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.**
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	04/03/2019 17:52
Date Of Accident	04/03/2019 13:25
Exact Location Of Accident	ALONG BEDOK NORTH AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGK9835H
Insured/Policyholder	
Name Of Registered Owner	OSMAN BIN HASSIM
NRIC No	S7333823I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97866421
Alternative Phone No	OFFICE-97866421
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2018-00010247
Cover Note Number	
Driver	
Name of Driver	OSMAN BIN HASSIM
NRIC No	S7333823I
Date Of Birth	01/10/1973
Occupation	INDOOR
Date Of Driving Pass	21/04/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97866421
Fax Number	
Contact Number	OFFICE-97866421
EMail Address	NOEMAIL

Address	BLK 258 TAMPINES ST 21 #04-234
Postcode	520258
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	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

AS I WAS TURNING RIGHT INTO BEDOK NORTH AVE 2 FROM BEDOK NORTH ROAD, I COULDN'T STOP IN TIME AND HIT VEHICLE B WHICH WAS STATIONARY AT THAT TIME.

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	SKD6650H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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

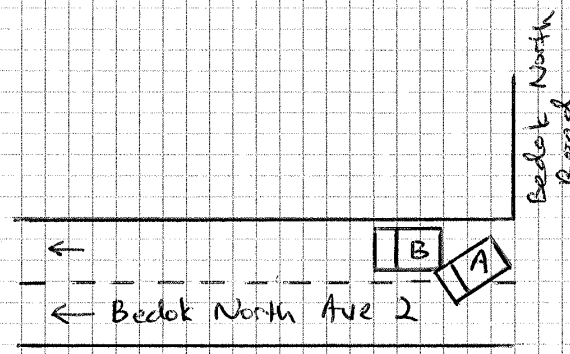
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 4/3/2019 3.25pm	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

CARZ AUTO

SKETCH PLAN

VEH A : SGK9835H
VEH B : SKD665DH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I were turning ~~into~~ right into Bedok North Ave 2 from Bedok North Rd, I couldn't stop on time and hit vehicle B which was stationary at that time.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 4/3/2019 3.25pm	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

GIARMC SketchPlanForm_V3

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7333823I

Name

OSMAN BIN HASSIM

Race
MALAY

Date of birth
01-10-1973

Sex
M

Country of birth
SINGAPORE

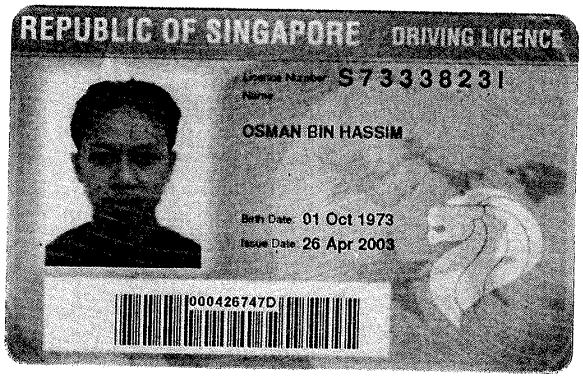
4060069

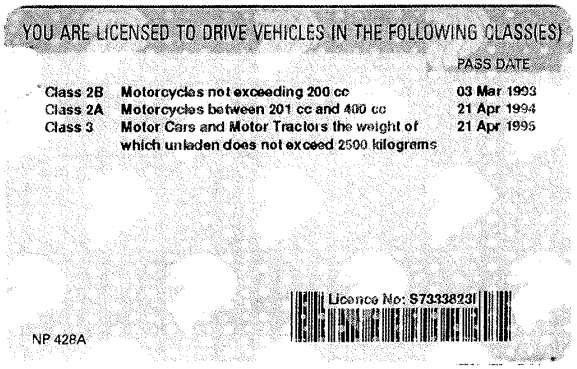
NRIC No. S7333823I

Date of Issue
20-06-2007

APT BLK 258 TAMPINES STREET 21 #04-234
SINGAPORE 520258

NRIC No: S7333823I Date: 23/03/2011 No: 6736431


REPUBLIC OF SINGAPORE
DRIVING LICENCE
Licence Number S7333823I
Name
OSMAN BIN HASSIM
Birth Date 01 Oct 1973
Issue Date 26 Apr 2003
000426747D


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 2B Motorcycles not exceeding 200 cc 03 Mar 1993
Class 2A Motorcycles between 201 cc and 400 cc 21 Apr 1994
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 21 Apr 1995
Licence No: S7333823I
NP 428A

FWD

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: PNPV2018-00010247 (Third Party)

Car plate number: SGK9835H

Your name (As the policyholder): Osman Bin Hassim

Coverage start date: 01/09/2018

Coverage end date: 31/08/2019

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.

Finance company:Kenso Leasing Pte Ltd

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 06/08/2018

A. Bhatia

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.

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Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo