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	Assessment/Survey 1	Report			·
TP Insurer:	Ass't Report by Fax		Owner/Wksp		
Proforrod Wksp / INC Assign Wksp / QW: (		The state of the s	Tol:	Faxt	)
TP Particulars: Veh No:	.47274	INC(	)/Non-INC	( )	
Owner / Driver: (	112/		Tel:	-	)
Policy No: ( ) Perio	d: (	) (	Cover Type: (		),
Confirmed by : (	- Da	ter.	Thne	1	)
Insured/Driver Liability: ( %) [No	te-Est. Status (WO):	N; 0-20%	6; P: 21-79%	. F: 80-100%	] ,
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1) Apply for Transport Allowance ( )/Co	urtesy Car ( )				
2) QC Check / Post Repair Inspection	( · )				
3) Upload Resurvey Photo [Repair Cost>\$30	00] ()	2 11			
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## 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 truthful and accurate 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	31/12/2018 11:47
Date Of Accident	30/12/2018 22:30
Exact Location Of Accident	ALONG JURONG WEST STREET 62
Country/State of Loss	SINGAPORE
ELECTRON CONTROL DE LA CONTROL	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH6130J
Insured/Policyholder	
Name Of Registered Owner	KOH ZHIJIAN
NRIC No	S8729621J
Email Address	XEN.K87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84682064
Alternative Phone No	OTHERS-84682064
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	PNPV2018-00013745
Cover Note Number	
Driver	
Name of Driver	KOH ZHIJIAN
NRIC No	S8729621J
Date Of Birth	27/09/1987
Occupation	INDOOR
Date Of Driving Pass	07/09/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84682064
Fax Number	Whitesteaning (Market and Amerika) (Market Amerika) (Mark
Contact Number	OTHERS-84682064

XEN.K87@GMAIL.COM

Address

BLK 420 CLEMENTI AVENUE 1

#13-207

Postcode

120420

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

/ehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

SIDE SWIPE

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.

1225

Number of Passengers (Including Driver)

NO

2011/07/07/07

: WIFE

Passenger 1

NAME: 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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Transition any addition recorded in

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLH4737Y

Vehicle Make/Model/Colour

TOYOTA ESTIMA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

RAVINDRAN SUBRAMANIAM

NRIC/Passport Number

S1619529D

Contact Number

96519170

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)
Passenger 1

2

NAME: :

GENDER: ;

## SKETCH PLAN

## 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.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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: 31/12/24/8 (of

Driver's Signature

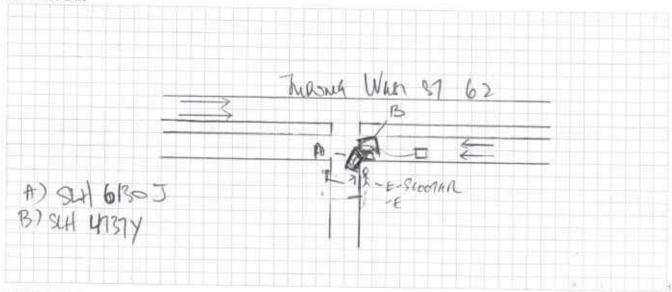
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

Policyholder's Signature

Date & Time: 31//2/2018 1929

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

Beporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
ROLLI WATAS

# ACCIDENT STATEMENT

	DETAILS	DESCRIPTION OF THE PROPERTY OF		1977 201	
350	DETAILS OF VE	HICLE			
	a) VEHICLE -NU	JMBER: SLH 6150	2		1 1 140
	DJINSURANCE	COMPANY: FWD			
		ABER: PNPVZ41			
	d)POLICY TYPE	: (COMPREHENSIVE	/ THIRD PART	Y / THÌRD PA	RTY FIRE ATHEFT
	OlMUVE & WO	DEL: HONDA VE	26L		
	TITYPE:(SALOO	N / COUPE / MPV /V	AN / LORRY	/ MOTORCY	CLE / OTHERS
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	II NO, FLEASE	STATE (THIRD PARTY	CLAIM / REP	ORTING ONL	YI
2., 1	HASOKED / POF	CYHOLDER			
	A)NAME:			IMA	LE / FEMALE)
ı	b) NRIC/FIN/PA	SSPORT: S87 296 21	3	CONTACT	R44.8 2010
	c)ADDRESS:	120 Clement, Ave	#13-207	51244-14	
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411. 1	<ul> <li>CONTINUE TO</li> </ul>	3.d IF DRIVER ALSO	POLICY HOLE	DER	G -
the of bassander F	DRIVER	5	Action in the Act		
(Including diam)	a)NAME:			(MAI	E / FEMALE)
(2)	DINRIC/FIN/PAS	SPORT:		CONTACT:	
	ADDRESS:			ARBONNE COLONIA SA	
, •	d)DATE OF BIRT	H: (17 / 09 / 19	87_)(DD/MA	A/YYYY)	
, *o	d)DATE OF BIRT	: (INDOOR / OUTDO	OR)	A/YYYY)	
, •o	d)DATE OF BIRT	INDOOR/OUTDO	OR)		Y g
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email = xen K87 @gmail com VIDEO

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8729621J





KOH ZHIJIAN



CHINESE

Chitte of burth 27-09-1987 Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE S8729621J KOH ZHIJIAN Mitt Date 27 Sep 1987 mme Law 07 Sep 2015

5936776



15-05-2018

APT BLK 420 CLEMENTI AVENUE 1 #13-207 SINGAPORE 120420

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 07 Sep 2015 other motor vehicles without clutch pedals =< 2500kg

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: PNPV2018-00013745 (Comprehensive - Classic Plan)

Car plate number: SLH6130J

Your name (As the policyholder): Koh Zhi Jian

Coverage start date: 11/11/2018 Coverage end date: 10/11/2019

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: 13/10/2018

Shrie

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.