

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	24/04/2019 12:56
Date Of Accident	24/04/2019 09:20
Exact Location Of Accident	SLIP ROAD FROM PIE TO UPPER JURONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4878C
Insured/Policyholder	
Name Of Registered Owner	CHAN CHUAN YONG KELVIN
NRIC No	S8837676E
Email Address	KELVINCHAN321@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82228965
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	PNPV2018-0001679-01
Cover Note Number	

Driver

Name of Driver	CHAN CHUAN YONG KELVIN
NRIC No	S8837676E
Date Of Birth	12/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-82228965
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	KELVINCHAN321@GMAIL.COM

Address	BLK 449B BUKIT BATOK WEST AVE 9 #16-94
Postcode	652449
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)	2
Passenger 1	NAME: : EILEEN SNG WENJING GENDER: : FEMALE

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

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	GBD3295B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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:

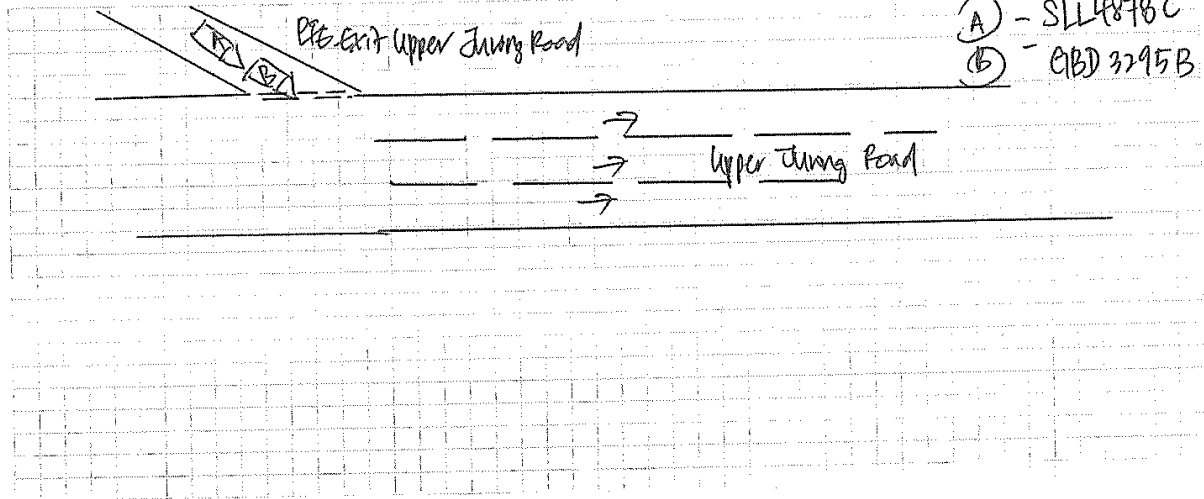
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/12/19 at 0920 hours I was exiting slip road from PDE to Upper Junny Road. when vehicle (B) stopped and I stopped. vehicle (B) moved and I followed as well. Then vehicle (B) suddenly stopped again and I could not stop in time & hit onto the rear of vehicle (B).

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:

☒ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop _____
☐ For record purpose

Policy No. PNDV2018-00001679-01
Insurer PND Veh.No. SL4878C

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



YOUR EXECUTIVE 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 : PNPV2018-00001679-01

About this policy

Premium paid : S\$849.51 Coverage start date : 28/02/2019
(Inclusive of GST) Coverage end date : 27/02/2020
Who is insured to drive: : You and any Authorised Driver
Policy Type : EXECUTIVE

About you (As the policyholder)

Your name : CHAN CHUAN YONG KELVIN
Address : 449B Bukit Batok West Avenue 9 #16-94 West Valley @ Bukit Batok Singapore 65244
Email : kelvinchan321@gmail.com
NRIC/FIN : S8837676E Date of birth : 12/09/1988
Marital status : Married Gender : Male
Current no claims discount : 50% Mobile Number : 82228965
Years of driving experience : Three or more Certificate of merit : Yes

About your car

Car make and model : MITSUBISHI ATTRAGE 1.2
Year of first registration : 2017
Car plate number : SLL4878C
Issued on: : 19/01/2019

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.

Driving License Pg. 2

IDENTIFICATION No. S8837676E



CHAN CHUAN YONG, KELVIN

陳 傳 勇

Race:

CHINESE

Date of birth:

12-09-1988

Height (cm):

170

Weight (kg):

65

Sex:

M

Place of birth:

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8837676E

Name: CHAN CHUAN YONG, KELVIN

Birth Date: 12 Sep 1988

Issue Date: 27 Dec 2007



001555519B

6069049



IDENTIFICATION No. S8837676E

Date of issue:

21-11-2018

Address:

APT BLK 449B BUKIT BATOK WEST AVENUE 9
#16-94
SINGAPORE 652449

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

C Class 2B Motorcycles <= 200 CC
Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors <= 2500 kg

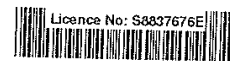
PASS DATE

27 Dec 2007
19 Jan 2011

S8837676E

S/No. 9000137793

NP 428A



Licence No: S8837676E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: _____

Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : _____ Time of Accident : _____

Place of Accident : _____

Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach accident scene photos.

Policyholder / Driver's Signature
Date:

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