

## 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	11/05/2018 12:34
Date Of Accident	10/05/2018 18:05
Exact Location Of Accident	JALAN BOON LAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6338G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NARASIMHAN DAMODARAN
NRIC No	S8382489A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92383453
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MAZDA
Model	6
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2018-00000020
Cover Note Number	

### Driver

Name of Driver	NARASIMHAN DAMODARAN
NRIC No	S8382489A
Date Of Birth	27/09/1983
Occupation	INDOOR
Date Of Driving Pass	07/06/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92383453
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	APT BLK 673B JURONG WEST ST 65 #14-02
Postcode	642673
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	CHAIN COLLISION
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)	2
Passenger 1	NAME: : MELROSE BUSTAMANTE
	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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE TO UPLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC7974Y
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 2**

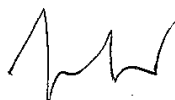
Vehicle Registration Number	SLN8750A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

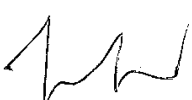
SKETCH PLANIMPORTANT NOTICE

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 liability.
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. The 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 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.

  
 Policyholder's Signature  
 Date & Time:

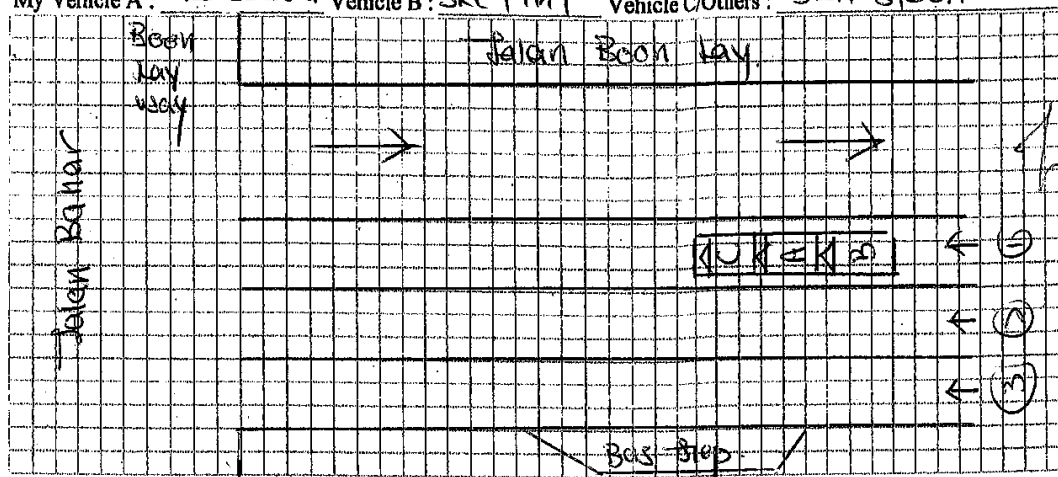
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 11/05/18  
 10:30 am

  
 Reporting Centre Personnel's Signature  
 Name: Mei Li  
 NRIC/FIN No.: 11/05/18

FWD  
 Vehicle: - SKS  
 63386

# Sketch Plan Pg. 2

Date of Accident: 10/5/18 Time: 1805 Location: Along Jalan Boon Lay.  
My Vehicle A: SKS 6338 G Vehicle B: SKC 7974Y Vehicle C/Others: SLN 8750A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jalan Boon Lay towards  
on lane 1,  
Jalan Bahar, due to heavy traffic front vehicle  
stopped I followed suit (stationary). Suddenly  
vehicle B hit onto my rear portion and due to  
the strong impact my vehicle moved forward and  
hit onto vehicle C.

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

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

My workshop : EM1 AUTO PTE LTD @ gmail . com.

email address : Blk 8 Sin Ming Rd

& myself : #01-68 Industrial Estate Sector C

Singapore 575643

email address : HP: 96666556 Fax: 64575776

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.

Vehicle : SKS  
6338 G

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time: 11/05/18

10.30 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



11/05/18



## 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: PNCV2018-00000020**

Car plate number: SKS6338G

Coverage start date: 08/03/2018

Coverage end date: 07/03/2019

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

### About you (the Policyholder)

Name: Namarasimhan Damodaran

NRIC/FIN: S8382489A

Address: 673B Jurong West Street 65 14-02 Singapore 642673

Email: damomia@gmail.com

Mobile Number: 92383453

Date of Birth: 27/09/1983

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 0%

Years of driving experience: Three or more

### About your car and policy

Car make and model: MAZDA 6 2.5

Year of first registration : 2015

Plan type: Comprehensive

Standard Excess: S\$1,300

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$2,804.28

Finance company: DBS Bank Ltd



### 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.

**Important things to know:**

Your Policy comprises this Certificate of Insurance, the Contract 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 in accordance with Your contract.

---

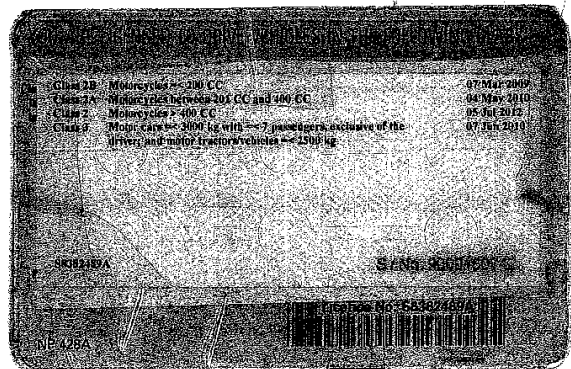
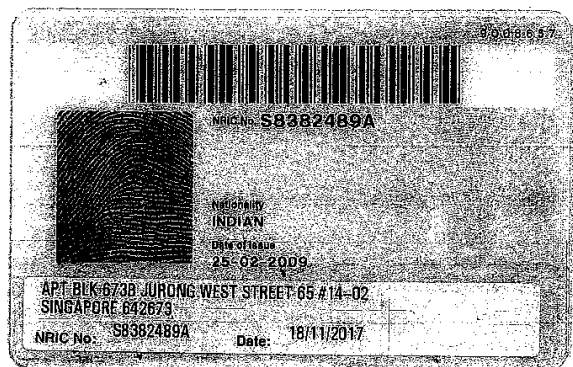
We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Issued on: 08/03/2018

A handwritten signature in black ink, appearing to read 'A. Bhatia', is written over a horizontal line.

**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](mailto: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



Accident Photo





Accident Photo



Accident Photo

