

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	26/12/2018 17:23
Date Of Accident	25/12/2018 05:20
Exact Location Of Accident	YIO CHU KANG RD TWDS UPP THOMSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA5123K
Insured/Policyholder	
Name Of Registered Owner	OH SIEW KHIM
NRIC No	S7409142C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96223233
Alternative Phone No	OFFICE-96223233

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2018-00014418
Cover Note Number	

Driver

Name of Driver	LOH SHANG PIN
NRIC No	S7326411A
Date Of Birth	25/07/1973
Occupation	INDOOR
Date Of Driving Pass	01/06/2001
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90074222
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 117 ANG MO KIO AVE 4 #04-457
Postcode	560117
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 (including own vehicle) involved in the accident	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ON THE EXTREME LEFT SECOND LANE OF YIO CHU KANG ROAD WHICH IS A STRAIGHT AND RIGHT TURN LANE. WHEN THE TRAFFIC LIGHT IS GREEN AND THERE'S NO ONCOMING VEHICLE ON THE OPPOSITE DIRECTION, I PROCEED TO MOVE FORWARD AND MAKE A RIGHT TURN. SUDDENLY, VEHICLE B ON MY RIGHT WHICH IS A RIGHT TURN LANE ONLY MOVED STRAIGHT AND COLLIDED ONTO THE REAR RH SIDE OF MY VEHICLE. I WISH TO STATE THAT I WANTED TO ALIGHT FROM MY VEHICLE TO TAKE SCENE PHOTO. HOWEVER, VEHICLE B SHIFTED HIS VEHICLE IMMEDIATELY AFTER THE ACCIDENT. THERE'S NO INJURIES IN THIS ACCIDENT.

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	SHD1069E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

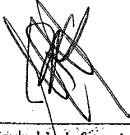
SKETCH PLAN

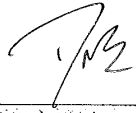
IMPORTANT NOTICE

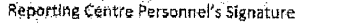
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

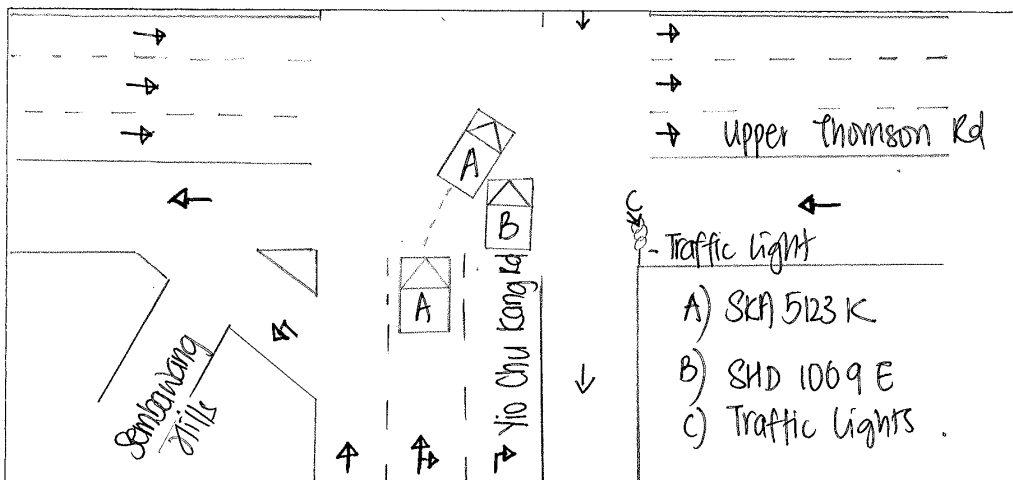
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the extreme left and lane of Yio Chu Kang Rd which is a straight and right turn lane. When the traffic light is green and there's no on-coming vehicle on the opposite direction, I proceed to move forward and make a right turn suddenly vehicle B on my right which is a right turn lane only move straight and collided onto the rear right side of my vehicle.

I wish to state that I wanted to alight from my vehicle to take the scene photo however vehicle B shifted his vehicle immediately after the accident.

There's no injuries in this accident.

[Signature]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7409142C



Name



OH SIEW KHIM
(HU XIUQIN)

胡秀琴

Race

CHINESE

Date of Birth

22-03-1974

Sex

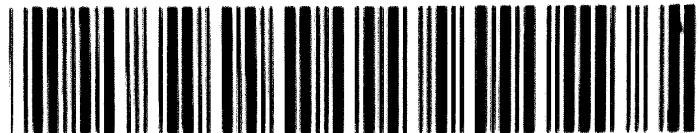
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Country of Birth

SINGAPORE



0 1 3 2 1 6 5



NRIC No. **S7409142C**

Blood Group

B+

Date of issue

19-10-1991

APT BLK 157D RIVERVALE CRESCENT #09-637
SINGAPORE 544157


NRIC No: **S7409142C**

No: **5321208**


No: **5321208**



3388101



NRIC No: **S7326411A**



Blood Group: - Date of issue: **18-08-2003**

APT BLK 117 ANG MO KIO AVE 4 #04-457
SINGAPORE 580117

NRIC No: **S7326411A** Date: **12/11/2015**


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

		PASS DATE
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	01 Jun 2001
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	19 Apr 2016
Class 5	MOTOR VEHICLES WHICH ARE NOT CONSTRUCTED THEMSELVES TO CARRY ANY LOAD AND THE WEIGH OF WHICH UNLADEN EXCEEDS 7250 KILOGRAMS	11 May 2016

S / No.9000247660

S7326411A

NRIC No: S7326411A



CERTIFICATE OF INSURANCE

Please call +65 6322 2022 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: PNPV2018-00014418 (Third Party)

Car plate number: SKA5123K

Your name (As the policyholder): Oh Siew Khim

Coverage start date: 27/10/2018

Coverage end date: 26/10/2019

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.

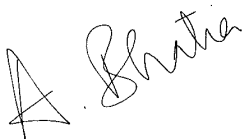
Important things to know:

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: 27/10/2018



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

