PNPV2018-00002611 (Comprehensive - Classic Plan)

Car plate number: SJE4687Y

Your name (As the policyholder): Beh Jing Qun, Nicholas

Coverage start date: 13/02/2018

Coverage end date: 12/02/2019

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: United Overseas Bank Limited

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

Issued on: 13/02/2018

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.

DRIVER NRIC & DL Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0097683J




Name
BEH AH KIM
馬亞欽

Race
CHINESE

Date of Birth
14-04-1952

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S0097683J**
Name: **BEH AH KIM**

Birth Date: **14 Apr 1952**
Issue Date: **17 Jun 2008**



001615897C

A0098113



NPIC No **S0097683J**




Blood Group: **AB+** Date of Issue: **18-01-2002**

Address
**APT BLK 629 HOUGANG AVENUE 8
#04-70
SINGAPORE 530829**

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

	PASS DATE
Class 2B Motorcycles <= 200 cc	10 Apr 1973
Class 2A Motorcycles between 201 cc and 400 cc	10 Apr 1973
Class 2 Motorcycles > 400 cc	10 Apr 1973
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	13 Apr 1973

NP 428A



Licence No: S0097683J

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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