





## 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	23/07/2019 15:03
Date Of Accident	23/07/2019 09:10
Exact Location Of Accident	CTE(CITY) B4 PIE(CHANGI) EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN3715K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIEW GUIHAO DAVID
NRIC No	S8536234H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92980711
Alternative Phone No	OFFICE-92980711
<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	GOLF
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
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2019-00004503
Cover Note Number	-
<b>Driver</b>	
Name of Driver	LIEW GUIHAO DAVID
NRIC No	S8536234H
Date Of Birth	30/10/1985
Occupation	INDOOR
Date Of Driving Pass	02/11/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92980711
Fax Number	
Contact Number	OFFICE-92980711
EMail Address	NOEMAIL

Address	1D SHELFORD RD #01-22
Postcode	286889
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	CHAIN COLLISION
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	3
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG3664K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO KWEE CHYE
NRIC/Passport Number	S7036653C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGB9752K
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

LIEW GUIHAO DAVID

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLN3715K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



SKETCH PLAN

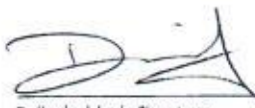
VEHICLE NO.: \_\_\_\_\_  
INSURER : \_\_\_\_\_  
DATE & TIME: \_\_\_\_\_

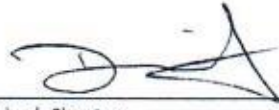
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8. Consent under the Personal Data Protection Act (PDPA)

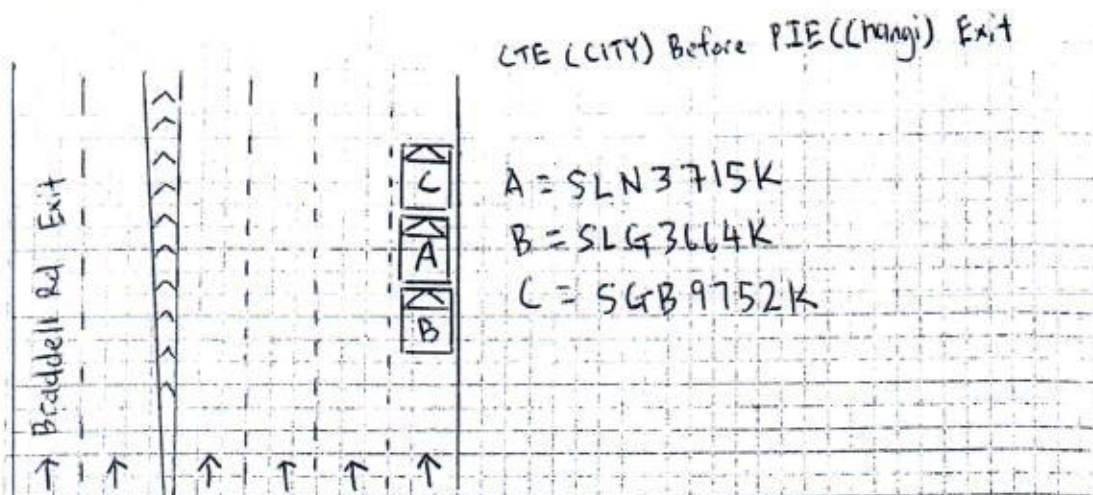
I understand, acknowledge, agree and consent that:

- (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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated Date and Time, I vehicle A (SLN3715K) was travelling on lane 1 on the stated venue. Suddenly, vehicle C (SGB9752K) brake and I follow suit and managed to stop in time. Split seconds later, I felt a huge impact from the rear and it cause my vehicle to propel forward and hit onto vehicle C. I alighted and realise Vehicle B (SLG3664K) had collided onto my vehicle's rear portion causing damages.

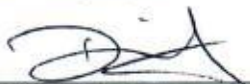
Note : Please note that your Insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



Particular of Insured / Driver & Details of the Accident

(Pls circle where applicable)

Location of Accident: LTE (City) before PIE (Chng.) Exit

Date & Time of Accident: 28/07/2019 0910 hrs

Purpose when vehicle was used at the time of accident: Private Use  
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SLN 3715 K

Make / Model: Volkswagen Golf 1.4

Vehicle Category: Private Car

Claiming Own Insurance: YES / NO

If No, Reporting only / Third Party Claim

Name of Preferred workshop: JWG International Contact: jwg.reporting@yahoo.com

Insured / Policy Holder

Name of Registered Owner: Liew Gui Hao, David NRIC: S 8536234 H

Address: 1D Shelford Road #01-22 S(286889)

Mobile No: 9298 0711 Other Contact: Home No. / Office / Others: \_\_\_\_\_

Email: \_\_\_\_\_

Driver

Name of Driver: Liew Gui Hao, David NRIC/ Fin: S 8536234 H

Driving License Pass Date: 02/11/2004 DOB: 30/10/1985

Address: 1D Shelford Road #01-22 S(286889)

Occupation: INDOOR / OUTDOOR Mobile No: 9298 0711

Gender: MALE / FEMALE Other Contact: Home No. / Office / Others: \_\_\_\_\_

Email: \_\_\_\_\_

Driver an employee: YES / NO If no, what is relationship with the policyholder: Owner  
If Driver is a policyholder, please kindly ignore this question

Insurance Company

Fleet Policy: YES / NO Policy Number: PNPV2019-0000A503 Type of Coverage: \_\_\_\_\_

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: \_\_\_\_\_

Weather Conditions: CLEAR / RAINING / OTHERS: \_\_\_\_\_

Road Surface: DRY / WET

Any video captured by car camera? YES / NO \*Any witness?: YES / NO

Any police report made: YES / NO \*Injured party: YES / NO (\*If Yes, pls provide name & tel)

For Injured Party details, it must be supported by police report

No. of Passenger (Including Driver): 1

Details of Passenger 1

Name of Passenger: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Passenger 3

Name of Passenger: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Other Vehicle Property B

Vehicle Registration No: SLG 3664 K

Vehicle Make / Model / Colour: \_\_\_\_\_

Name of Driver: Teo Kwee Chye

No. of Passenger (Including Driver): 2

NRIC: S9036653 C

Contact Number: \_\_\_\_\_

Nature of Damage: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Details of Passenger 2

Name of Passenger: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Passenger 4

Name of Passenger: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Other Vehicle Property C

SGB 9752 K

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S8536234H**  
 Name: **LIEW GUIHAO, DAVID (LIU GUIHAO)**  
 Birth Date: **30 Oct 1985**  
 Issue Date: **02 Nov 2004**

1001296748C

*For LKK/NAC Use Only*

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8536234H**


 Name: **LIEW GUIHAO, DAVID (LIU GUIHAO)**  
 刘桂豪  
 Race: **CHINESE**  
 Date of birth: **30-10-1985**  
 Country/Place of birth: **SINGAPORE**  
 Sex: **M**  
 S8536234H

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

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors / vehicles  $\leq$  2500 kg  
 PASS DATE: **02 Nov 2004**

*For LKK/NAC Use Only*

Licence No: **S8536234H**  
 NP 428A

**5536904**

  
 NRIC No: **S8536234H**  
  
 Date of issue: **01-12-2015**

10 SHELFORD ROAD #01-22  
 SINGAPORE 286889  
 NRIC No: **S8536234H** Date: **05/10/2017**



## 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: PNPV2019-00004503 (Third Party)**

Car plate number: SLN3715K

Your name (As the policyholder): Liew Guihao, David

Coverage start date: 28/04/2019

Coverage end date: 27/04/2020

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.

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

Issued on: 28/02/2019

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.