

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 liability.
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	22/11/2018 17:00
Date Of Accident	21/11/2018 19:00
Exact Location Of Accident	HOUGANG AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8218U
Insured/Policyholder	
Name Of Registered Owner	CHUA SOO LIANG
NRIC No	S1809599H
Email Address	CHUASOOLIAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90629051
Alternative Phone No	OTHERS-90629051

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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?	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	PNPV2018-00001278
Cover Note Number	02/02/2018 TO 02/02/2019

Driver

Name of Driver	WU CHIN KUAN
NRIC No	S8157724B
Date Of Birth	13/01/1981
Occupation	INDOOR
Date Of Driving Pass	12/04/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97717198
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	72 BAYSHORE ROAD #02-14 S469988
Postcode	
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE DIVISION HQ - 10 UBI AVE 3 SINGAPORE 408865
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FILE SIZE IS TOO LARGE, UNABLE TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9037T
Vehicle Make/Model/Colour	BLUE
Details Of Properties	NIL
Vehicle Category	TAXI
Name of Driver	NIL
NRIC/Passport Number	
Contact Number	NIL
Address	NIL
	NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	NIL
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

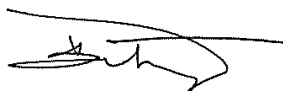
SKETCH PLAN

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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.



Policyholder's Signature

Date & Time:

4:30 pm

22/11/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



Insurance Co.	FWD Ins.
Vehicle No.	SE282104
Date of Accident	21.11.2010
<input checked="" type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input type="checkbox"/> Third Party Claim	
<input type="checkbox"/> Other Works/Rep	

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

Name: _____
NRIC/FIN No.: _____



**SINGAPORE
POLICE FORCE**



T/20181121/2148

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181121/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2018 23:39		Vide Report No.: F/20181121/0187		Station Diary No.:	
Informant's Particulars					
Name of Informant: WU CHIN KUAN			Address: 72 BAYSHORE ROAD #02-14 COSTA DEL SOL SINGAPORE 469988		
ID Type / ID No.: NRIC NO / S8157724B			Contact No.: Home/Office: Mobile: 97717198		
Nationality: TAIWANESE			Email:		
Sex: Female	Age: 37	Date of Birth: 13/01/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MARKETING MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/11/2018 19:00	Type of Location:
Location: Along Road 1 HOUGANG AVENUE 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9037T	TAXI					1
SKZ8218U	Car					0

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000


T/20181121/2148

3 of 3
Report No. T/20181121/2148

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438


Authentication Stamp
NP168

Signature Of Informant:

Mu Chaitan

Date/Time:
21/11/2018 23:39

Classification Of Case:

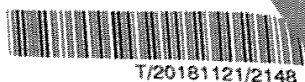
 **SINGAPORE
POLICE FORCE**

Signature: *S*



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20181121/2148

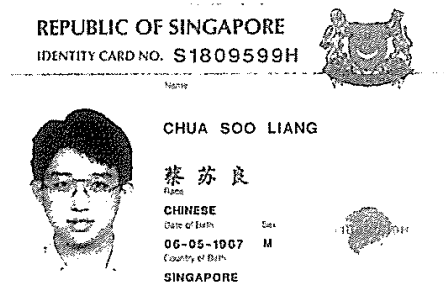
Report No. T/20181121/2

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG KIM CHUAN ROAD AND HAD TURNED INTO THE MIDDLE LANE OF THE 3-LANE ROAD AND WAS INTENDING TO TURN RIGHT. SO I DECIDED TO FILTER TO THE EXTREME RIGHT LANE TO TURN RIGHT. I SLOWED DOWN ALMOST TO A COMPLETE STOP TO LET THE VEHICLES ON THE EXTREME RIGHT LANE TO GO THROUGH FIRST. THAT WAS WHEN I FELT AN IMPACT FROM THE FRONT LEFT SIDE OF MY CAR. I GOT DOWN AND SAW THAT A TAXI(SH9037T) HAD COLLIDED INTO THE FRONT LEFT SIDE OF MY CAR.



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
04 Nov 1986

NP 428A

Licence No: S1809599H

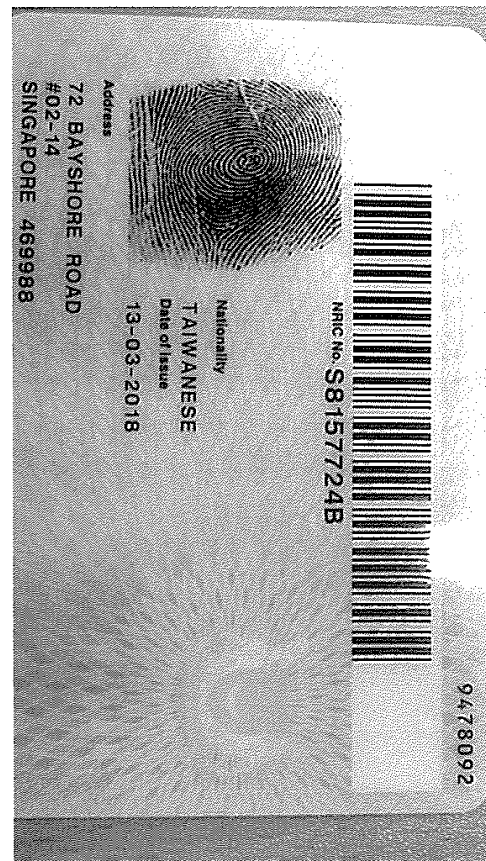
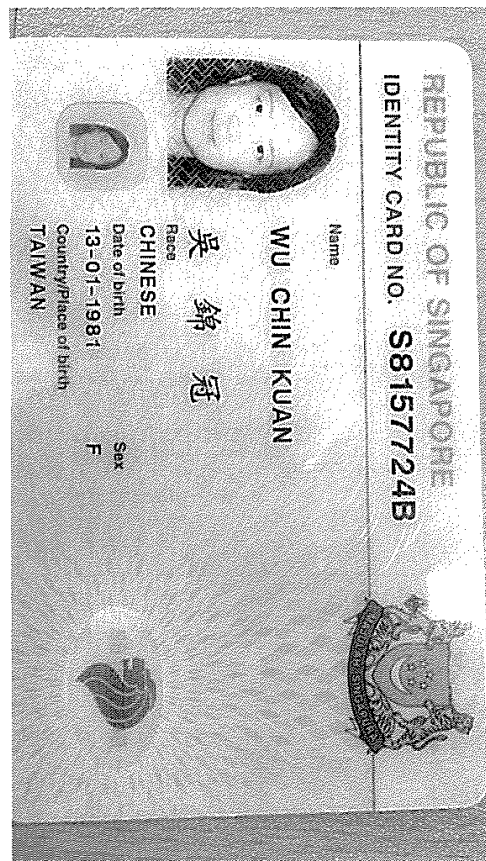
261340G



NRC No. **S1809599H**

Record Group	Date of Issue
B+	18-04-1995

72 BAYSHORE ROAD #02-14





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: PNPV2018-00001278 (Comprehensive - Executive Plan)

Car plate number: SKZ8218U

Your name (As the policyholder): Chua Soo Liang

Coverage start date: 02/02/2018

Coverage end date: 02/02/2019

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: Hong Leong Finance Limited

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

Issued on: 19/07/2018

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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



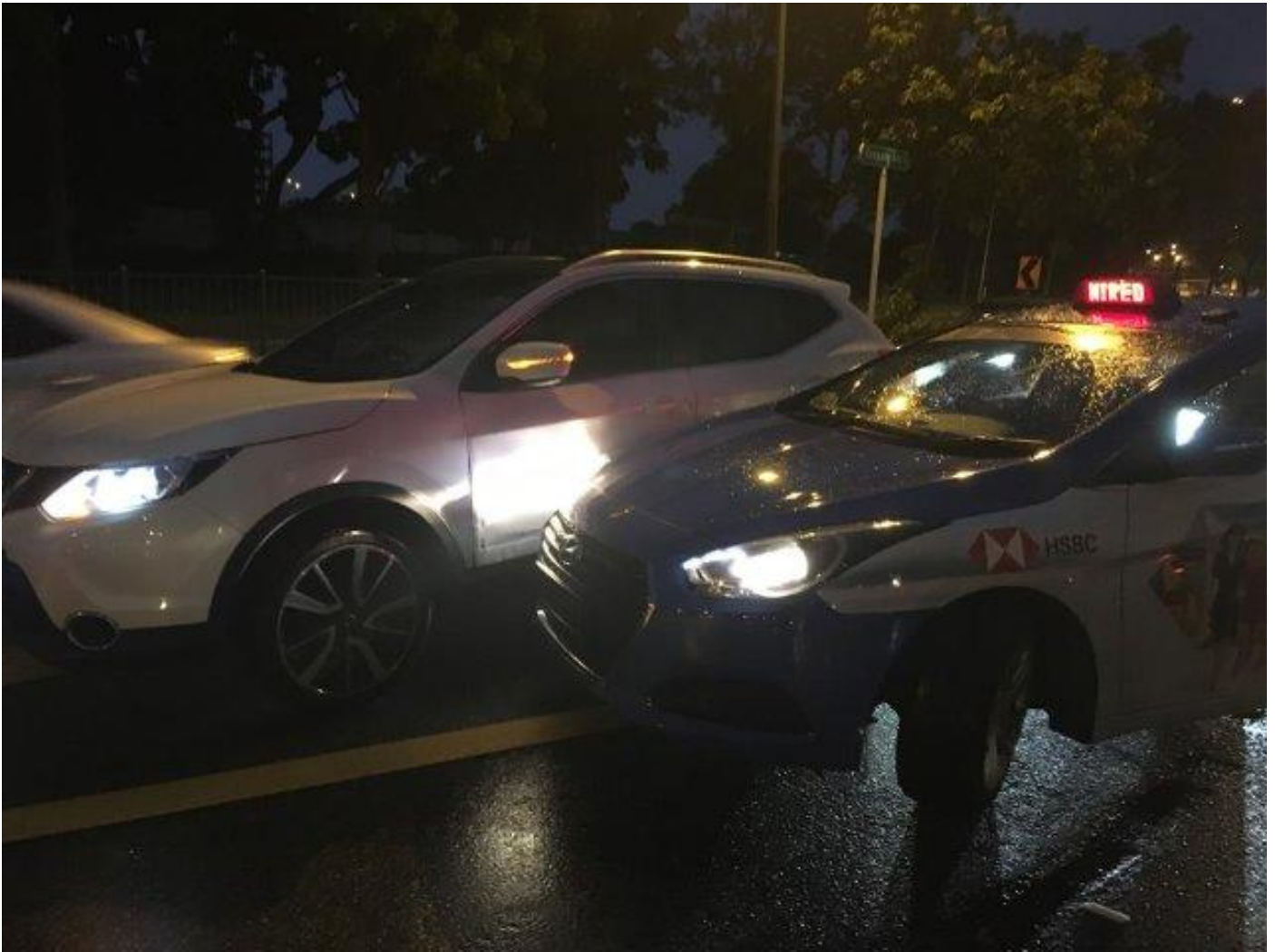
Accident Photo



Accident scene



Accident scene



Accident scene



Accident scene



Accident scene



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M406017735

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 : MKFB 18151627 Vehicle Registration No: SKZ 82184
Name (as shown in NRIC) : Wu Chin Kuan NRIC/FIN/Passport No : S8157724 B.
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 72 Bayshore Rd #02-14 (469988) Singapore ()
Contact (Tel) : _____ Mobile No. : 97717198 / 90629051
Email Address : Chua Soo Liang@Yahoo.com
Date of Accident : 21/11/8 Time of Accident : @ 1900hrs.
Place of Accident : Hongkong AVE 3.
Insurance Company : FWD.

(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:

change from OD claim to Reporting Only

Policyholder / Driver's Signature
Date: 26 Nov 2018

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