

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	06/07/2018 12:25
Date Of Accident	04/07/2018 22:50
Exact Location Of Accident	TRAFFIC JCT (JLN EUNOS & EXPRESSWAY PIE FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8891L
Insured/Policyholder	
Name Of Registered Owner	NG SOON CHYE
NRIC No	S1271145Z
Email Address	AN3002@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96497982
Alternative Phone No	OFFICE-96497982

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (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	PNPV2018-00006291
Cover Note Number	12/05/2018-11/05/2019

Driver

Name of Driver	NG SOON CHYE
NRIC No	S1271145Z
Date Of Birth	27/06/1956
Occupation	INDOOR
Date Of Driving Pass	16/10/1975
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96497982
Fax Number	
Contact Number	OFFICE-96497982
Email Address	AN3002@YAHOO.COM

Address	BLK 256 PASIR RIS STREET 21 #08-289
Postcode	
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

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?	
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)	3
Passenger 1	NAME: : PAULINE CHIA GECK HOOI GENDER: : FEMALE
Passenger 2	NAME: : OEI CHENG 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 ATTACHMENT

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	SJM5253S
Vehicle Make/Model/Colour	NISSAN LATIO/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90039781
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:

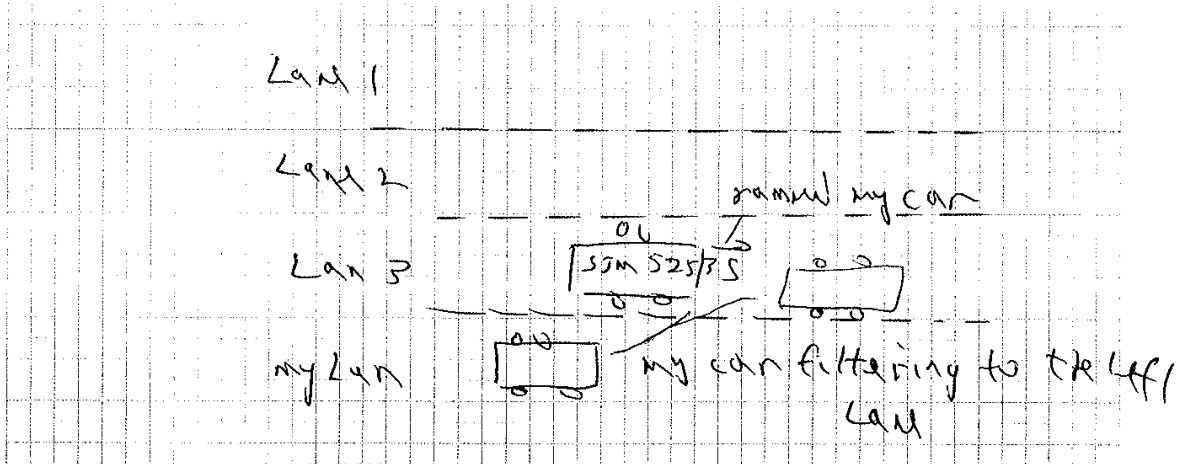
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 6 July 2018

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

See Attached statement by Ng Soon Chyng
(Appx 1)

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
<input checked="" type="checkbox"/> Claim OD
Claim TP
Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature
Date & Time: 26 July 2018

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

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

To: Ethos Protect Bk 41
22 Tampines Street 42
Singapore 328876

FWD Approved Reporting Center/Premium Workshop

Appx (1)

Date: 6 July 2018

Reporting for Car Accident on 4 July 2018 at around 10.50pm

I wish to report the car accident between the driver of car with Registration Number: SJM5253S (White Nissan) and my car with Registration Number: SKS8891L (Dark Blue Mitsubishi Outlander) near the traffic light junction (Jalan Eunos and Expressway (PIE) Eunos Flyover.

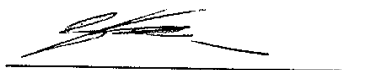
I wanted to change from my current car lane along Jalan Eunos to the left lane. Before I considered filtering, I looked into the rear-view mirror to ensure safety for filtering. I then proceeded to on my left switching/turning signalling lights and before moving to the left lane, I looked into the left side mirror of my car to ensure that I have a clear path to filter to the left lane. After noticing there is a clear path, I gradually filtered my car to the left lane. After filtering and several seconds later, my 2 passengers and I suddenly felt and heard a big bang to the back of my car and realised that a car has rammed into my car and it continued to impact and damaged the left side of my car.

We then moved and parked our cars further up at Eunos Link (road) to access the damage. I asked the driver of the White Nissan why he rammed into my car when I have already signalled clearly my intention to switch lane and had a clear path. He answered he was just driving straight from his car lane and apparently, I guess he did not notice and pay attention to my signalling lights and my car moving into the left lane. I told him that if I had not put out my left signalling lights to switch lanes than I may be partly to blame for the accident. But this is not the case here.

We exchanged our phone numbers and to contact each other the next day (5th July 2018) on the next course of action to be taken.

I tried to call him twice on 5th July 2018 on his mobile phone no (90039781) but he did not answer my calls and I subsequently left message for him to call me back. He finally messaged me that he will proceed with insurance as his insurance company asked him to make a report.

Statement signed by: Ng Soon Chye (Owner and driver of car number: SKS8891L)




Signed


Date:

6 July 2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1271145Z




Name
NG SOON CHYE
黄顺才
Race
CHINESE
Date of Birth
27-06-1956
Country of Birth
SINGAPORE
Sex
M



1876315



NRIC No. S1271145Z



Blood Group A+ Date of issue 09-04-1994

Address
APT. BLK 256 PASIR RIS STREET 21
#08-289
SINGAPORE 1851

CERTIFICATE OF INSURANCE

Please call **65 6820 8888** 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: PNPV2018-00006291 (Comprehensive - Classic Plan)

Car plate number: SKS8891L

Your name (As the policyholder): Ng SOON CHYE

Coverage start date: 12/05/2018

Coverage end date: 11/05/2019

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:

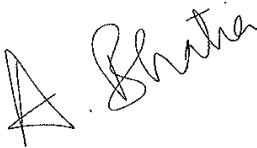
Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies 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: Citibank Singapore Limited

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

Issued on: 09/05/2018



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.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 1271145Z**
Name: **NG SOON CHYE**

Birth Date: **27 Jun 1956**
Issue Date: **22 May 2006**



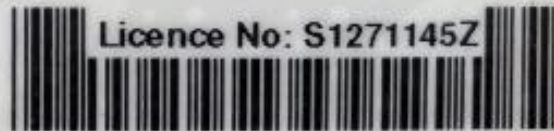
 001419933H

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

PASS DATE

Class 3 **Motor Cars** $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ **16 Oct 1975**

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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