

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	12/01/2019 13:14
Date Of Accident	11/01/2019 19:30
Exact Location Of Accident	MARYMOUNT RD TURNING ONTO SIN MING AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW9751C
Insured/Policyholder	
Name Of Registered Owner	XIE YAO QUAN
NRIC No	S8431962G
Email Address	YQX2@ALUMNI.DUKE.EDU
Mobile Phone No	(LOCAL) +65-91275291
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 2.0L MIVEC GLS 6-CVT
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	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2017-00005683-01
Cover Note Number	06/08/2018 TO 05/08/2019

Driver

Name of Driver	XIE YAO QUAN
NRIC No	S8431962G
Date Of Birth	19/10/1984
Occupation	INDOOR
Date Of Driving Pass	21/07/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91275291
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	YQX2@ALUMNI.DUKE.EDU

Address	11 SIN MING WALK #05-02 THOMSON GRAND
Postcode	575579
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDX8789G
Vehicle Make/Model/Colour	CAR B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SANGHAMITTA TAN SIOH AI
NRIC/Passport Number	S7173921Z
Contact Number	97865369
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH6598T
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Vehicle Make/Model/Colour	CAR C
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TIAN EN
NRIC/Passport Number	S8924532Z
Contact Number	85118461
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

FWD

Vehicle: SGW
9751C

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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.

[Handwritten Signature]

Policyholder's Signature

Date & Time: 12/01/2019

1130

[Handwritten Signature]



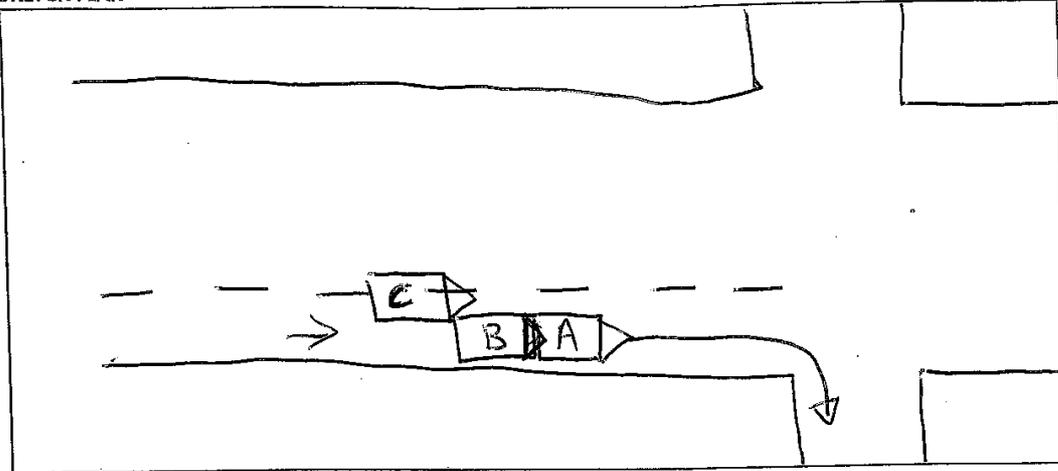
Reporting Centre Personnel's Signature

Name: *[Handwritten Name]*
NRIC/FIN No.: 12/1/2019

Sketch Plan Pg. 2

Date of accident: 11/01/2019 Time: 1930 Location: Marymount Road turning onto Sim Ming Ave.
 My Vehicle A: SGW 9751C Vehicle B: SDX 8789G Vehicle C: SLH 6598T

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh C was trying to come into turning lane,
 rear-ended left-hand-side of veh B, veh
 was already stationary,
 B lurched forward and rear-ended Veh A.
 No one was injured.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my effle accident report to:

My workshop :
 Email address : yqx2@alumni.duke.edu
 & myself :
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Vehicle: SGW 9751C

[Signature]
 Policyholder's Signature
 Date & Time: 12/01/2019

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.: 12/1/2019





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: PNPV2017-00005683-01 (Third Party)

Car plate number: SGW9751C

Your name (As the policyholder): Xie Yao Quan

Coverage start date: 06/08/2018

Coverage end date: 05/08/2019

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: 13/07/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6320-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

Policy Holder-Driver's Particulars Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8431962G**

Name: **XIE YAO QUAN**

Birth Date: **19 Oct 1984**

Issue Date: **21 Jul 2006**

001433331A




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8431962G**



Name: **XIE YAO QUAN**

谢耀全

Race: **CHINESE**

Date of birth: **19-10-1984** Sex: **M** **S8431962G**

Country/Place of birth: **SINGAPORE**



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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 21 Jul 2006

