

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	16/07/2018 16:51
Date Of Accident	14/07/2018 12:10
Exact Location Of Accident	WOODLANDS AVENUE 5 AND 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6990D
Insured/Policyholder	
Name Of Registered Owner	MOSSES LEE SIU WEN
NRIC No	S7228975G
Email Address	MOSSES_LEE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98577277
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	JEEP
Model	WRANGLER UNLIMITED SAHARA 3.8 AT 4WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00007815
Cover Note Number	

Driver

Name of Driver	MOSSES LEE SIU WEN
NRIC No	S7228975G
Date Of Birth	15/08/1972
Occupation	INDOOR
Date Of Driving Pass	18/04/2001
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98577277
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	MOSSES_LEE@YAHOO.COM.SG

Address	BLK 216 MARSILING LANE #15-816
Postcode	730216
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	DRY

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?	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: : TAN EE LING
	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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SUBMIT TO FWD DIRECTLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF4864Z
Vehicle Make/Model/Colour	HONDA VEZEL-SILVER
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	SOH CHIN LIANG PETER
NRIC/Passport Number	S1235640C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SLF 6990 D
ACCIDENT DATE: 14/7/18

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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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time: 16/07/2018

5.15 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name: GABRIELLE 159724

NRIC/EIN No: 9004162733304

FAX: 62736676

WHILE TRAVELLING ALONG WOODLANDS AVES HEADING
TOWARDS WOODLANDS AVE3 WHILE APPROACHING ISLAND TO
TURN TO WOODLANDS AVE3 A HONDA VIZAL SLF 4864Z
SUDDENLY STOPPED WHILE I GLANCED OVER TO MY RIGHT
TO CHECK FOR ONCOMING VEHICLES. THE ROAD AHEAD WAS
CLEAR THUS NOT BEING ABLE TO STOP IN TIME, MY
VEHICLE BUMPED INTO HIS CAR. SPEED WAS ABOUT
20 km/h. CHECKED WITH DRIVER OF CAR & CONFIRMED
THAT THERE WERE NO INJURIES INCURRED.

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

CHARN'S CUSTOMCRAFT
Reporting Centre Personnel's Signature
Name: CHENG JIRE 159124
NRIC/FIN No.: 800110001 / 627333304
627366578



YOUR CLASSIC CAR INSURANCE SUMMARY

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 or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2017-00007815

About this policy

Premium paid	: S\$688.27	Coverage start date	: 12/11/2017
(Inclusive of GST)		Coverage end date	: 11/11/2018
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: CLASSIC		

About you (As the policyholder)

Your name	: Mosses Lee Siu Wen		
Address	: Blk 216 marsiling lane #15-816 Singapore 730216		
Email	: mosseslee72@gmail.com		
NRIC/FIN	: S7228975G	Date of birth	: 15/08/1972
Marital status	: Married	Gender	: Male
Current no claims discount	: 50%	Mobile Number	: 98577277
Years of driving experience	: Three or more	Certificate of merit	: Yes

About your car

Car make and model	: JEEP WRANGLER SAHARA 4DR	
Car plate number	: SHF6990d	Year of first registration : 2012

Issued on: : 11/10/2017

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions and exclusions of this policy.

Please immediately inform us at +65-6820-8888 or email us to contact.sg@fwd.com if any details in this Car Insurance Summary need to be changed.

