

## 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	17/09/2018 18:34
Date Of Accident	17/09/2018 09:00
Exact Location Of Accident	WOODLANDS DR 53
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC2913T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANUP DAS
NRIC No	S8064691G
Email Address	ANUP@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-96884392
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 (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	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	PNPV2018-00002380
Cover Note Number	

### Driver

Name of Driver	ANUP DAS
NRIC No	S8064691G
Date Of Birth	01/01/1980
Occupation	INDOOR
Date Of Driving Pass	14/11/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96884392
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	ANUP@LIVE.COM.SG

Address	9 WOODLANDS DR 72 #03-20
Postcode	738093
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?	
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: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

#### 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	GX4708G
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)

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

VEHICLE NO:

ACCIDENT DATE:

57C 2913T

17/9/18

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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.

**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: 17/9/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHAIRN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name:

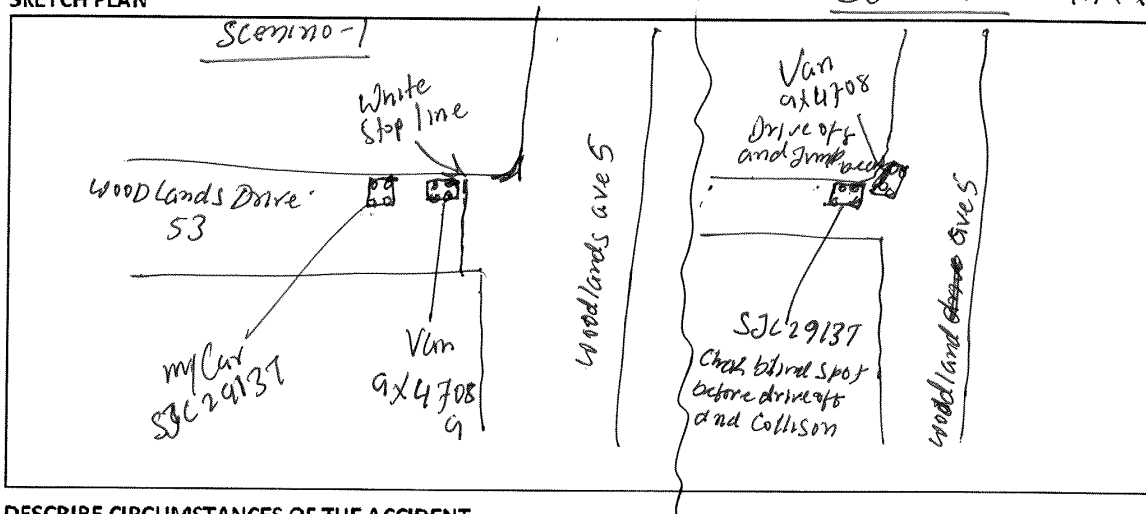
NRIC/FIN No.:

SJC 29137

SKETCH PLAN

Scrimo-2

17/11/10



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along Woodlands Drive 53 to join  
 I was on the way to my work from Woodlands with hitch rider.  
 I pick up 1st Passenger from 524 Woodlands Drive 14 and 2nd Passenger  
 from LA CASA, 64 Woodlands Drive 16. While I was driving along  
 Woodlands Drive 53 and merge to Woodlands Ave 5, one van was  
 in front of my car. Both were stop at white line before  
 join to Woodlands Ave 5. He was then drive off to Woodlands Ave 5,  
 I was following his van behind. While I was checking my right side  
 blind spot and turning to Woodlands Ave 5, he then suddenly  
 jump break and I also jump break, but its too late and  
 my car front bumper hit his van behind as result his van  
 behind cover dented (Photo attached) and also my car paint  
 come off.

OWN DAMAGE ( )    3RD PARTY CLAIM ( )    REPORTING ONLY ( )    OWN WORKSHOP ( )

DECLARATION


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

Policyholder's Signature  
 Date & Time: 17/09/18

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8064691G



Name  
**ANUP DAS**

Race  
**BANGLADESHI**

Date of birth Sex  
**01-01-1980 M**

Country of birth  
**BANGLADESH**

S8064691G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8064691G**

Name  
**ANUP DAS**


Birth Date: **01 Jan 1980**

Issue Date: **07 Aug 2009**


001771662E

SJC 29137  
17/9/10

9042891



NRIC No. **S8064691G**



Nationality  
**BANGLADESHI**

Date of issue  
**06-07-2009**

**9 WOODLANDS DRIVE 72 #03-20  
SINGAPORE 738093**

NRIC No: **S8064691G** Date: **06/12/2016**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE TYPE	PASS DATE
Class 2B	Motorcycles <= 200 CC	18 Feb 2008
Class 2A	Motorcycles between 201 CC and 400 CC	13 Oct 2009
Class 2	Motorcycles > 400 CC	14 Oct 2011
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	14 Nov 2008

S8064691G

S / No. 9000151742

Licence No: S8064691G

NP 429A



## 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** : PNPV2018-00002380

### About this policy

Premium paid	: S\$914.42	Coverage start date	: 12/02/2018
(Inclusive of GST)		Coverage end date	: 11/02/2019
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: CLASSIC		

### About you (As the policyholder)

Your name	: ANUP DAS		
Address	: 9 Woodlands Drive 72 03-20 Woodsvale Singapore 738093		
Email	: ANUP@LIVE.COM.SG		
NRIC/FIN	: S8064691G	Date of birth	: 01/01/1980
Marital status	: Married	Gender	: Male
Current no claims discount	: 0%	Mobile Number	: 96884392
Years of driving experience	: Three or more	Certificate of merit	: Yes

### About your car

Car make and model	: MITSUBISHI LANCER 1.5	
Car plate number	: SJC2913T	Year of first registration: 2008
Issued on:	: 07/02/2018	

**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](mailto:contact.sg@fwd.com) if any details in this Car Insurance Summary need to be changed.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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