

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 | 03/04/2018 09:37 |
| Date Of Accident | 02/04/2018 15:35 |
| Exact Location Of Accident | UPPER SERANGOON RD & BUANGKOK DRIVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SGS1253Y |
| Insured/Policyholder | |
| Name Of Registered Owner | CHAN HONG XIANG |
| NRIC No | S8836595Z |
| Email Address | RANGER_BENSON@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-96170384 |
| Alternative Phone No | OTHERS-96170384 |

Vehicle Particulars

| | |
|--------------|-----------------|
| Manufacturer | NISSAN |
| Model | LATIO-1.5 L (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 | PNPV2018-00001491 |
| Cover Note Number | 10/03/2018 TO 09/03/2019 |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | CHAN HONG XIANG |
| NRIC No | S8836595Z |
| Date Of Birth | 03/10/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/11/2010 |
| Driving Experience | 7 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96170384 |
| Fax Number | |
| Contact Number | OTHERS-96170384 |
| EEmail Address | RANGER_BENSON@YAHOO.COM.SG |

| | |
|---|--|
| Address | APT BLK 471A UPPER SERANGOON CRESCENT #11-382 (S) 531471 |
| 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 TO REAR |
| 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) | 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. remarks : insurer had provide us the video footage

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 | SHC6413S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Accident 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.

Handwritten signature of Policyholder

Policyholder's Signature
Date & Time: 03/04/15 @ 0948hrs

Handwritten signature of Driver

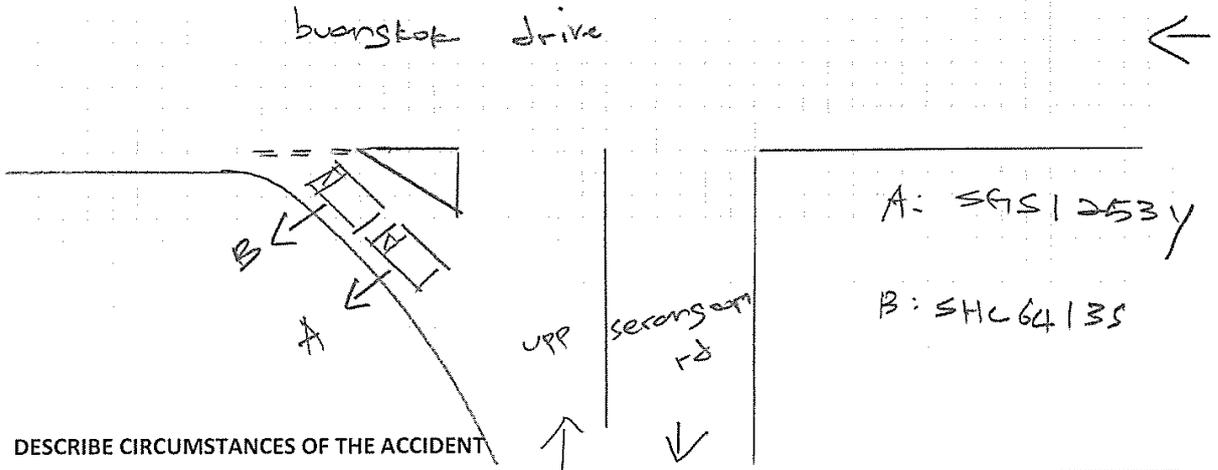
Driver's Signature
(If driver is not the policyholder)
Date & Time: 03/04/15 @ 0948hrs



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In 02/04/2018 at about 1535hrs, I was driving my vehicle (S651253Y) along upper serangor road junction, while turning into bungkok Drive and I was looking on my right to check for incoming traffic and the Taxi (SHC 64135) in front of me just stopped at the give way line and I was not able to stop in time and collided onto the rear of the taxi. There was no one injured

DECLARATION

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


 Policyholder's Signature
 Date & Time: 03/04/18 @ 0948hrs


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 03/04/18 @ 0948hrs


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



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S8836595Z**
Name: **CHAN HONG XIANG**
Birth Date: **03 Oct 1988**
Issue Date: **03 Nov 2010**

001907992D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8836595Z**



Name
CHAN HONG XIANG

曾 鴻 祥

Race
CHINESE

Date of birth
03-10-1988

Sex
M

Country of birth
SINGAPORE

S8836595Z

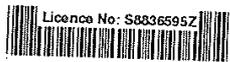
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE

03 Nov 2010

NP 428A



License No: S8836595Z

3407202



NRIC No: S8836595Z



Date of issue
02-10-2003

**APT BLK 471A UPPER SERANGOON CRESCENT #11-382
SINGAPORE 531471**

NRIC No: S8836595Z

Date: 24/04/2014



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: PNPV2018-00001491 (Comprehensive - Executive Plan)

Car plate number: SGS1253Y

Your name (As the policyholder): Chan Hong Xiang

Coverage start date: 10/03/2018

Coverage end date: 09/03/2019

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: Tokyo Century Leasing (Singapore) Pte Ltd

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

Issued on: 16/01/2018

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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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