

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	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

DETAILS 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
Gender	MALE
Mobile Number	(LOCAL) +65-94574790
Fax Number	
Contact Number	OTHERS-94574790
Email Address	CS.KOH@HOTMAIL.COM

Address	BLK 184C RIVERVALE CRESCENT #01-193
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?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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: : KUMAR 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?	NO

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	

No. Of Passenger (Including Driver)

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

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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:



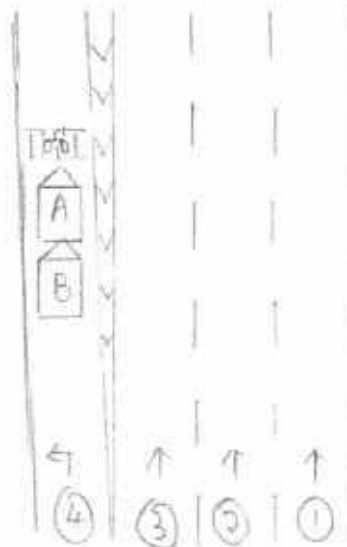
Driver's Signature
(If driver is not the policyholder)
Date & Time:



24/06/2018

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

SKETCH PLAN



A = SLL 6870K

B = GBD 59537

Punggol East

towards KPE (ECP)

Entrance

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

(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:

 08/06/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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

A handwritten signature in black ink, appearing to be 'Kran'.A handwritten signature in blue ink, appearing to be 'Rohi', followed by the date '02/06/2018' and the word 'witness'.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 02/06/18 / Time: 06-25 / (hh:mm) 24 hr format	
Location Panggol East towards KPE (ECP) Entrance /	
Vehicle Number SL26870K /	
Insured Name Koh Chuan Siong /	
NRIC/FIN SE136497 /	Contact Number 94574740 /
Make Toyota	Model Harrier
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes If No, Pls select: () Third Party () Reporting	
Insurance Company FW /	
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only	
Policy Number PN PV 2018 - 0000 2954	
Name of Driver () Same as Insured	
NRIC / FIN	Contact Number
Date of Birth 20/11/1981	
Driving Pass Date 13/03/2007	
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor	
Gender (<input checked="" type="checkbox"/>) Male () Female	
Email Address c.s.koh@hotmail.com	() NO EMAIL
Address of Driver Blk 184C Rivervale Crescent #01-193 Singapore 543184	
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) 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 (<input checked="" type="checkbox"/>) No	
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions () Clear (<input checked="" type="checkbox"/>) Raining () Others	
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others	
Was any foreign vehicle involved in this accident? () Yes () No	
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No	
If yes, injured detail Koh Chuan Siong (Body pain)	
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No	
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report	
DETAILS OF 3 rd party	Name / Nric Contact
Veh B GBD 5453Y	
Veh C	
Veh D	
Veh E	
Veh F	

Passenger: Kumar (male)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8136497D



Name

KOH CHOON SIONG
(XU JUNXIONG)

许俊雄

Race

CHINESE

Date of birth

20-11-1981

Sex

M

Country of birth

SINGAPORE

SLL6870k

owner & driver

4806651



NRIC No. S8136497D



Date of issue

20-11-2012

Address

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 8136497D**

Name: **KOH CHOON SIONG
(XU JUNXIONG)**

Birth Date: **20 Nov 1981**

Issue Date: **30 Sep 2017**

002728818B




SLL 6E-70K

Owner & Driver

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	13 Mar 2007

NP 428A





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: 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

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.