

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	14/05/2018 16:33
Date Of Accident	14/05/2018 07:15
Exact Location Of Accident	JUNCTION OF THOMSON ROAD & NORFOLK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW96U
Insured/Policyholder	
Name Of Registered Owner	TEH JANG KHENG
NRIC No	S7201354I
Email Address	JANGKHENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96999996
Alternative Phone No	OTHERS-91687763
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	I-CAR-659CC MIVEC 4A/T M-LINE (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	PNPV2017-00005935
Cover Note Number	

Driver

Name of Driver	LAI KIT PENG
NRIC No	S6862212C
Date Of Birth	26/01/1968
Occupation	INDOOR
Date Of Driving Pass	30/08/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91687763
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 129 LORONG AH SOO #09-340 SINGAPORE
Postcode	530129
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	DRIZZLING
Road Surface	WET

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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SLQ1736A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO KOW YAM
NRIC/Passport Number	
Contact Number	98362392
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan


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.:

Vehicle No
A - SGW 964
B - SLQ 173

Legend

Vehicle: A rectangle with a triangle on top, labeled A.

Bike: A circle with a triangle on top, labeled A.

I was travelling until Junction road of Thomson rd & Morfitt Rd in the extreme right lane about to right turn. The light was green in my favour. But suddenly I saw the vehicle B in front of me stopped and I unable to stop in time and hit into the rear of veh B.

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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



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: PNPV2017-00005935 (Comprehensive - Classic Plan)

Car plate number: SJL9004Z

Your name (As the policyholder): Teh Jang Kheng

Coverage start date: 24/07/2017

Coverage end date: 23/07/2018

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: 24/07/2017

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.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7201354I



Name

TEH JANG KHENG

鄭章慶

Race

CHINESE

Date of birth

06-01-1972

Sex

M

S7201354I

Country/Place of birth

SINGAPORE



5298011



NRIC No. S7201354I



Date of issue

24-04-2014

Address

APT BLK 129 LORONG AH SOO
#09-340
SINGAPORE 530129

DRIVER NRIC & LICENSE Pg. 1


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S6862212C**

Name
LAI KIT PENG

Birth Date: **26 Jan 1968**
Issue Date: **30 Aug 2005**

001365464D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6862212C**

Name
LAI KIT PENG

黎潔萍



Race
CHINESE

Date of birth
26-01-1968

Country/Place of birth
CHINA

Sex
F

9366584



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

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

PASS DATE
30 Aug 2005

NP 428A



Licence No: S6862212C



Address

APT BLK 129 LORONG AH SOO
#09-340
SINGAPORE 530129



NRIC No **S6862212C**

Nationality
CHINESE
Date of issue
09-04-2015

9366584

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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