

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	25/03/2019 17:09
Date Of Accident	28/02/2018 18:30
Exact Location Of Accident	T JUNCTION OF TAMPINES ST 71 & TAMPINES ST 73
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1454C
Insured/Policyholder	
Name Of Registered Owner	WAM HUI KIANG
NRIC No	S7626545C
Email Address	WAMHK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97694361
Alternative Phone No	OFFICE-97694361

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L AT RSZ
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	PNPV2017-00007482
Cover Note Number	26/09/2017-25/09/2018

Driver

Name of Driver	WAM HUI KIANG
NRIC No	S7626545C
Date Of Birth	27/08/1976
Occupation	INDOOR
Date Of Driving Pass	09/09/1999
Driving Experience	18 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97694361
Fax Number	
Contact Number	OFFICE-97694361
Email Address	WAMHK@HOTMAIL.COM

Address	740 TAMPINES ST 72 11-64
Postcode	520740
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 - CROSS JUNCTION
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: : TAY JIA XUAN ZANDER GENDER: : MALE

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 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	SGR9804K
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG HOCK HAI
NRIC/Passport Number	S0457369B
Contact Number	81382709
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.

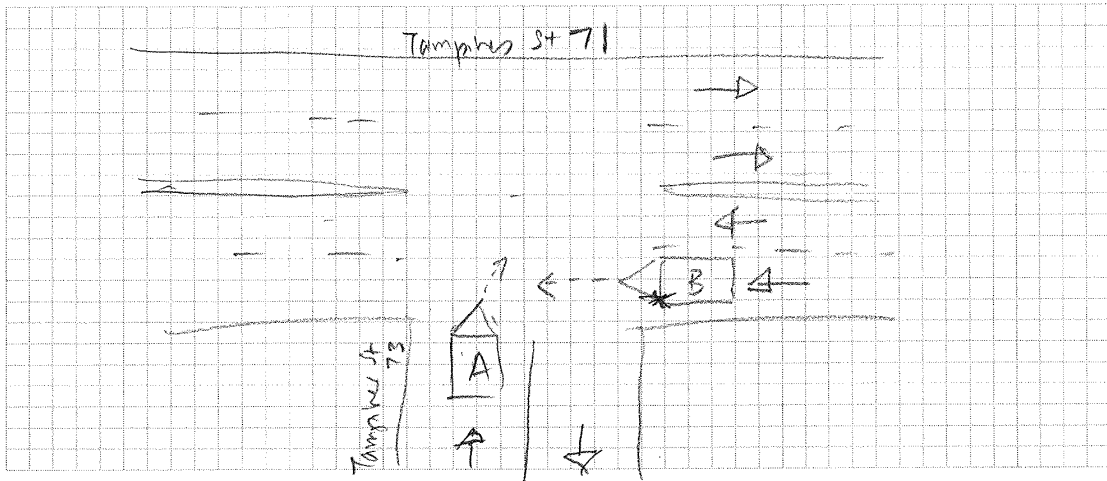

Policyholder's Signature
Date & Time: 25/3/19 5.30 p.m.


Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/3/19 5.30 p.m.


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 18:31 on 28 February 2018, I was at the T-junction between Tampines St 71 and Tampines St 73. I was going to turn right from Tampines St 73 to Tampines St 71. Vehicle B (SGR 9804K), a red Kia, was travelling along Tampines St 71. I saw he signalled to turn left ~~on~~ to Tampines St 73 so I moved forward past the stop line. ~~But when I~~ Vehicle B went straight instead, so I stopped immediately. Vehicle B hit my car (Vehicle A).

We had initially agreed on private settlement. Therefore, I did not file a report.

<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>	<input checked="" type="checkbox"/> Reporting Only
	<input type="checkbox"/> Claim OD
	<input type="checkbox"/> Claim TP
	<input type="checkbox"/> Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature

Date & Time: 25/3/19 5.30pm

Driver's Signature

(If driver is not the policyholder)

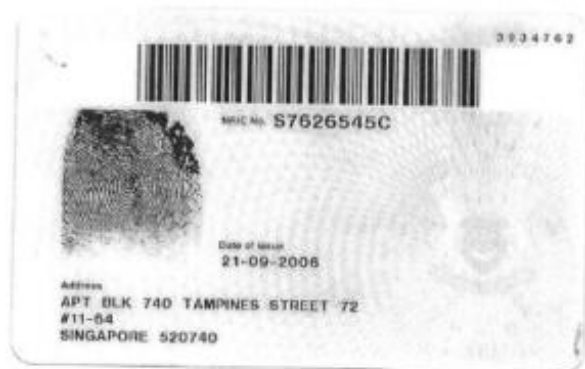
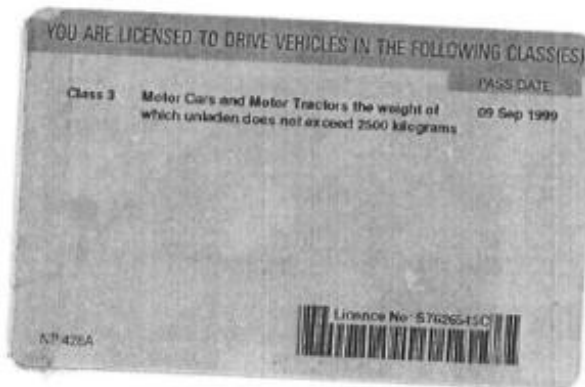
Date & Time: 25/3/19 5.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DRIVER DL





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 : PNPV2017-00007482-01

About this policy

Premium paid	: S\$630.12	Coverage start date	: 26/09/2018
(Inclusive of GST)		Coverage end date	: 25/09/2019
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: CLASSIC		

About you (As the policyholder)

Your name	: Wam Hui Kiang		
Address	: 740 Tampines Street 72 11-64 Singapore 520740		
Email	: steward_tay@hotmail.com		
NRIC/FIN	: S7626545C	Date of birth	: 27/08/1976
Marital status	: Married	Gender	: Female
Current no claims discount	: 50%	Mobile Number	: 91860046
Years of driving experience	: Three or more	Certificate of merit	: Yes

About your car

Car make and model	: HONDA STREAM 1.8
Year of first registration	: 2010
Car plate number	: SJW1454C
Issued on:	: 28/08/2018

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



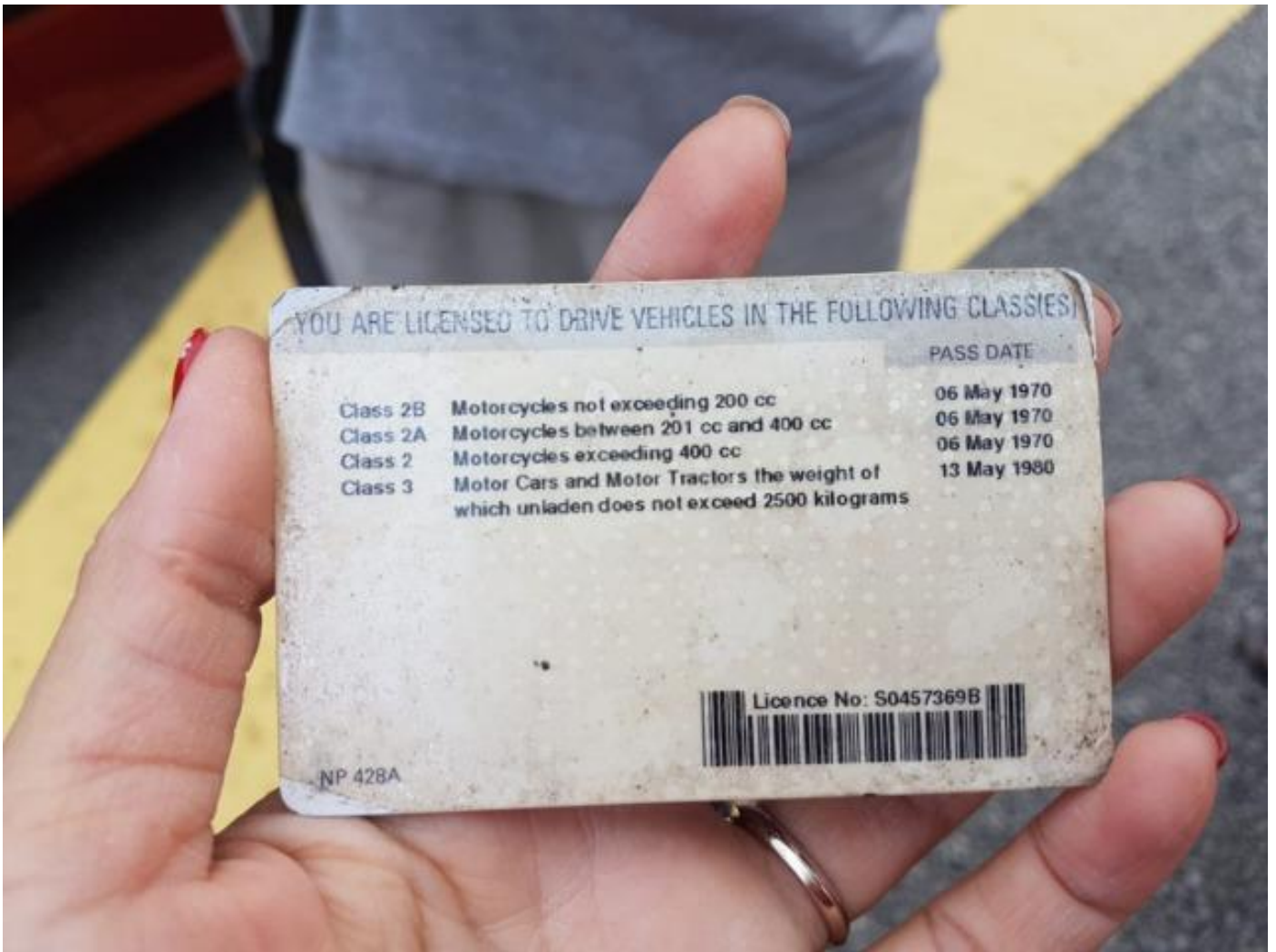
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Accident Photo



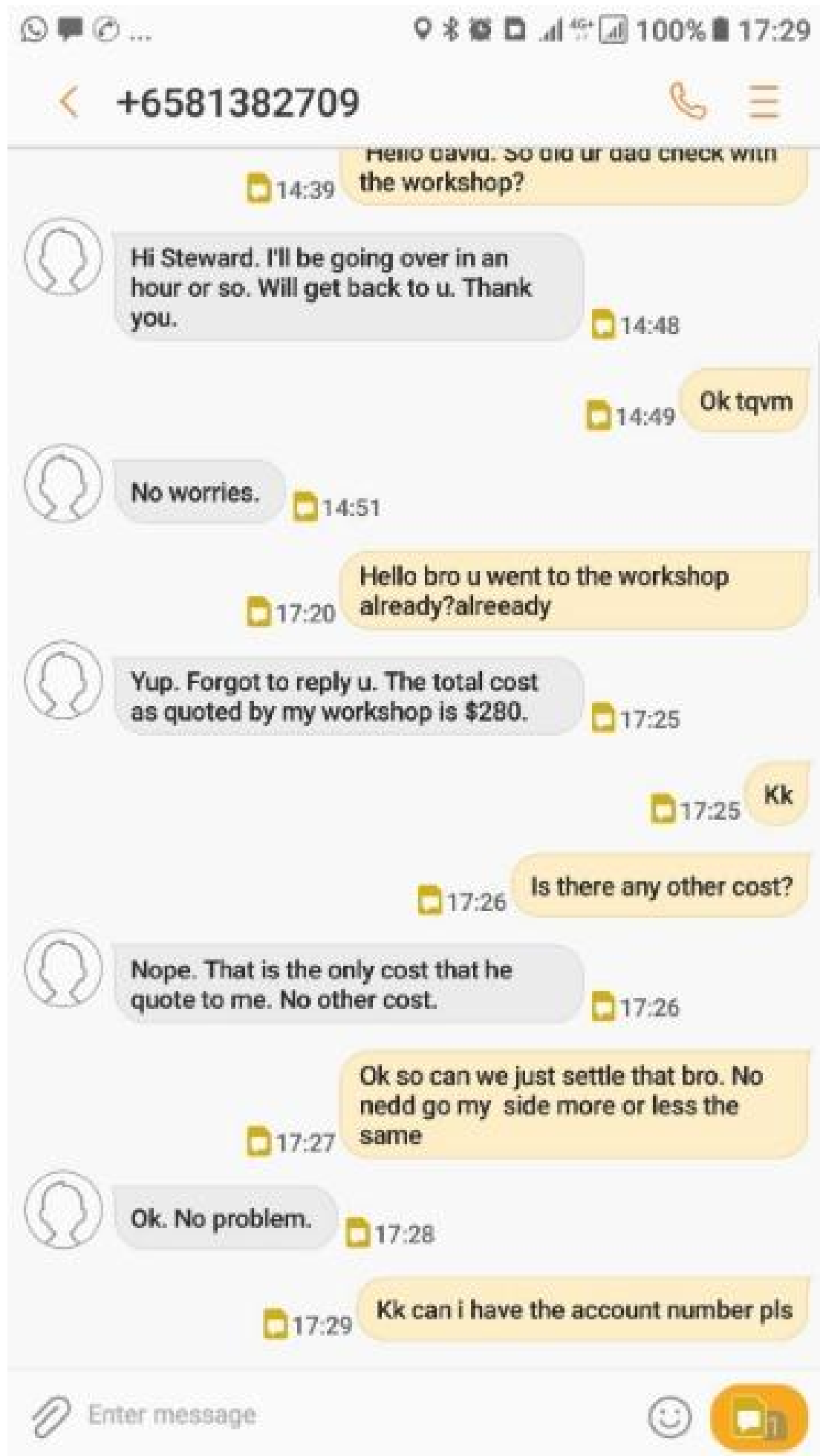
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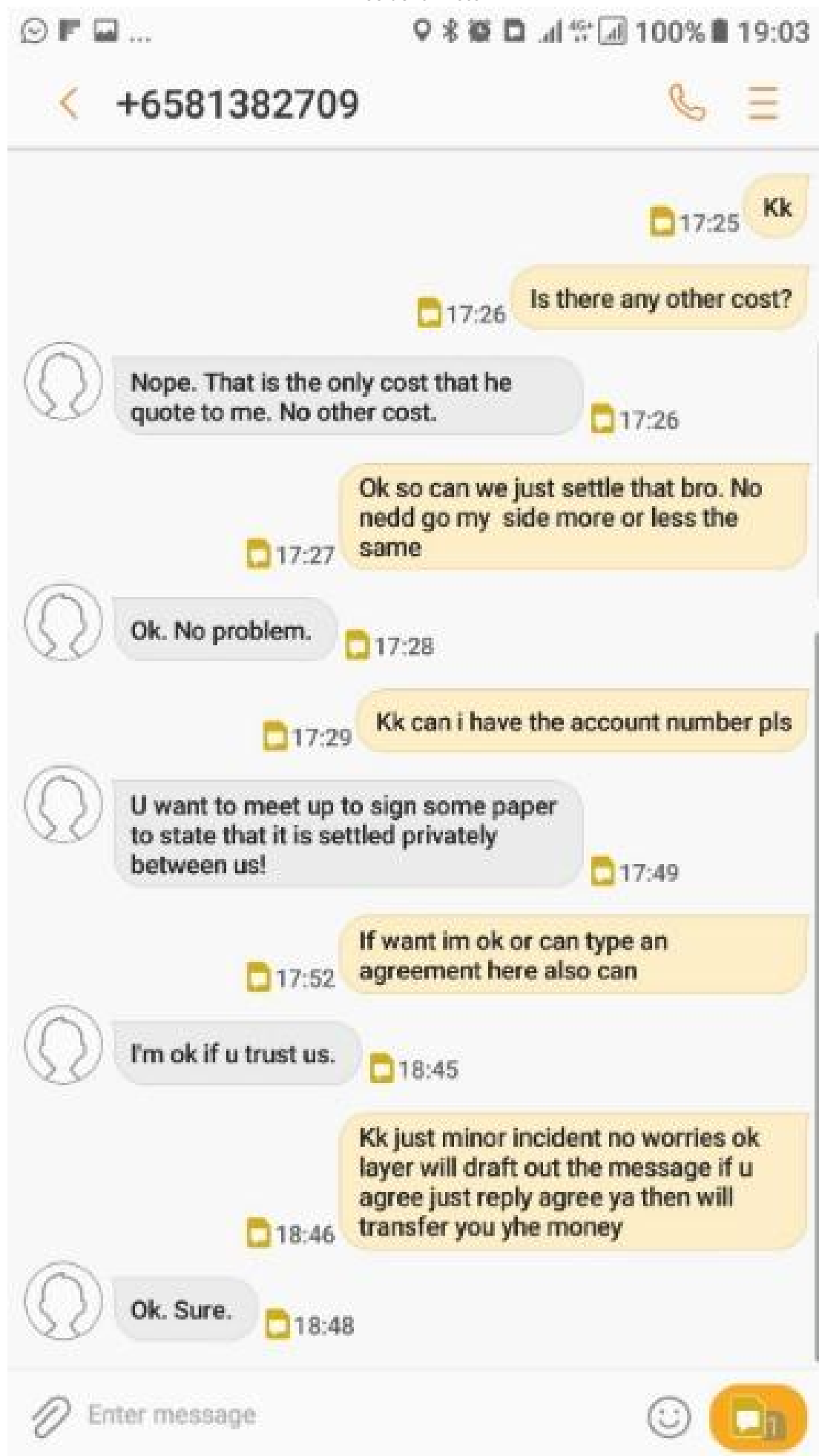


Accident Photo



Accident Photo





< +6581382709



(No subject)

20:34 8 Mar 2018

1

The parties involved agree to the following in respect of the accident that occurred on [28/-2/2018](#), 18:31, at the T-junction between Tampines St 71 and Tampines St 73.

Motor vehicle A, registration no. SJW[1454C](#), is owned and driven by Wam Hui Kiang, NRIC No. [S7626545C](#) at the time of accident. Motor vehicle B, a red KIA, registration no. [9804K](#), is owned and driven by Ng Hock Hai, NRIC No. [S0457369B](#) at the time of accident.

Without admission of liability, owner/driver of motor vehicle A will pay to owner/driver of motor vehicle B the sum of S\$280 which has been acknowledged by both to be the full and final settlement of all costs and damages incurred as a result of the accident.

Both have agreed not to make a police report or insurance claim relating to this accident.

