#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	13/11/2018 10:50
Date Of Accident	12/11/2018 19:30
Exact Location Of Accident	PIE TO TUAS
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME248Y
Insured/Policyholder	
Name Of Registered Owner	LEE BOON CHEN
NRIC No	S7876878I
Email Address	ROYZO@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91682276
Alternative Phone No	OTHERS-91682276
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K-1.6 (A)
Exact Purpose for which vehicle was being used at 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	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	PNPV2018-00012706
Cover Note Number	29/09/2018 - 28/09/2019
Driver	
Name of Driver	LEE BOON CHEN
NRIC No	S7876878I
Date Of Birth	08/08/1978
Occupation	INDOOR
Date Of Driving Pass	24/10/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91682276
Fax Number	
Contact Number	OTHERS-91682276

ROYZO@YAHOO.COM

Address BLK 260D SENGKANG EAST WAY

#04-472

Postcode 544260

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 Registration Number of Briver's CWIT

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Insurance Company of Driver's Own Vehicle

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#### **General Information of the Accident**

Type Of Accident CHAIN COLLISION

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

# Number of Passengers (Including Driver) **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

#### **Circumstances of Accident**

### REFER TO THE SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGK8148P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE HIRE

Name of Driver NG KAY WAN

NRIC/Passport Number S1772499A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKE8784L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number S8512600H

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

#### **IMPORTANT NOTICE**

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Language Personnel's Signature Name:

NRIC/FIN No.:

## Sketch Plan Pg. 2

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#### 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** 

PNPV2018-00012706

About this policy

Premium paid

\$\$620.42

Coverage start date

29/09/2018

(Inclusive of GST)

Coverage end date

28/09/2019

Who is insured to drive:

You and any Authorised Driver

Policy Type

CLASSIC

About you (As the policyholder)

Your name

: Lee Boon Chen

Address

260D Sengkang East Way 04-472 Singapore 544260

Email

: royzo@yahoo.com

NRIC/FIN

S78768781

Date of birth

08/08/1978

Marital status

Married

Gender

Male

Current no claims discount

Widille

Mobile Number

91682276

Years of driving experience :

50% Three or more

Certificate of merit

Yes

About your car

Car make and model

MERCEDES BENZ C180 1.6

Year of first registration

2010

Car plate number

SME248Y

Issued on:

25/09/2018

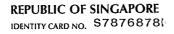
Abhishek Bhatia
Chief Executive Officer

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 if any details in this Car Insurance Summary need to be changed.

#### Sketch Plan Pg. 4





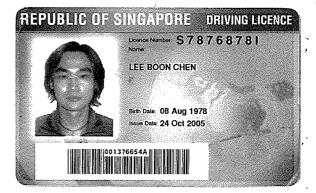


LEE BOON CHEN

李文权 Race CHINESE

Oate of Britis Sex 08-08-1978 M

Country of Birth MALAYSIA



91682220. west lang. Yes - video. lpax.





Nationality MALAYSIAN

8lood Group Date of issue - 04-10-2002

APT BLK 260D SENGKANG EAST WAY #04-472 SINGAPORE 544260

NRIC No: \$78768781

Date: 24/03/2011 No: 6779127

8477631

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

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

PASS DATE 24 Oct 2005

NP 428A



