

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	10/04/2018 17:34
Date Of Accident	10/04/2018 07:10
Exact Location Of Accident	443B FAJAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG6316E
Insured/Policyholder	
Name Of Registered Owner	BILLY ASWIN
NRIC No	S8682791C
Email Address	BILLYASWINIRAWAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93283229
Alternative Phone No	OTHERS-93283229

Vehicle Particulars

Manufacturer	HYUNDAI
Model	GETZ1.1 5M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2017-00003123
Cover Note Number	22/10/2017 - 21/10/2018

Driver

Name of Driver	BILLY ASWIN
NRIC No	S8682791C
Date Of Birth	02/02/1986
Occupation	INDOOR
Date Of Driving Pass	15/10/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93283229
Fax Number	
Contact Number	OTHERS-93283229
Email Address	BILLYASWINIRAWAN@YAHOO.COM

Address	BLK 443B FAJAR ROAD #17-84
Postcode	672443
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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: : SESSALINE LEE ZIYING GENDER: : FEMALE
Passenger 2	NAME: : SHERISE YU AI YI 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 THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

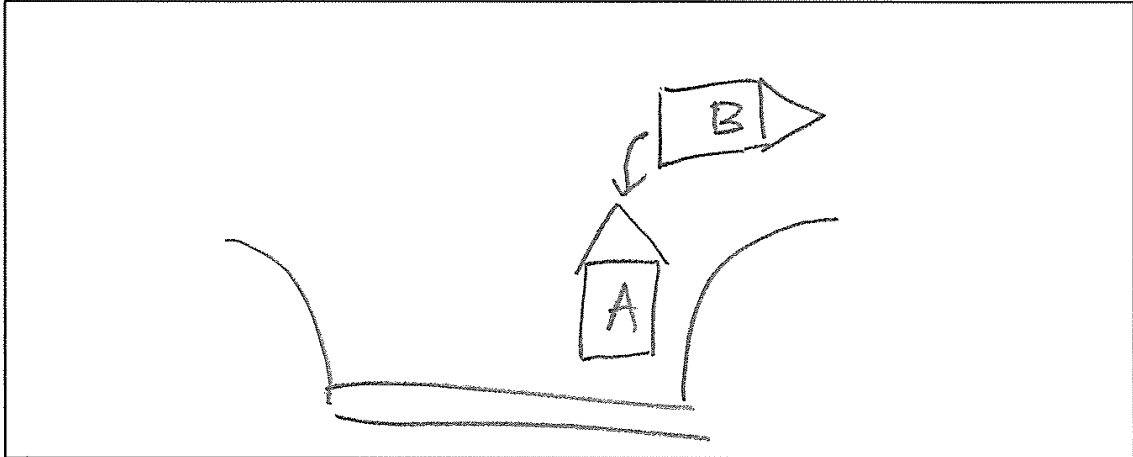
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV4870U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG HUI YEE JENNIFER
NRIC/Passport Number	S7404324J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

Date of accident: 10 April 2018 Time: 7.10 AM Location: 443 B TAJAR ROAD
My Vehicle A: SG9 P316 E Vehicle B: SJV 4870 U Vehicle C: —
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

10 April 2018 at 7:10 am. I was waiting my wife and baby inside the car in front of dust bin chute 443 B PASAR ROAD. There was a car reversing to dust bin chute of 443 B PASAR ROAD and hit my front right of my car

Vehicle B driver: Ng Hui Yee Jennifer
S7404324J

☒ 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 : billyaswinirawan@yahoo.com.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you 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: 10 April 2018
17:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Chemical analysis of the samples was performed using a Perkin-Elmer 5000 series atomic absorption spectrophotometer with a deuterium arc lamp. The concentration of the samples was determined by the method of standard addition. The concentration of the samples was determined by the method of standard addition.

AH LIM MOTOR COMPANY

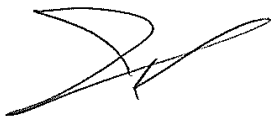
SKETCH PLAN

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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.



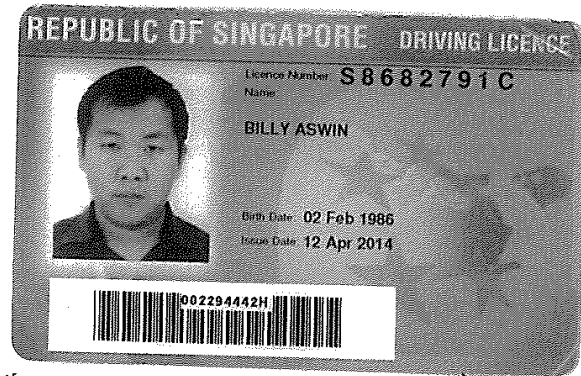
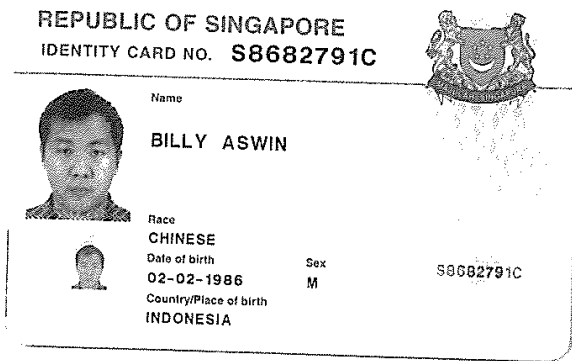
Policyholder's Signature
Date & Time:

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



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

Sketch Plan Pg. 3

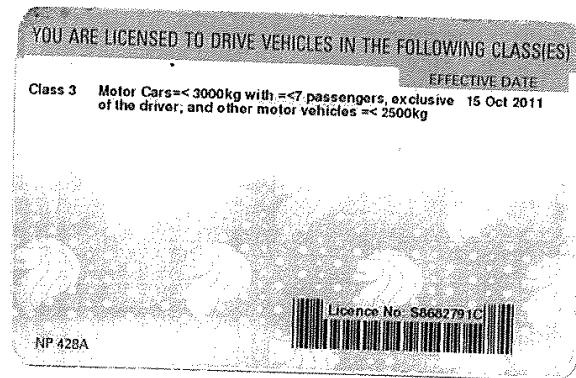


3pax - JESSALINE LEE zhiying (F)
SHERISE Yu Ai Yi (F)

no injuries
clear & dry
no video

3rd party
private car

93283229





YOUR THIRD PARTY, FIRE & THEFT 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 : PNPV2017-00003123

About this policy

Premium paid	: S\$789.57	Coverage start date	: 22/10/2017
(Inclusive of GST)		Coverage end date	: 21/10/2018
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: THIRD PARTY,FIRE,THEFT		

About you (As the policyholder)

Your name	: Billy Aswin		
Address	: 443B Fajar Road 17-84 Fajar Hills Singapore 672443		
Email	: billyaswinirawan@yahoo.com		
NRIC/FIN	: S8682791C	Date of birth	: 02/02/1986
Marital status	: Married	Gender	: Male
Current no claims discount	: 0%	Mobile Number	: 93283229
Years of driving experience	: Three or more	Certificate of merit	: Yes

About your car

Car make and model	: HYUNDAI GETZ 1.1	
Car plate number	: SGG6316E	Year of first registration : 2006

Issued on: : 10/04/2017

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

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 Travel Insurance Summary need to be changed.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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