Accident Photo



Accident Photo



Accident Photo



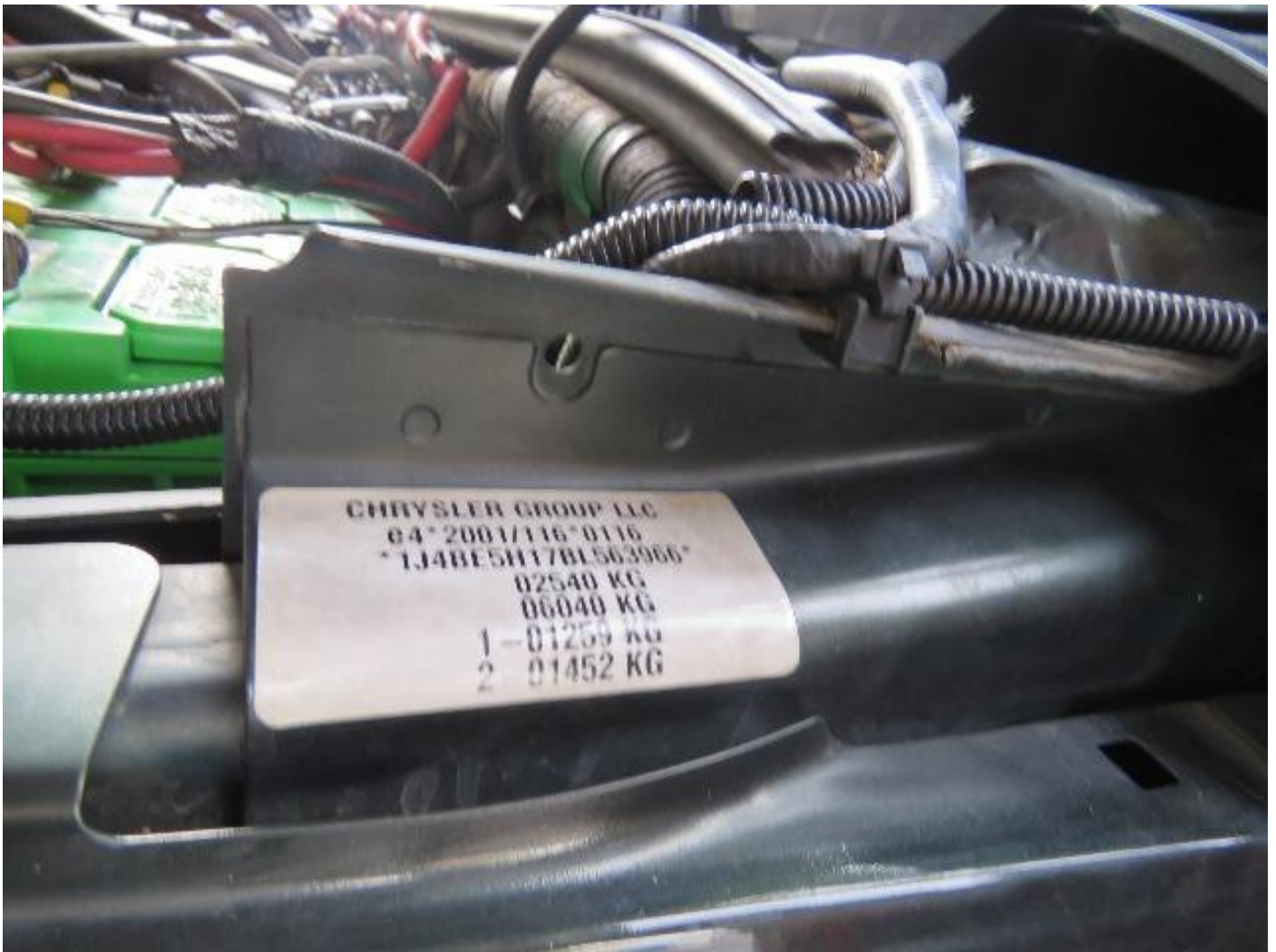
Accident Photo



Accident Photo



Accident Photo



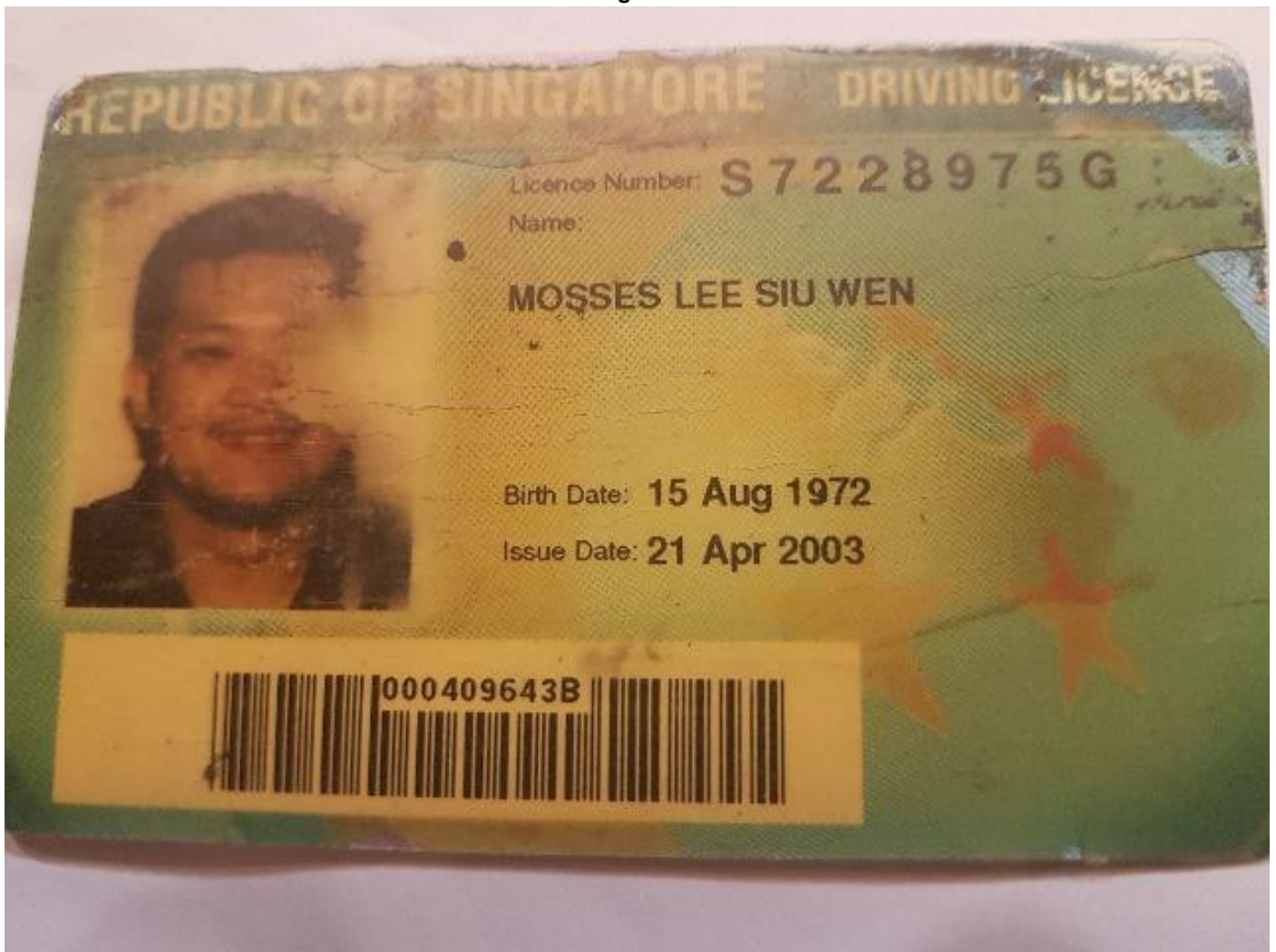
Accident Photo



Driving License



Driving License



IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

(B) ADDITIONAL INFORMATION / AMENDMENTS:

Amend driving licence passed date and attach video footage.

Date: