

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	16/05/2018 13:14
Date Of Accident	15/05/2018 14:00
Exact Location Of Accident	PIE AFT SERANGOON EXIT TWRDS CHANGI - BELOW CTE FL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9496L
Insured/Policyholder	
Name Of Registered Owner	POH LEONG SOON
NRIC No	S7612844H
Email Address	LEONGSOON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98240533
Alternative Phone No	OTHERS-92983892

Vehicle Particulars

Manufacturer	BMW
Model	525I-2.5 XL (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?	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	PNPV2016-00000316-01
Cover Note Number	

Driver

Name of Driver	HUANG PINGSHAN
NRIC No	S8119253G
Date Of Birth	11/06/1981
Occupation	INDOOR
Date Of Driving Pass	11/06/2001
Driving Experience	16 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92983892
Fax Number	
Contact Number	
Email Address	PINGSHAN.HUANG@GMAIL.COM

Address	BLK 138C LOR 1A TOA PAYOH #22-32
Postcode	313138
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	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 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	SKC2538G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM THIAM WEE THOMAS
NRIC/Passport Number	S8026741Z
Contact Number	94555651
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: 16/05/18, 1148hrs.

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



Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 15/05/18 Time: 13:59 Location: after PIE serangron exit
 My Vehicle A: SKX 9496L Vehicle B: SKC 2538G Vehicle C/Others: —

A = my vehicle



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic was moving intermittently and ~~exceed~~ during one of the "move - stops", I was unable to brake in time and gently bumped into the vehicle in front of me.

() 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 : pingshan.huang@gmail.com ; jeongsoon@gmail.com
 & Myself :
 Email Address :

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:

[Signature]

Driver's Signature (If driver is not the policyholder)
 Date & Time 16/05/18, 1148 hrs.

Witnessed by Reporting Centre
 Personnel

[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: PNPV2016-00000316-01 (Comprehensive - Executive Plan)

Car plate number: SKX9496L

Your name (As the policyholder): POH LEONG SOON

Coverage start date: 25/11/2017

Coverage end date: 24/11/2018

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.

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

Issued on: 29/10/2017

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.

DRIVER NRIC & DL Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Huang Pingshan

Licence Number: **S8119253G**
Name: **HUANG PINGSHAN**
Birth Date: **11 Jun 1981**
Issue Date: **27 Dec 2002**

Barcode: 0000694628

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8119253G**

Portrait photo of Huang Pingshan

Name: **HUANG PINGSHAN**
黄萍珊
Race: **CHINESE**
Date of birth: **11-06-1981** Sex: **F**
Country of birth: **SINGAPORE**

Serial Number: **881102800**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Jun 2001

NP 428A

Licence No: **S8119253G**

Barcode: 8066755

Portrait photo of Huang Pingshan

NRIC No: **S8119253G**

Date of issue: **26-05-2012**

APT BLK 138C LORONG 1A TOA PAYOH #22-32
SINGAPORE 313138
NRIC No: **S8119253G** Date: **09/09/2012** No: **7208635**

Identification Card



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

