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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number EMail Address

- 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 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.
 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

	ACCIDENT STATEMENT
Date Of Report	07/08/2018 14:09
Date Of Accident	06/08/2018 10:10
Exact Location Of Accident	ALONG ECP BEFORE EXIT 7B
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM3129G
Insured/Policyholder	
Name Of Registered Owner	RENEE KWEK SHI LING
NRIC No	S9415227E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97513263
Alternative Phone No	OFFICE-97513263
Vehicle Particulars	
Manufacturer	KIA
Model	RIO 1.4 AT 2WD 4DR
Exact Purpose for which vehicle was being used a 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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2018-00002041
Cover Note Number	
Driver	
Name of Driver	RENEE KWEK SHI LING
NRIC No	S9415227E
Date Of Birth	19/04/1994
Occupation	INDOOR
Date Of Driving Pass	05/01/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE

(LOCAL) +65-97513263

OFFICE-97513263

NOEMAIL

Address BLK 13 BEDOK SOUTH ROAD

#05-627 460013

Postcode 4600

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 4

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.

Number of Passengers (Including Driver)

Passenger 1

NO

2

NAME:

: GWEN TENG

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 STATEMENT.

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

SLV567Z

Vehicle Make/Model/Colour

MERC C180

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHB4087T

Vehicle Make/Model/Colour

COMFORT

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKG808U

Vehicle Make/Model/Colour

MERC E200

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

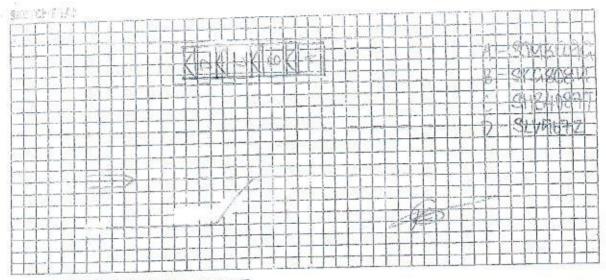
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder anti/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as <u>dossible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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.
- 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)

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 Monétary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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")
- 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:
 - 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 .:



DESCRIBE CIRCUMISTAINCES OF THE ACCIDENT

EDUNIDE CINCONDITITIONS OF THE	-
I was travelling along East Coast Parkway Expressway before Exit 7B. The traffic was quite heavy and we were all travelling at a low speed. Suddenly, vehicle B in front of stopped suddenly and I could not stop in time, and collided onto the rear portion of vehicle B. When I got down of my car, I was involved in a chain collision. Also, in front of our accident site, there were also a few cars caught in an accident right in front of vehicle D.	5
8	

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 Personnel's Signature Name:

NRIC/FIN No.:

SWS CATACO CENTERATORE

IMPORTANT ASTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

 Please report correctly on the details of the accident to speed up the claim process.

 This form must be filled up by the policy holder and/or authorised driver.

- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Φ Insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

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Time of accident	10:10a·M	(NH:MM
Exact lecation of accident	East Coast Parkway Exit Sifor Exit 78	

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DRIMER Name	SAIME AS INSURED ABOVE (SKIPTO D.O.B). Male D	Female p
NRIC / Fin / Passport number		
Contact		
Address		
Email address	RINCL Shiring @gmail.com	
Date of birth	19 April 1994	Lead 15
Occupation	Indoor,a Outdoor	88
Driving date pass	5 Jan 2016	

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	OTHER INFORMATION
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Was anybody injured?	Yes D No D
Was other vehicle damaged?	res of the second secon
	DETAILS OF POLICE ACTION
Reported to police?	Yes No No lf yes, please state which police station,
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NRIC / Fin / Passport number	
Contact	

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injuries sustained		
Which vehicle person in?		
Were seek belts worn?	Yes 🗅	No D
Was injured conveyed to	Yes D	Non
hospital by ambulance?		
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Which yehlde person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	NoD
hospital by ambulance?		
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Name		5
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to	Yes 🗅	No D
hospital by ambulance?		
		INTURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?		
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Name	-	
Injuries sustained		
Which vehicle person in?	Yes 🗆	Nop
Were seat belts worn?	Yes D	NoD
Was injured conveyed to	Yes	NOD
hospital by ambulance?		
		INTURED PERSON 6
	Name and Address of the Owner, where	
Name		
Injuries sustained		
Which vehicle person in?	Voca	Non
The same of	Yes 🗆	NO LI
Were seat belts worm?	No.	Non
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D



REPUBLIC OF SINGAPORE DENTITY CARD NO. S9415227E





RENEE KWEK SHI LING

郭詩吟

CHINESE 19-04-1994 F Coverify of birth

SINGAPORE

19 1 10000 10

THU ARE CREMARD TO UNIVERSELES IN THE PULLUMING LEASSIES!

EFFECTIVE DATE

Class 3 Shotor care with unladen weight >< 3060kg with =< 7 05 Jan 2018 passengers, exclusive of driver; and other motor vehicles with unladen weight >< 2500kg

NP 428A

1500 S9415227E

Date of Inter-28-10-2009

APT BLK 13 BEDDK SOUTH ROAD #05-627 SINGAPORE 460013

NRIC No: \$8415227E

Dale: 07/12/2016



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: PNPV2018-00002041 (Third Party)

Car plate number:SJM3129G

Your name (As the policyholder): RENEE KWEK SHI LING

Coverage start date: 31/01/2018

Coverage end date: 30/01/2019

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.

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

Issued on: 31/01/2018

Shitis

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.