

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	02/09/2019 14:19
Date Of Accident	31/08/2019 14:30
Exact Location Of Accident	CTE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6455P
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Insured/Policyholder

Name Of Registered Owner	LIM HONG WEI ERNEST
NRIC No	S8508055E
Email Address	ERNESTLIMHONGWEI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93218107
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (A)

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000610
Cover Note Number	

Driver

Name of Driver	KHOO KIAN HUAT STEVEN
NRIC No	S8503661J
Date Of Birth	25/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97120404
Fax Number	
Contact Number	
Email Address	STEVENKHOO85@HOTMAIL.COM

Address	575 HOUGANG ST 51 #14-43
Postcode	653575
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	3
Passenger 1	NAME: : BAE LEE LAM GENDER: : FEMALE
Passenger 2	NAME: : BAE EN LAM 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 PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY2376M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH LIANG FOH
NRIC/Passport Number	
Contact Number	90063221
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKH6691T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LIM SHUI SIEN
NRIC/Passport Number
Contact Number 90275419
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KHOO KIAN HUAT STEVEN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLS6455P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name BAE LEE LAM
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLS6455P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name BAE EN LEE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLS6455P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

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

(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.

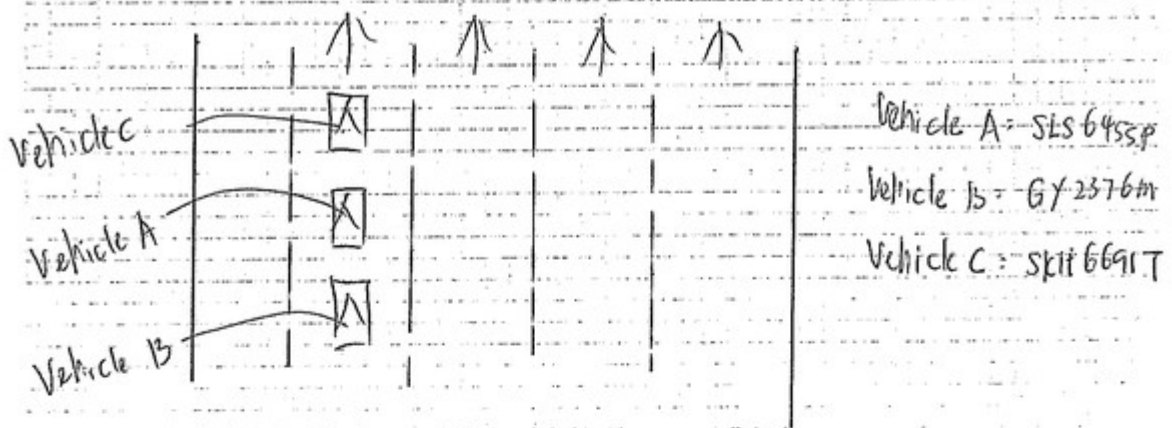
(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(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.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/8/2019 around 2:30pm, Vehicle A driving from Ang Mo Kio Ave 4 Towards Bugis (before lamp post 225) suddenly vehicle B collided onto stationary Vehicle A and the impact push forward collided onto vehicle C.

☐ Claim own policy

☐ Claim third party

☒ Claim OD / TP at other workshop V Fix Auto


☐ For record purpose only


Policy No. _____

Insurer FWD Veh No. SLS 6455P

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.: _____

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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: PNCV2019-00000610

Car plate number : SLS6455P

Coverage start date: 01/06/2019

Coverage end date: 31/05/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Lim Hong Wei Ernest

NRIC/FIN: S8508055E

Address: 612 Hougang Avenue 8 01-458 Singapore 530612

Email: Ernestlimhongwei@gmail.com

Mobile Number: 93218107

Date of Birth: 14/03/1985

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 10%

Years of driving experience: Three or more

About your car and policy

Car make and model: NISSAN QASHQAI 1.2 DIG-TURBO

Year of first registration : 2017

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$2,424.43

Finance company: Maybank

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8503661J



Name

KHOO KIAN HUAT, STEVEN

邱健发

Race

CHINESE

Date of birth

25-01-1985

Country/Place of birth

SINGAPORE

Sex

M

S8503661J



551372



NRIC No. S8503661J

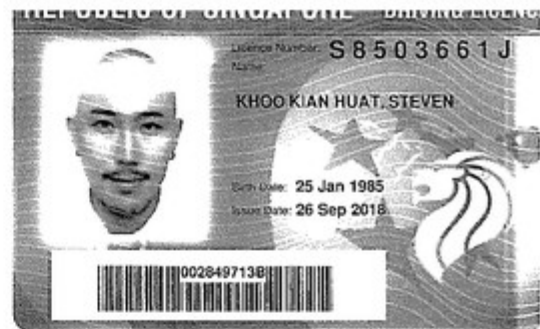


Date of issue

18-08-2015

Address

APT BLK 575 HOUGANG STREET 51
#14-43
SINGAPORE 530575



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 26 Sep 2018

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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