

[verf 1 Jan'03] .

20040903287

Preferred Wksp / INC Assign Wksp / QW: (**Toll:**

Fax:

General Remarks: This report contains information strictly Confidential & Strictly NO refer of reporter.

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Infirmary: \_\_\_\_\_

*Injury :*

[illegible]

Auditors' Comments:	• N/A (Not Applicable) (2008)	35		
	• INC DV / Collect Excess Coordination	320		
	• INC DV / TP (Non INC) against INC	30		

$$\frac{1}{\sum_{j=1}^n \frac{1}{x_j}}$$

2 / 30

INVOICE INFORMATION		DATE	
1) AR: Accident Reporting (\$30)		INC (\$30)	
2) DA: Damage Assessment (\$100)		\$40/\$45	
3) TP: Towing Fee		\$120	
4) FT: Follow-Through Survey		\$39	
5) FT: Follow-Through Survey (Resurvey)		\$73	
Forclaiming against INC Only (wof 10 Jun 2005)			
6) TR: Re-inspection		\$160	
7) NI: Idao DA + SMRT Survey			
8) NTUC Additional Services:			
ON*		\$1	
*NS: Courtesy Car / TP Allowance		\$10	
*NG: Repair Co-ordination		\$25	
*NZ: Post Repair Inspection		\$5	
*ND: DV / Collect Excess Coordination		\$25	
TP (NI): TP (NI) INC		\$30	
9) NI: Idao Mobile			
Invoice dated		Fee Charged	
Invoice dated		Fee Charged	

Fee Charged

Fee Charged



## 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	12/03/2019 10:07
Date Of Accident	11/03/2019 17:45
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN8785J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA YONG KWANG KEVIN (CAI RONGGUANG KEVIN)
NRIC No	S7412042C
Email Address	DR@KEVINCHUA.COM.SG
Mobile Phone No	(LOCAL) +65-98009179
Alternative Phone No	OTHERS-81989579

### Vehicle Particulars

Manufacturer	BMW
Model	530I
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	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	PNPV2017-00003480-01
Cover Note Number	

### Driver

Name of Driver	CHUA IROSHINI
NRIC No	S7683190D
Date Of Birth	11/07/1976
Occupation	INDOOR
Date Of Driving Pass	05/11/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81989579
Fax Number	
Contact Number	OTHERS-98009179
Email Address	IRO55555@HOTMAIL.COM

Address	170 WATTEN ESTATE ROAD
Postcode	287615
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

#### 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

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT4806T
Vehicle Make/Model/Colour	AUDI A6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANNY NEILSEN
NRIC/Passport Number	
Contact Number	91716943
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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**.
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. 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.
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:

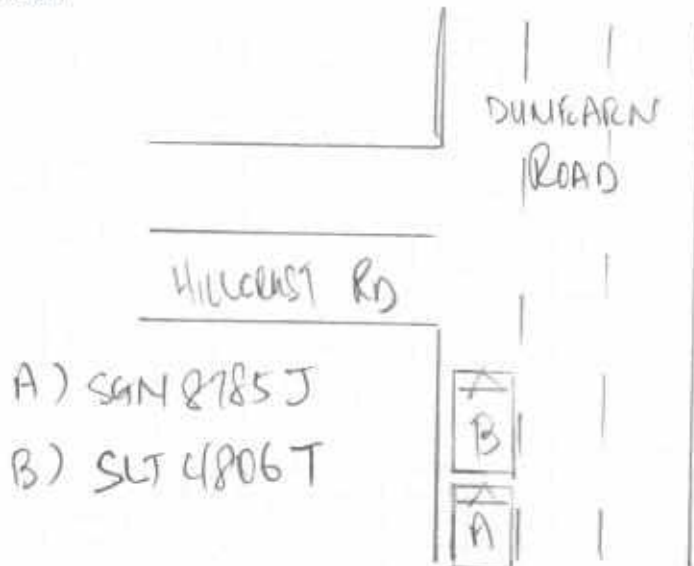
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

9.25 am



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was raining. There was a queue to turn into ~~Walter~~ Hillcrest Road from Dunearn Road. I moved forward and slightly but wasn't sure if I bumped the car in front of me as it was a slight movement. The passenger in the drivers seat opened his car door and politely spoke to me. We both checked our car and agreed there was no damage. He <sup>(Darryl)</sup> said he will ask his car repair shop to double check if there was anything we may have missed in our own assessment and said "I am sure it's nothing."

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

12/3/19  
9.29 am

Reporting Centre Personnel's Signature  
Name: Roshni Wadhwa  
NRIC/FIN No.:

12/03/2019

File. CR.7.

## ACCIDENT STATEMENT

ACCIDENT DATE: (11/03/19) (DD/MM/YYYY). TIME: (17.45) (HH:MM)

LOCATION: Dunern Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGN 8785 J  
b) INSURANCE COMPANY: FWI  
c) POLICY NUMBER: PNP V 2017 - 00003480 - 01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 530i  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: Chua Yang Kwang Kevin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7402 0420 CONTACT: 16 98009179  
c) ADDRESS: 170 Watten Estate Road, Singapore 287615

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- d) NAME: Iroshin. Chua (MALE / FEMALE)  
e) NRIC/FIN/PASSPORT: S76831901 CONTACT: 81989579  
f) ADDRESS: 170 Watten Estate Road, Singapore 287615

\* d) DATE OF BIRTH: (11/07/1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05/11/2003

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: wife

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES/NO)

### 7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT 4806T MODEL: Audi A6  
b) DRIVER'S NAME: Danny Neilsen  
c) NRIC/FIN/PASSPORT: CONTACT: 165 91716943

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
( )

Email = 1ro55555@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7683190D



Name

CHUA IROSHINI

Race

SINHALESE

Date of Birth

11-07-1976

Sex

F

Country of birth

SRI LANKA

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7683190D

Name

CHUA IROSHINI

Birth Date: 11 Jul 1976

Issue Date: 05 Nov 2003



8889948

NRIC No: S7683190D



Date of issue

24-04-2006

170 WATTEN ESTATE ROAD  
SINGAPORE 287815

NRIC No: S7683190D

Date: 05/12/2010

No: 0547400

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

Class 2

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

05 Nov 2003

NP 42-A







## 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: PNPV2017-00003480-01 (Comprehensive - Classic Plan)

Car plate number: SGN8785J

Your name (As the policyholder): Chua Yong Kwang Kevin

Coverage start date: 29/05/2018

Coverage end date: 28/05/2019

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: BMW Financial Services Singapore Pte Ltd

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

Issued on: 28/03/2018

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.