

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	15/03/2019 10:53
Date Of Accident	14/03/2019 16:50
Exact Location Of Accident	SLIP ROAD ENTERING BRADDELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4926D
Insured/Policyholder	
Name Of Registered Owner	LIM KANG WEE
NRIC No	S8022924J
Email Address	LIMKANGWEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98517350
Alternative Phone No	OFFICE-98517350
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00002358
Cover Note Number	01/03/2019-29/02/2020

Driver

Name of Driver	LIM KANG WEE
NRIC No	S8022924J
Date Of Birth	04/08/1980
Occupation	INDOOR
Date Of Driving Pass	23/06/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98517350
Fax Number	
Contact Number	OFFICE-98517350
E-Mail Address	LIMKANGWEE@HOTMAIL.COM

Address	BLK 614 ANG MO KIO AVE 4 #11-1009
Postcode	560614
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?	
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 ATTACHMENT

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	SGW3156K
Vehicle Make/Model/Colour	HONDA EDIX
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S1093998D
Contact Number	96888762
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time: 15/3/19
1045 am

Driver's Signature

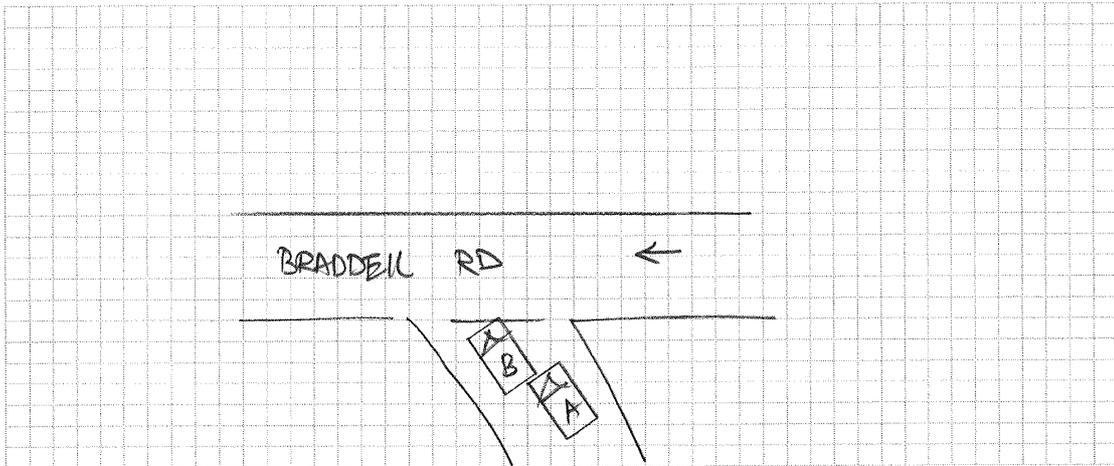
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The car enter from ~~from~~ LTE exit to Bradell. Initially both the car in front and my car stop at the slip road before entering Bradell Road. Then when the car in front move and stop again, I ^{also move then} instead of pressing the brake, accidentally press the accelerator that cause the accident.

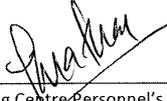
<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim <u>OD</u> TP at other workshop

DECLARATION

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


 Policyholder's Signature
 Date & Time: 15/3/19
 10:30am

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


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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8022924J




Name
LIM KANG WEE
(LIN KANGWEI)
林康伟

Race
CHINESE

Date of birth Sex
04-08-1980 M

Country of birth
SINGAPORE

S8022924J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S8022924J



LIM KANG WEE
(LIN KANGWEI)

Birth Date 04 Aug 1980
Issue Date 01 Apr 2003

1000327627C

4741755



NRIC No. S8022924J



Date of Issue
04-07-2011

APT BLK 614 ANG MO KIO AVE 4 #11-1009
SINGAPORE 560614

NRIC No. S8022924J Date: 07/11/2014 (R)

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Nov 2001
Class 2A	Motorcycles between 201 cc and 400 cc	01 Apr 2003
Class 2	Motorcycles exceeding 400 cc	18 May 2004
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	23 Jun 2003

S8022924J S / No. 9000004519

Licence No: S8022924J

NP 428A



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 : PNPV2019-00002358

About this policy

Premium paid : S\$565.77
(Inclusive of GST)
Who is insured to drive: : You and any Authorised Driver
Policy Type : CLASSIC

Coverage start date : 01/03/2019
Coverage end date : 29/02/2020

About you (As the policyholder)

Your name : Lim Kang Wee
Address : 614 Ang Mo Kio Avenue 4 11-1009 Singapore 560614
Email : limkangwee@hotmail.com
NRIC/FIN : S8022924J
Date of birth : 04/08/1980
Marital status : Married
Gender : Male
Current no claims discount : 50%
Mobile Number : 98517350
Years of driving experience : Three or more
Certificate of merit : Yes

About your car

Car make and model : MAZDA 3 1.5
Year of first registration : 2016
Car plate number : SLF4926D
Issued on: : 18/01/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

\$500

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



Accident Photo

