

## 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	03/05/2018 08:58
Date Of Accident	02/05/2018 18:50
Exact Location Of Accident	TAMPINES AVE 1 FROM BARTLEY VIA DUCT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8055D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHEE ANN ZECHARIAH
NRIC No	S7501999H
Email Address	ZECHLIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90098021
Alternative Phone No	OFFICE-90098021
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	FORESTER 2.0XT CVT AWD SR
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	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	PNPV2017-00003164
Cover Note Number	19/05/2017-18/05/2018

### Driver

Name of Driver	LIM CHEE ANN ZECHARIAH
NRIC No	S7501999H
Date Of Birth	21/01/1975
Occupation	INDOOR
Date Of Driving Pass	17/06/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90098021
Fax Number	
Contact Number	OFFICE-90098021
Email Address	ZECHLIM@GMAIL.COM

Address	BLK 894 TAMPINES ST 81 #10-980
Postcode	520894
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	WET

#### 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 ATTACHMENT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB5612Y
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG AH HAN
NRIC/Passport Number	S2659324G
Contact Number	88186632
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.

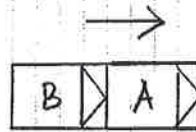


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving from Bartley via duct to Tampines Ave 1 the 3rd party vehicle collide into my rear ~~as~~ when my vehicle is stationary waiting on traffic.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <b>Fourteen (14) days clause</b> whereby the claim must be made within the stipulated timeframe from the day of occurrence.	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD / TP at other workshop

DECLARATION

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

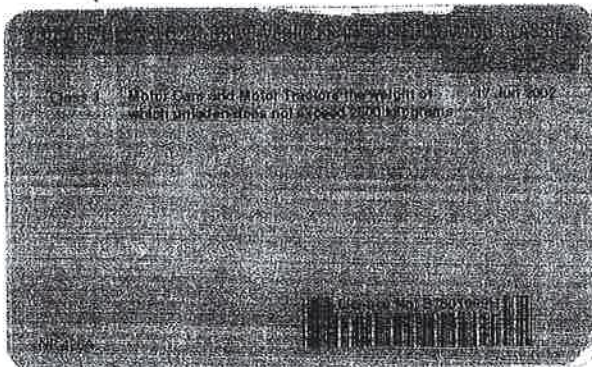
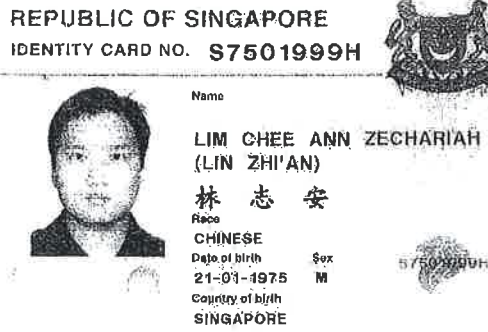
Policyholder's Signature  
Date & Time:

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

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

GRABER SketchPlan 2014





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



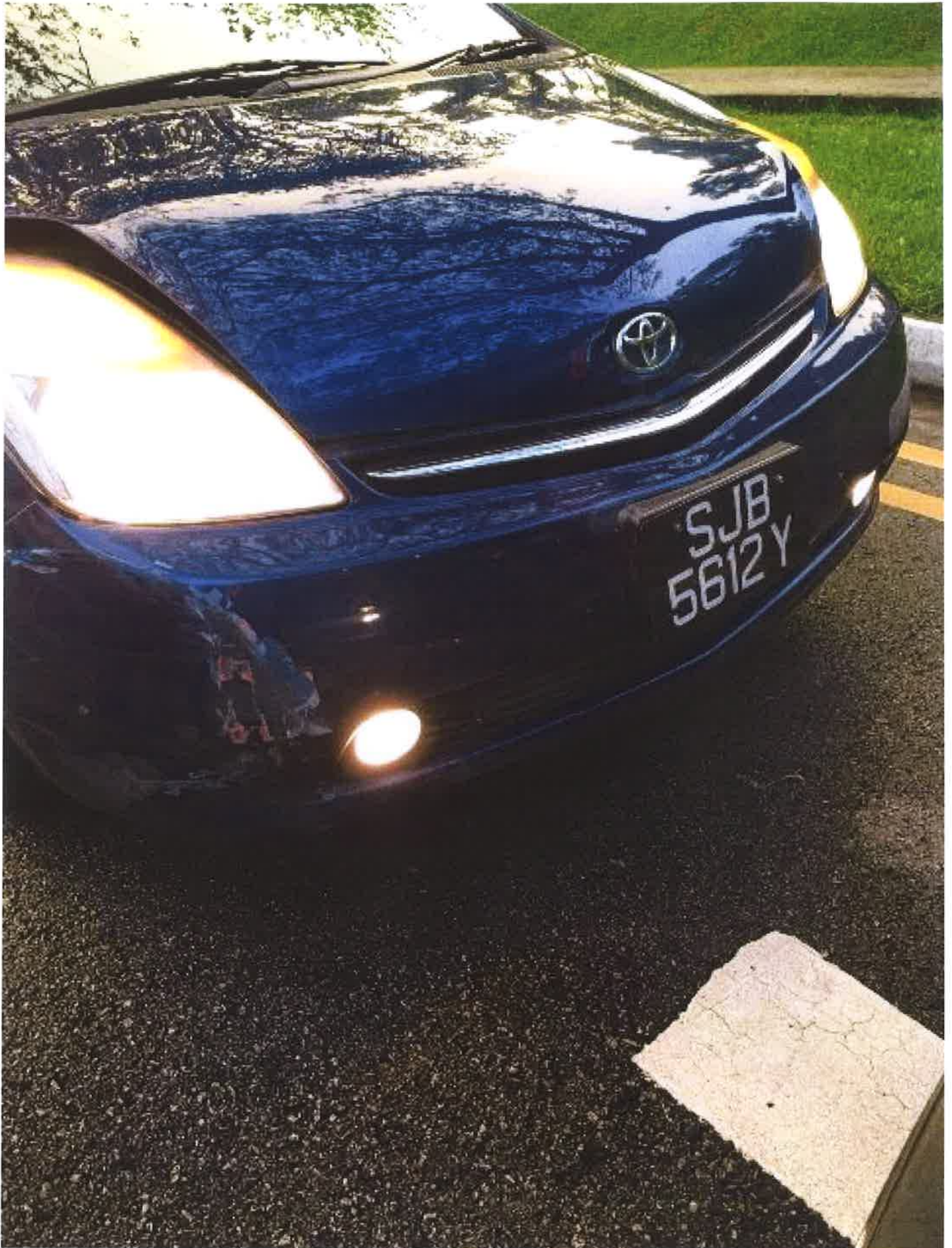


Accident Photo





Accident Photo









### YOUR EXECUTIVE CAR INSURANCE SUMMARY

Please call +65 6322 2072 for FWD Emergency Assistance.  
If your car breaks down or is involved in an accident,  
a claim should be reported within 24 hours of the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER** PNPV2017-00003364

#### About this policy

Premium paid	S\$1,061.50	Coverage start date	15/06/2017
Inclusive of GST		Coverage end date	16/06/2018
Who is insured to drive	You and any Authorised Driver		
Policy Type	EXECUTIVE		

#### About you (As the policyholder)

Your name	LIM CHEE ANN ZECHUANH		
Address	694 Tampines Street 81 #01-08D Singapore 520894		
Email	zechuanh@gmail.com		
NRIC/IN	S7521959H	Date of birth	21/01/1975
Marital status	Married	Gender	Male
Current no claims discount	50%	Mobile number	90998071
Years of driving experience	Three or more	Certificate of merit	Yes

#### About your car

Car make and model	SUBARU FORESTER 2.0 XT		
Car plate number	9KA80550	Year of first registration	2016
Issued on:	11/06/2017		

*A. Shaha*

**Ajitresh Shaha**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to your last five specific queries, conditions and exclusions of this policy.

Please immediately inform us at +65 6322 2072 or email us at [claims@fwd.com.sg](mailto:claims@fwd.com.sg) if any details in this Travel Insurance Summary need to be changed.

FWD Singapore Pte Ltd, 41 Robinson Road, #12-01, The Raffles Hotel, Singapore 068902. Car make/Model/Year of first registration: SUBARU FORESTER 2.0 XT. Car plate number: 9KA80550. Issued on: 11/06/2017. FWD Singapore Pte Ltd, MFR (M) 00000002.