

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	13/06/2019 14:46
Date Of Accident	12/06/2019 07:50
Exact Location Of Accident	SLIP RD OF UPP THOMSON INTO SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9578J
Insured/Policyholder	
Name Of Registered Owner	TOH CHEW LEONG
NRIC No	S1326722G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97315393
Alternative Phone No	OTHERS-97315393

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2016-00000686-02
Cover Note Number	

Driver

Name of Driver	TOH WEI JIE
NRIC No	S8930048G
Date Of Birth	31/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98266202
Fax Number	
Contact Number	
EEmail Address	WJTOH89@GMAIL.COM

Address	1 COUNTRYSIDE WALK
Postcode	789680
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	AFTER RAIN
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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SJN2083E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL LOTIF
NRIC/Passport Number	S7462464B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TOH WEI JIE
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Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJL9578J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

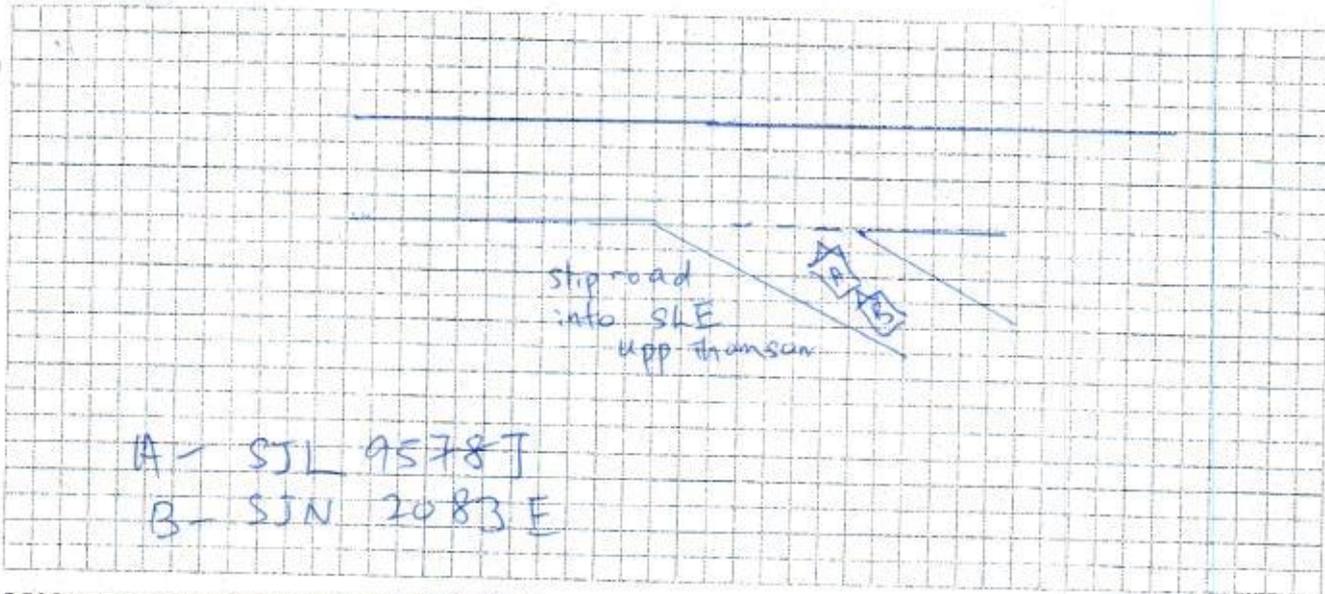
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

13/06/19

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering into slip road into SLE up Thomson. I slowed down to and stopped and give way to oncoming car. Suddenly I felt an great impact on my rear. I alighted to inspect and realised that vehicle B had hit onto my rear. We took photos and exchange particulars and left.

DECLARATION

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

talk
 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

[Signature] 13/06/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Date of Accident : 120619 Accident Time: 0750 (24-HR-Format)
 Accident Place : slip road of upp Thonsom in SLE
 Vehicle No. (Car Plate No.) : SJL 9578J Make/Model: Toyota Vios
 Insurance Company : FWD Policy No: PNPV2016-00000686-02
 Owner or Company Name / IC No. : Toh Chew Leong / S1326722 G
 Owner or Company Contact No. : 97315393 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Toh Wei Jie / S89300486
 DRIVER'S Date Of Birth : 31/8/1989 DRIVER'S License Pass Date 25/01/2008
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 1 Countryside Walk S'pore 789680
 DRIVER'S Contact No / Alt No. : 1) 98266202 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : wjtoh89@gmail.com sales@mia.com.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): 01

Other Party Driver's Particular (if any)

Vehicle No: <u>SJN 2083 E</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>Abdul Lotif</u>	Name Driver: _____
IC No. Driver/Contact: <u>S7462464B</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8930048G

Name: TOH WEI JIE

Birth Date: 31 Aug 1989

Issue Date: 25 Jan 2008

001564886E

For LKK/NAC Use Only



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8930048G

Name: TOH WEI JIE

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Race: CHINESE

Date of birth: 31-08-1989

Sex: M

Country of birth: SINGAPORE

For LKK/NAC Use Only

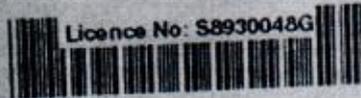


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 25 Jan 2008

For LKK/NAC Use Only



Licence No: S8930048G

NP 428A

3611316



NRIC No. S8930048G



For LKK/NAC Use Only

Date of issue
09-09-2004

1 COUNTRYSIDE WALK
SINGAPORE 789680
Licence No: S8930048G

Date: 31/07/2011 No: 6884411

Owner

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1326722G**

Name: **TOH CHEW LEONG**

Birth Date: **25 Sep 1958**
Issue Date: **15 Jul 2003**

000555848K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S 1326722G**



Name: **TOH CHEW LEONG**

卓树良

Place: **CHINESE**

Date of Birth: **25-09-1958**

Sex: **M**

Country of Birth: **SINGAPORE**

S 1326722G

For LKK/NAC Use Only

Owner

2 2 0 3 5 3 6



NRIC No: S1326722G



Blood Group: A+ Date of issue: 15-07-1994

1 COUNTRYSIDE WALK
SINGAPORE 789680

NRIC No: S1326722G Date: 14/01/2010 No: 0428365

For LKK/MAC Use Only

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

	PASS DATE	
Class 2B	Motorcycles not exceeding 200 cc	02 Feb 1979
Class 2A	Motorcycles between 201 cc and 400 cc	02 Feb 1979
Class 2	Motorcycles exceeding 400 cc	02 Feb 1979
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Jul 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	31 Jan 1992



Licence No: S1326722G

NP 428A

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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: PNPV2016-0000686-02 (Comprehensive - Executive Plan)

Car plate number: SJL9578J

Your name (As the policyholder): TOH CHEW LEONG

Coverage start date: 17/12/2018

Coverage end date: 16/12/2019

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.

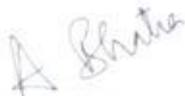
Important things to know:

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.

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

Issued on: 11/11/2018



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 if any details
in this Certificate of Insurance need to be changed.

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 338986. T: (65) 6820 8888. Company Registration No. 200501737H | www.fwd.com.sg
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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 : PNPV2016-0000686-02

About this policy

Premium paid (Inclusive of GST)	: S\$573.82	Coverage start date	: 17/12/2018
Who is insured to drive:	: You and any Authorised Driver	Coverage end date	: 16/12/2019
Policy Type	: EXECUTIVE		