

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	16/04/2018 18:34
Date Of Accident	16/04/2018 08:00
Exact Location Of Accident	FU LU SHOU COMPLEX BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9089P
Insured/Policyholder	
Name Of Registered Owner	KAO MENG LEONG
NRIC No	S1164674C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96607489
Alternative Phone No	HOME-96607489

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00007050
Cover Note Number	

Driver

Name of Driver	KAO MENG LEONG
NRIC No	S1164674C
Date Of Birth	25/11/1955
Occupation	INDOOR
Date Of Driving Pass	04/06/1982
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96607489
Fax Number	
Contact Number	HOME-96607489
Email Address	NOEMAIL

Address	10 CHENG SOON LANE SINGAPORE 2159
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	2
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)	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 SKETCH PLAN

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	SKE9481D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96618531
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



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: PNPV2017-00007050 (Comprehensive - Classic Plan)

Car plate number: SJJ9089P

Your name (As the policyholder): Kao Meng Leong

Coverage start date: 29/09/2017

Coverage end date: 28/09/2018

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.

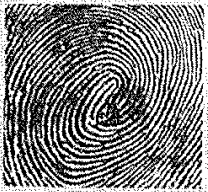
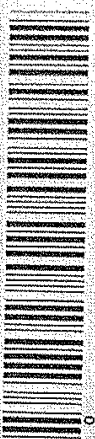
Finance company: -

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

Issued on: 10/09/2017

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.


			0 1 3 6 7 4 C
Address 10 CHENG SOON LANE SINGAPORE 2159		NRIC No. S1164674C	
Blood Group O+		Date of Issue 23-10-1991	

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


NP 423A



 Licence No. S1164674C


		REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1164674C	
高 明 良 Name KAO MENG LEONG SEBASTIAN		Race CHINESE	
Date of Birth 25-11-1955		Sex M	
Country of Birth SINGAPORE			

REPUBLIC OF SINGAPORE DRIVING LICENCE



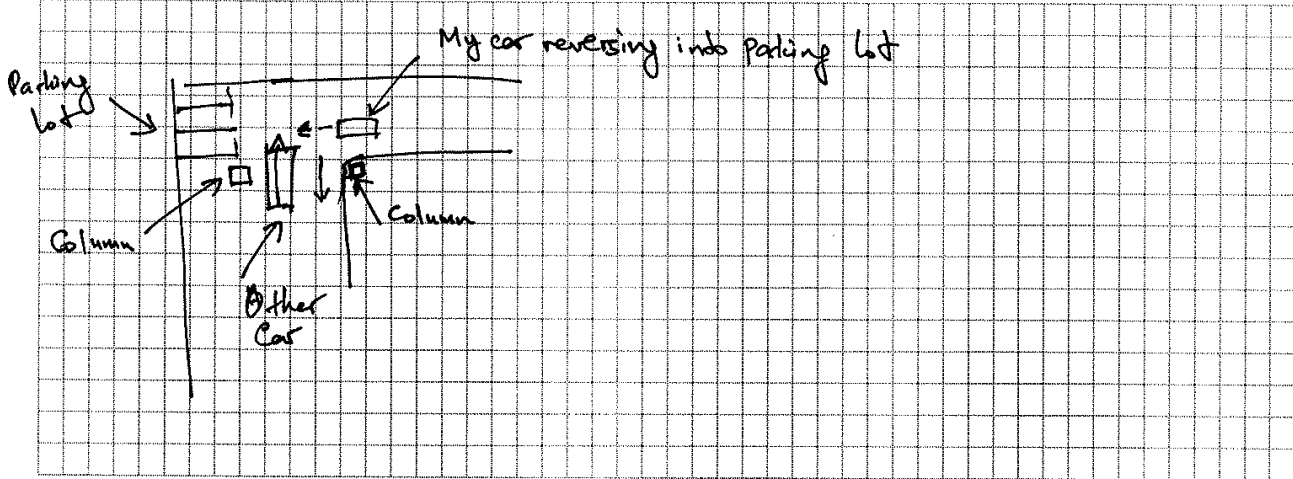
Licence Number S1164674C
 Name
 KAO MENG LEONG SEBASTIAN

Born Date 25 Nov 1955
 Valid Date 04 Feb 2012



 0020399605D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing my car into a parking lot located at a right-angle bend when my car hit the front of another vehicle behind. The accident happened on 16 Apr at about 8am.

I could not see the car from my rear view mirror as only the bonnet was projecting out.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

✓	- Reporting Only
	- Claim OD
	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

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

16/4/18 6.40pm.

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

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:

16/4/18 6:40pm

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


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

Enquire Transfer Fee

Vehicle Details			
Vehicle No.:	SJJ9089P		
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover		
Vehicle Attachment 1:	No Attachment		
Vehicle Scheme:	Normal		
Vehicle Make:	TOYOTA		
Vehicle Model:	WISH 1.8 AUTO		
Chassis No.:	JTDER12W803000779		
Propellant:	Petrol		
Engine No.:	1ZZ3139552		
Engine Capacity:	1794 cc		
Maximum Power Output:	97.0 kW (130 bhp)		
Maximum Laden Weight:	1885 kg		
Unladen Weight:	1310 kg		
Year Of Manufacture:	2008		
Original Registration Date:	29 Sep 2008		
Lifespan Expiry Date:	-		
COE Category:	E - Open Category		
Quota Premium:	\$14,101.00		
COE Expiry Date:	28 Sep 2018		
Road Tax Expiry Date:	28 Sep 2018		
PARF Eligibility Expiry Date:	28 Sep 2018		
Inspection Due Date:	28 Sep 2019		
Intended Transfer Date:	17 Apr 2018		
CO2 Emission:	-		
CO Emission:	-		
HC Emission:	-		
NOx Emission:	-		
PM Emission:	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK

Print

Accident Photo



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REPORTING MILEAGE

