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#### 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 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	07/01/2019 11:30
Date Of Accident	07/01/2019 08:05
Exact Location Of Accident	ALONG PIE TWDS CITY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN3924Y
Insured/Policyholder	
Name Of Registered Owner	TANG SIAK PUAH
NRIC No	S1453840B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92972391
Alternative Phone No	OFFICE-92972391
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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
f 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	PNPV2018-00001436
Cover Note Number	•
Driver	
Name of Driver	TANG SIAK PUAH
NRIC No	S1453840B

Date Of Birth 31/05/1960 INDOOR Occupation Date Of Driving Pass 13/03/1978 40 YEARS AND 9 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-92972391

Fax Number

OFFICE-92972391 Contact Number

EMail Address NOEMAIL

BLK 142 TAMPINES ST 12 #09-312 Address

521142 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 YES

Was any body injured in the Accident?

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 2

Number of Passengers (Including Driver)

NAME:

: TAN YONG YOU CLARENCE

GENDER:

: MALE

**Details of Police Action** 

Passenger 1

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 ATTACHED STATEMENT.

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

GBG7385H

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)

Page 2 of 12

**DETAILS OF INJURED PERSON 1** 

Name

TANG SIAK PUAH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJN3924Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**DETAILS OF INJURED PERSON 2** 

Name

TAN YONG YOU CLARENCE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJN3924Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### 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 <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>.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Times

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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			A - SJN39 B-GBG73
ESCRIBE CIRCUMSTANCES			
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along PIE tan	endo City. In	n front of the	vehicle slow
down I fee	low wit	suddenly relicte	K ht m

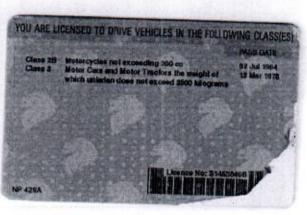
Date of Accident	1 - 1 - 9
The state of the s	: 7/01/1 Accident Time: 8.05an (24-HR-Format)
Accident Place	: ahony PIE towards city
Vehicle. No. (Car Plate No.)	: SJN 3924 Make/Model: Toyota viss
Insurace Company	: FWD Policy No: PNPV2018-000014.
Owner or Company Name /IC No.	: Tany Siak Puah / 51453840B
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: as above
DRIVER'S Date Of Birth	: 31/5/1960 DRIVER'S License Pass Date 13/3/1978
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 0 www
DRIVER'S Address	:BIK 142 Tampines St 12 #09-312 SS:
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	:
W4 0 D 16 6	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
weather & Road Surface	THE THE TEN AND THE TEN AND A WEI
	: Reporting Only \ Claim Other Party \ Claim Own Insurance
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Reporting Type  Number of Passengers (Including Di  Was there any video Captured by car  Exact purpose for which vehicle was	: Reporting Only \ Claim Other Party \ Claim Own Insurance
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Reporting Type  Number of Passengers (Including Dr  Was there any video Captured by car  Exact purpose for which vehicle was  Any Injury (If YES, Pls state):  Other P	Reporting Only \ Claim Other Party \ Claim Own Insurance river):  r camera: YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Tan Yong you clarence (M)









# CERTIFICATE OF INSURANCE

Please call 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: PNPV2018-00001436 (Third Party)

Car plate number: SJN3924Y

Your name (As the policyholder): Tang Siak Puah

Coverage start date: 13/02/2018 Coverage end date: 12/02/2019

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

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: 08/03/2018

Shritis

Abhishek Bhatia

Chief Executive Officer

FWD Singapore Pte Ltd

Please immediately inform us at or email us at if any details in this Certificate of Insurance need to be changed.