NP 428A

License No: **S8431962G**



5478935



NRIC No. **S8431962G**



Date of Issue
03-06-2015

11 SIN MING WALK #05-02
SINGAPORE (67007554)
NRIC No: **S8431962G** Date: 03/06/2015

scene



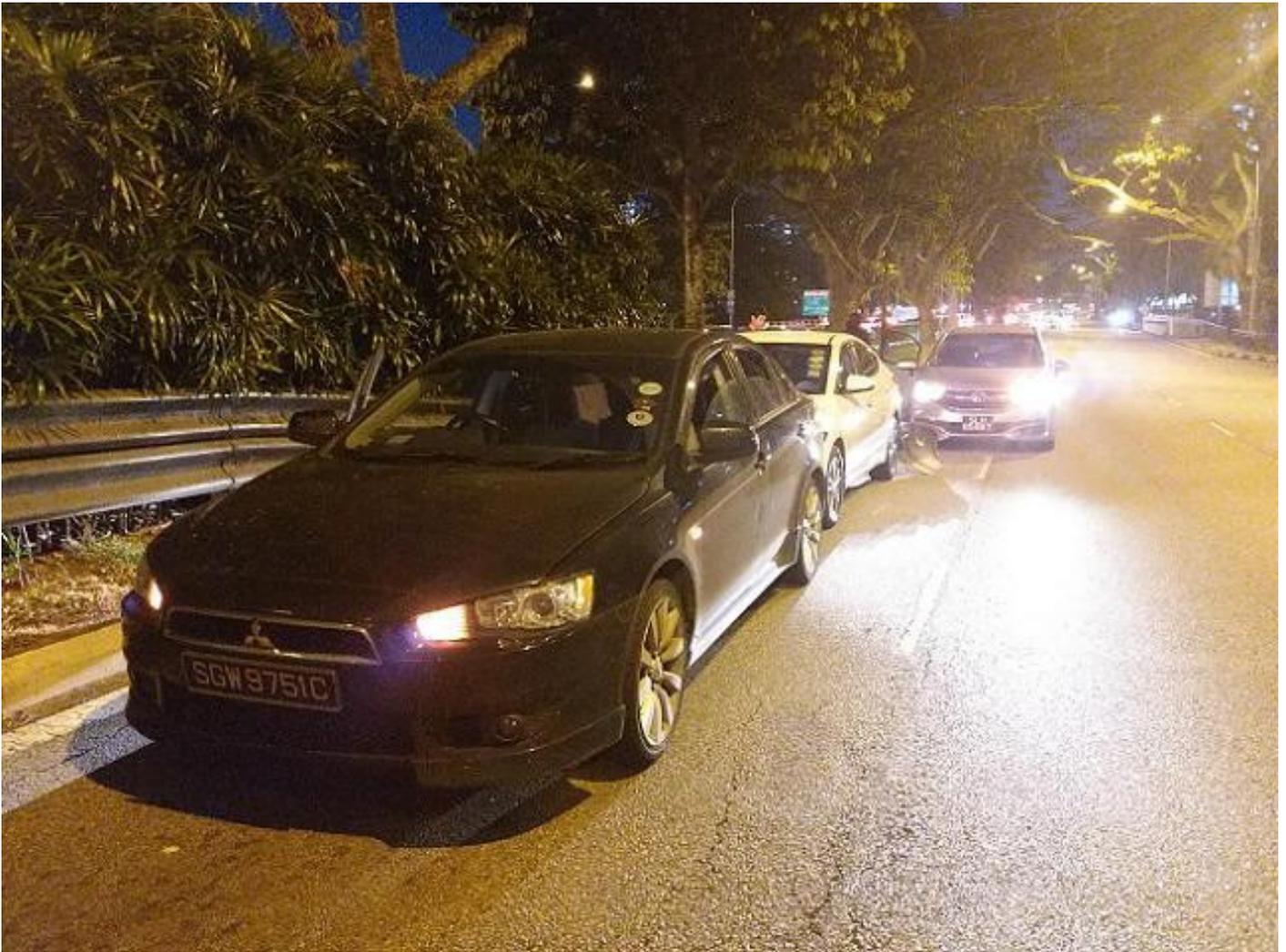
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Accident Photo



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