

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	12/02/2019 16:25
Date Of Accident	08/02/2019 09:30
Exact Location Of Accident	AFTER ENTRANCE OF CAR PARK AT BLK 409 SUAJANA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP8845J
Insured/Policyholder	
Name Of Registered Owner	YEH LI YEW
NRIC No	S2010612C
Email Address	MYEHCAROL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97577963
Alternative Phone No	OTHERS-97577963

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00016385
Cover Note Number	

Driver

Name of Driver	YEH LI YEW
NRIC No	S2010612C
Date Of Birth	15/10/1949
Occupation	INDOOR
Date Of Driving Pass	02/06/1970
Driving Experience	48 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97577963
Fax Number	
Contact Number	OTHERS-97577963
EEmail Address	MYEHCAROL@YAHOO.COM

Address	BLK 410 SAUJANA ROAD #09-104
Postcode	670410
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	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.	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

KINDLY REFER TO SKETCH PLAN.

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	SHC4754X
Vehicle Make/Model/Colour	TOYOTA PRIUS (SMRT TAXI)
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN GEOK SWEE
NRIC/Passport Number	S1641703C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

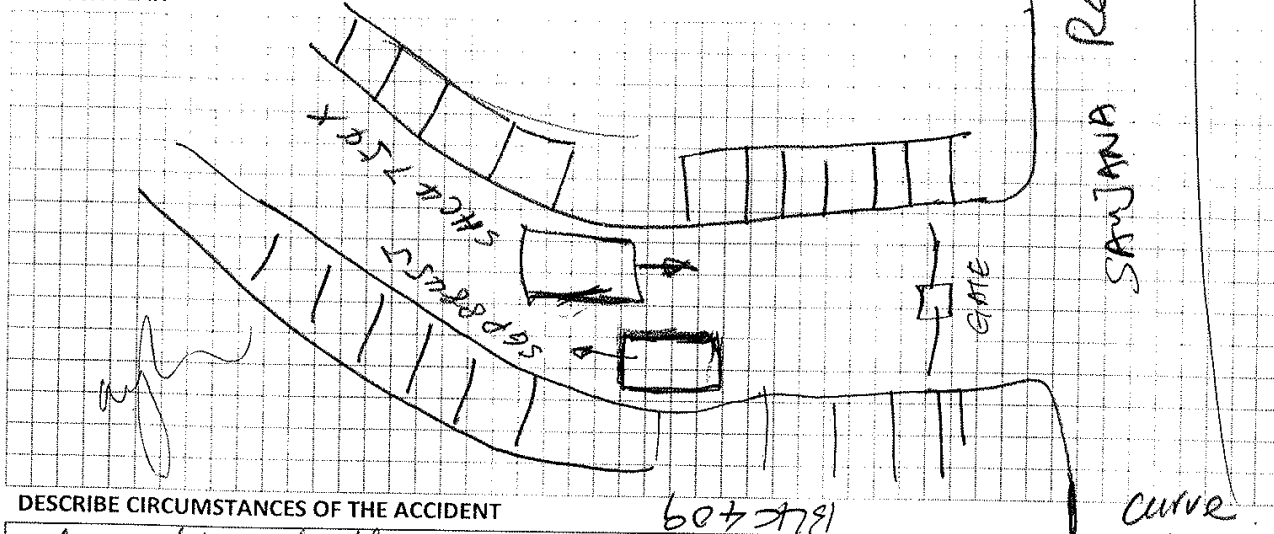
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I drive into the car park move near to the L road saw the taxi is coming fast so I slow and stop due to road is quite narrow. And he stop right beside my car, we stop for a short time as I want to move as he is try to move too. During the moving his car driver side mirror touch my car side mirror and following with some sound. We stop and found paint scratch on to my car, the right rear door side have his car paint stain.

upon inspection, notice his car right rear bumper was scratches.

photos and video attached.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.



