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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 witholding 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

aloresaio.		
	ACCIDENT STATEMENT	
Date Of Report	19/07/2019 14:48	
Date Of Accident	18/07/2019 15:30	
Exact Location Of Accident	TPE TWDS UPPER CHANGI RD EAST	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL8065E	
Insured/Policyholder		
Name Of Registered Owner	KEN OWYONG ZHI XIANG	
NRIC No	S8734633A	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-94517220	
Alternative Phone No	OFFICE-94517220	
Vehicle Particulars		
Manufacturer	HONDA	
Model	CIVIC	
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	PNPV2018-00004074-01	
Cover Note Number	2	
Driver		

KEN OWYONG ZHI XIANG Name of Driver

NRIC No. S8734633A Date Of Birth 03/11/1987 INDOOR Occupation Date Of Driving Pass 13/06/2013

6 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-94517220 Mobile Number

Fax Number

OFFICE-94517220 Contact Number

NOEMAIL EMail Address

Address

BLK 3 JOO CHIAT RD #13-1185

Postcode

420003

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?

Number of vehicles (including own vehicle)

2

involved in the accident

NO

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC4350H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

KEN OWYONG ZHI XIANG

LOWER BACK & NECK

SLL8065E

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:

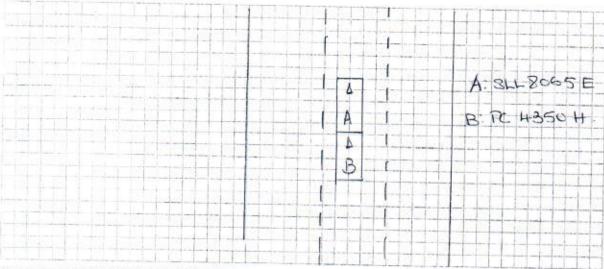
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	: 18 07 19 Accident Time: 3'30 PM (24-HR-Format)
Accident Place	: PHE TOWARDS MODEL Change of
Vehicle. No. (Car Plate No.)	SLL 8065 E Make/Model: Horda Civic
Insurace Company	: FOD . Policy No: PNPVDa18 -0000 HO74-01
Owner or Company Name /IC No.	
Owner or Company Contact No.	:9451 7020 . Owner's Hp Company Tel
DRIVER'S Name / IC No.	: As above
DRIVER'S Date Of Birth	: 03 4 1477. DRIVER'S License Pass Date 13/06/13.
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Coner.
DRIVER'S Address	· Blk 3 ha Chick at #12 112-
DRIVER'S Contact No./ Alt No.	:1) 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	:
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state): \(\sigma\)	camera: YES \ NO being used at the time of accident: Private use \ Work purpose
	uty Driver's Particular (if any)
Vehicle, No: PC 4350	H . Vehicle, No:
Vehicle Make\Model:	Vehicle MakeiModel:
Name Driver:	
IC No. Driver/Contact	

* NEW - Passenger's name & gender:

35

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8734633A



KEN OWYONG ZHI XIANG



03-11-1987 SINGAPORE

For LKK/NAC Use Ont

DRIVING LICENCE 58734633A

KEN OWYONG ZHI XIANG

6143501



11-03-2019

APT BLK 3 JOO CHIAT ROAD #13-1185 SINGAPORE 420003

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

For LKK/NAC Use Only

NP 428A



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: PNPV2018-00004074-01 (Comprehensive - Classic Plan)

Car plate number: SLL8065E Car chassis number: FD21403866 Engine number: K20A5824003

Your name (As the policyholder): Ken Owyong Zhi Xiang

Coverage start date: 11/07/2019 Coverage end date: 10/07/2020

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: Maybank Singapore

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

Issued on: 14/07/2019

Shatio

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.