

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	03/08/2018 10:33
Date Of Accident	02/08/2018 22:00
Exact Location Of Accident	ALONG SLIP ROAD OF TAMPINES AVE 10 TO TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6232G
Insured/Policyholder	
Name Of Registered Owner	HO QI XIAN
NRIC No	S8908502J
Email Address	QIXIAN.HO@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-82993660
Alternative Phone No	OFFICE-82993660

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.5 R HATCHBACK (A)
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	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	PNPV2017-00007698
Cover Note Number	

Driver

Name of Driver	CHUA KOON MING
NRIC No	S8911477B
Date Of Birth	28/03/1989
Occupation	INDOOR
Date Of Driving Pass	08/01/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96893885
Fax Number	
Contact Number	
Email Address	KMCHUA@LIVE.COM

Address	BLOCK 330 BUKIT BATOK STREET 33 #16-115
Postcode	650330
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	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: : TAN LIRONG 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

Please refer to the attached Sketch Plan and the accident details

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	SLB2442S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YE ZHIBIN
NRIC/Passport Number	S7462598C
Contact Number	96750808
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name	CHUA KOON MING
Approximate Age	29
Injuries Sustain	
Injured person in which vehicle?	SJK6232G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 330 BUKIT BATOK STREET 33 #16-115
Postcode	650330

DETAILS OF INJURED PERSON 2

Name	TAN LIRONG
Approximate Age	27
Injuries Sustain	
Injured person in which vehicle?	SJK6232G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 306 CANBERRA ROAD #06-81
Postcode	

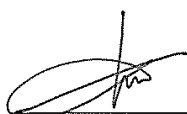
SKETCH PLAN

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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)**

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: 3/8/18 10am



Driver's Signature

(If driver is not the policyholder)

Date & Time:

3/8/18 10am

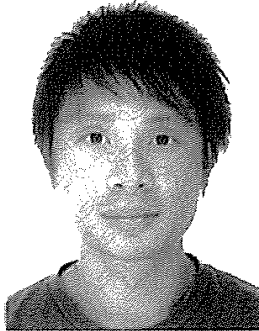
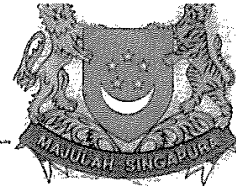
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8908502J



Name

HO QI XIAN

何 啟 賢

Race

CHINESE

Date of birth

13-03-1989

Sex

M

Country of birth

SINGAPORE

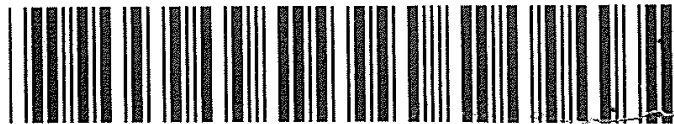
S8908502J

82993660

QiXian.Ho @ outlook.com

(owner)

3987034



NRIC No. S8908502J

Date of issue

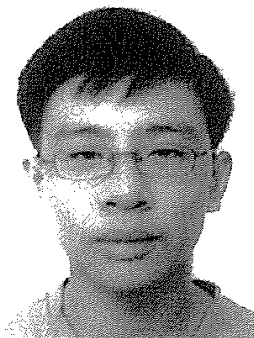
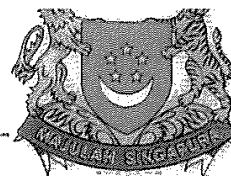
21-12-2006

Address

APT BLK 142 YISHUN RING ROAD
#04-40
SINGAPORE 760142

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8911477B



Name

CHUA KOON MING

蔡 琨 銘

Race

CHINESE

Date of birth

28-03-1989

Sex

M

S8911477B

Country of birth

SINGAPORE

3 5 1 0 3 3 2



NRIC No. S8911477B

Date of issue

12-04-2004


Address

APT BLK 330 BUKIT BATOK STREET 33
#16-115
SINGAPORE 650330

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 8911477 B**
Name: **CHUA KOON MING**

Birth Date: **28 Mar 1989**
Issue Date: **08 Jan 2008**

 001559233H

96893885

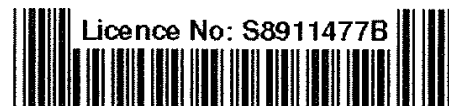
KUCHUA@LIVE.COM

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 08 Jan 2008

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: PNPV2017-00007698 (Comprehensive - Classic Plan)

Car plate number: SJK6232G

Your name (As the policyholder): Ho Qi Xian

Coverage start date: 03/11/2017

Coverage end date: 02/11/2018

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: Maybank

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

Issued on: 05/10/2017

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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card - TP front



Identification Card - TP back





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MW HM 1810 0167 Vehicle Registration No: STK6232G
Name (as shown in NRIC) : HO QI XIAN NRIC/FIN/Passport No : S8908502J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 142 YISHUN RING ROAD #04-40 Singapore (760144)
Contact (Tel) : QIXIAN Mobile No. : 82993660
Email Address : QIXIAN.HO@OUTLOOK.COM
Date of Accident : 02/08/2018 Time of Accident : 22:00
Place of Accident : ALONG SLIP ROAD OF TAMPINES AVE 10 TO THE
Insurance Company : FWD SINGAPORE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND "WAS ANYBODY INJURED IN THE ACCIDENT" FROM NO TO
YES. THERE WERE TWO PASSENGERS IN THE VEHICLE STK6232G
CHUA KOON MING (DRIVER) S8911477B BLK 330 BUKIT BATOK ST 33 #16-115
TAN LI RONG (PASSENGER) S9107309I BLK 306 CANBERRA ROAD #106-81


Policyholder / Driver's Signature
Date: 06/08/2018

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