Reporting Only

- Claim OD

- Claim TP

- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature

Date & Time

12/2/2019

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

Michael Yeh <myehcarol@yahoo.com>

Tocontact.sg@fwd.com

CC service.sg@fwd.com 8 Feb at 3:30 PM

Dear Sir/Mdm, I am reporting an minor accident occurred this am at 9.28am in car park entry at blk 409 saujana road, in general is my car driver side door was scratched by the side of the real bumper of SHC4754X during the turning. Initially i had stop as this car approaching. as he start to moving forward so do me slow too. Suddenly he just stop resulting his real right bumper scratching my car side door since he car back is exceeding toward my road side. attached are the photos for the record. As the video is too big to be send by email. I will try to trim and send if successful. For the meantime, Kindly advise what && how i can submitting the video clip.

regards Michael Yeh (97577963)

Michael Yeh contact.sg@fwd.com

CC

service.sg@fwd.com

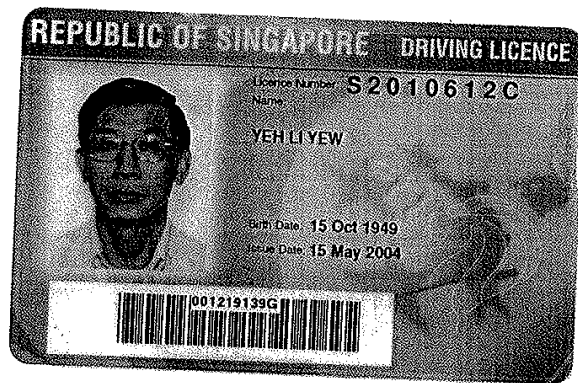
9 Feb at 2:21 PM

Dear FWD officers,

attached is the video clip of the case. Initially the taxi is cut over my path, as later he start off to clear my path, I start to move and he just stop and resulted his bumper contacted my door and scratched as per photos.

regards

Michael



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2010612C



Name

YEH LI YEW

Race

CHINESE

Date of birth

15-10-1949

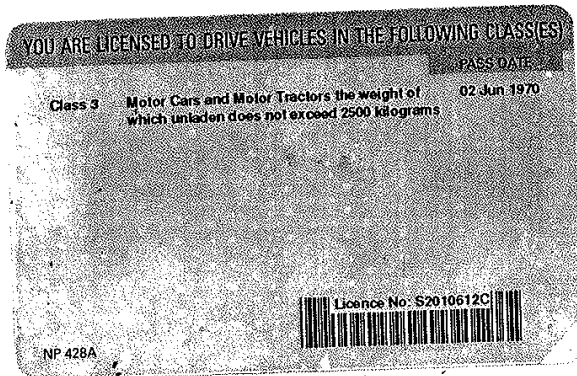
Country/Place of birth

MALAYSIA

Sex

M

S2010612C



5398237



NRIC No. S2010612C



Date of Issue

20-11-2014

Address

APT BLK 410 SAUJANA ROAD
#09-104
SINGAPORE 670410



CERTIFICATE OF INSURANCE

28 Dec/2018 - 27 Dec/2019

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: PNPV2018-00016385 (Comprehensive - Classic Plan)

Car plate number: SGP8845J

Your name (As the policyholder): Yeh LI YEW

Coverage start date: 28/12/2018

Coverage end date: 27/12/2019

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: 06/12/2018

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.



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 : PNPV2018-00016385

About this policy

Premium paid	: S\$759.48	Coverage start date	: 28/12/2018
(Inclusive of GST)		Coverage end date	: 27/12/2019
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: CLASSIC		

About you (As the policyholder)

Your name	: Yeh LI YEW	Date of birth	: 15/10/1949
Address	: 410 Saujana Road 09-104 Singapore 670410		
Email	: myehcarol@yahoo.com		
NRIC/FIN	: S2010612C	Gender	: Male
Marital status	: Married	Mobile Number	: 97577963
Current no claims discount	: 50%	Certificate of merit	: Yes
Years of driving experience	: Three or more		

About your car

Car make and model	: TOYOTA WISH 1.8
Year of first registration	: 2006
Car plate number	: SGP8845J
Issued on:	: 06/12/2018

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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card



Identification Card



Identification Card



Accident Photo



Accident Photo



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Accident Photo

