Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Cheek / Paul Repair Inspection ( )  Injury 1  Apply for Transport Repair Cas( > \$3000) ( )  Injury 1  Apply for Transport Repair Cas( > \$3000) ( )  Injury 1  Apply for Transport Repair Cas( > \$3000) ( )  Injury 1  Apply for Transport Repair Cas( > \$3000) ( )  Injury 1  Apply for Transport Repair Cas( > \$3000) ( )  Injury 1  Injury 1	OWNER/YYKER  Tel:  )/ Montific ( )  Tel:  Cover Type: (  Thing:  //: P: 21.79%6, P: 5	F 641
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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

- 8. 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

foresaid	
<b>经验证据的</b>	ACCIDENT STATEMENT
Date Of Report	04/06/2018 09:17
Date Of Accident	02/06/2018 06:25
Exact Location Of Accident	PUNGGOL EAST TOWARDS KPE (ECP) ENTRANCE
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL6870K
Insured/Policyholder	
Name Of Registered Owner	KOH CHOON SIONG (XU JUN XIONG)
NRIC No	S8136497D
Email Address	CS.KOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94574790
Alternative Phone No	OTHERS-94574790
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARREIR
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	PNP2018-00002954
Cover Note Number	
Driver	
Name of Driver	KOH CHOON SIONG (XU JUN XIONG)
NRIC No	S8136497D
Date Of Birth	20/11/1981
Occupation	INDOOR
Date Of Driving Pass	13/03/2007
Driving Experience	11 YEARS AND 2 MONTHS

MALE

(LOCAL) +65-94574790

CS.KOH@HOTMAIL.COM

OTHERS-94574790

Address

BLK 184C RIVERVALE CRESCENT

Postcode

543184

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident Was any body injured in the Accident?

2 YES

NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

NAME:

: KUMAR

Passenger 1

ambulance?

GENDER:

: MALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBD5953Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# **DETAILS OF INJURED PERSON 1**

Name

KOH CHOON SIONG (XU JUN XIONG)

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

SLL6870K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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)

Lunderstand, 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 dutside 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

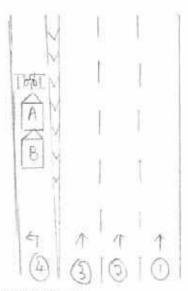
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persannel's Signature
Name:
NRIC/FIN No.: QUIL WAHAS



A = SLL6870K

B = GBD 59537

Punggal East
towards & PE (ECP)

Entrance

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

W / - / / / /
Refer to attach

#### 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 Centre Per

Name:

NRIC/FIN No.:

esonner's Signature

WATER

On 02.06.18 at about 06:25 hours, along Punggol East towards KPE (ECP) Entrance.

I slow down and stop at Zebra crossing for a bicycle to cross. Suddenly I heard a loud bang from behind. When I alighted, I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have one passenger inside my vehicle.

Vehicle (A): SLL6870K

Vehicle (B): GBD5953Y

Roll worth

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 02/06/8/Time: 66-25/ (hh:mm) 24 hr format
Location Paragol East towards KPE (ECP) Entrance/
Vehicle Number 52268704
Insured Name Koh Choon Stony
NRIC/FIN 58136497 ) Contact Number 94574740/
Make Togeto Model Harrior
Are you claiming under your own insurance policy for repair to your vehicle?
( ) Yes If No,Pls select: ( ) Third Party ( ) Reporting
Insurance Company FWD
Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Policy Number PN PV 2018 - 0000 2954
Name of Division
Name of Driver ( )Same as Insured
NRIC (FIN
NRIC / FIN Contact Number
Date of Birth 20/11/178/
Driving Pass Date 13/04/2007
Occupation ( / ) Indoor ( ) Outdoor
Gender (✓) Male ( ) Female
Email Address & CS Kell Chotmaticem ( )NO EMAIL
Address of Driver BIE 1846 Rivervale Crestent
#01-193 Singapore, 543/84
Was driver an employee of the Insured's Company? ( / Yes ( ) No
If No, Relationship of the Driver with the Insured
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions ( ) Clear ( ) Raining ( ) Others
Road Surface ( ) Dry ( / ) Wet ( ) Others
Was any foreign vehicle involved in this accident? ( ) Yes ( ) No
Was anybody injured in the accident? (/) Yes ( ) No
If yes, injured detail Koly Choon Siony (Body prin)
Was there any video captured by Car Camera? (V) Yes (V) No
Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report
DETAILS OF 3rd party Name / Nric Contact
Veh B (18) 54534
Veh C
Veh D
Veh E
Veh F

Possenger: Kumar (nule)

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8136497D





KOH CHOON SIONG (XU JUNXIONG) 计 俊 雄

CHINESE Day of both 20-11-1981 SINGAPORE

SLL6870k

4806601





Date of leave 20-11-2012

APT BLK 184C RIVERVALE CRESCENT #01-193 SINGAPORE 543184



SLL6870 E own Adrial

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 13 Mar 2007 gassengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:581384970



# 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 Z4 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-00002954 (Comprehensive - Executive Plan)

Car plate number: SLL6870K

Your name (As the policyholder): Koh Choon Siong

Coverage start date: 07/03/2018 Coverage end date: 06/03/2019

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: Tokyo Century Leasing (Singapore) Pte Ltd

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

Issued on: 21/02/2018

Shite

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.