

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	16/09/2019 09:02
Date Of Accident	13/09/2019 22:55
Exact Location Of Accident	14 KENSINGTON PARK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2970C
Insured/Policyholder	
Name Of Registered Owner	GOH PHEI CHI
NRIC No	S7612092G
Email Address	PEGGY.GOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96515625
Alternative Phone No	OTHERS-84818228

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG
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	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	PNPV2017-00005878-02
Cover Note Number	27/07/2019 TO 26/07/2020

Driver

Name of Driver	CAO SHENLIANG
NRIC No	S8340752B
Date Of Birth	26/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84818228
Fax Number	
Contact Number	OTHERS-96515625
Email Address	MIKE.CAOSL@GMAIL.COM

Address	APT BLK 350 ANG MO KIO ST 32 #05-111
Postcode	560350
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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: : CLAIRE CAO YUE TING 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL5196D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH HWEE KUANG
NRIC/Passport Number	S1229908G
Contact Number	83999307
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

FWD
Vehicle SJV 2970 C

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

I understand, acknowledge, agree and consent that:

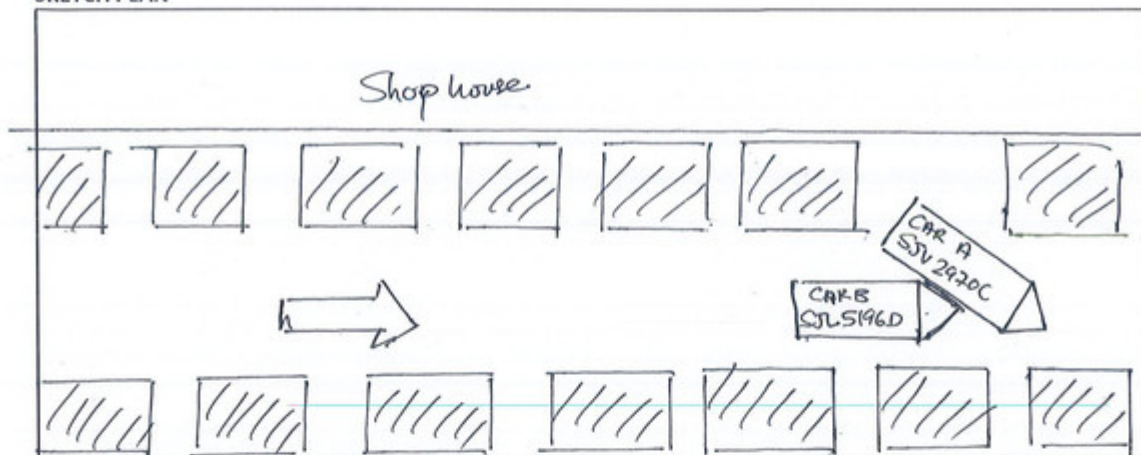
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: *Mei*
NRIC/FIN No.: *16109119*

Date of accident: 13/9/19. Time: 2259hrs Location: 14d 14D KENSINGTON PARK RD.
 My Vehicle A: SJV 2970C Vehicle B: SJL 5196D Vehicle C: —
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/9/19 @ about 2259hrs at ~~the~~ between unit 14 & 14D Kensington PARK Road I have move out of a carpark lot and my car (SJV 2970C) is ~~in~~ already occupied 2/3 of the one way lane with both side parallel parking space. The 3rd party driver SJL 5196D hit on my car (SJV 2970C), he (SJL 5196D) alight off the car & apologise to me again that he wasn't focusing on the road as he was accepting another pickup call from grab. We took pictures of the situation & shifted our cars to other side of the road to avoid congestion & exchange our particulars, as this is the first time an accident happen to me, I was told to make this report as guided by ~~the~~ my insurance company PWD @ the authorized workshop.

Legend: → Carpark lots.

attached with photos.

— SJV 2970C

— SJL 5196D

☐ Claim OD/TP at Ah Lim Motor ☐ Claim ~~OD~~ TP at other workshop ☒ Reporting Only

Remarks: Please forward a copy of my file accident report to:

My workshop: ~~CP motor P/L~~ CP motor P/L.

Email address:

& myself: ~~MIKE.CAOSL@GMAIL.COM~~ MIKE.CAOSL@GMAIL.COM

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Vehicle SJV 2970C

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/9/19 2259hrs.

Reporting Centre Personnel's Signature
Name: Neil
NRIC/FIN No.: 16109119





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: PNPV2017-00005878-02 (Comprehensive - Classic Plan)

Car plate number: SJV2970C

Car chassis number: JF1GE3KS59G005963

Engine number: EL15D744212

Your name (As the policyholder): Goh Phei Chi

Coverage start date: 27/07/2019

Coverage end date: 26/07/2020

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: United Overseas Bank Limited

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

Issued on: 20/06/2019

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8340752B**

Name: **CAO SHENGLIANG**

Birth Date: **26 Dec 1983**

Issue Date: **27 Oct 2005**

001377053K



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8340752B**



Name
CAO SHENGLIANG

曹圣良

Race
CHINESE

Date of birth
26-12-1983

Country/Place of birth
SINGAPORE

Sex
M

S8340752B

STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY

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

Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg

PASS DATE

27 Oct 2005

STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY



NRIC No. **S8340752B**

5257022

Date of issue
15-01-2014



Licence No: **S8340752B**

APT BLK 350 ANG MO KIO STREET 32 #05-111
SINGAPORE 680350
NRIC No: **S8340752B**

Date: **15/08/2019**

Nº 428A

scene



scene



scene



scene



Accident Photo



Accident Photo



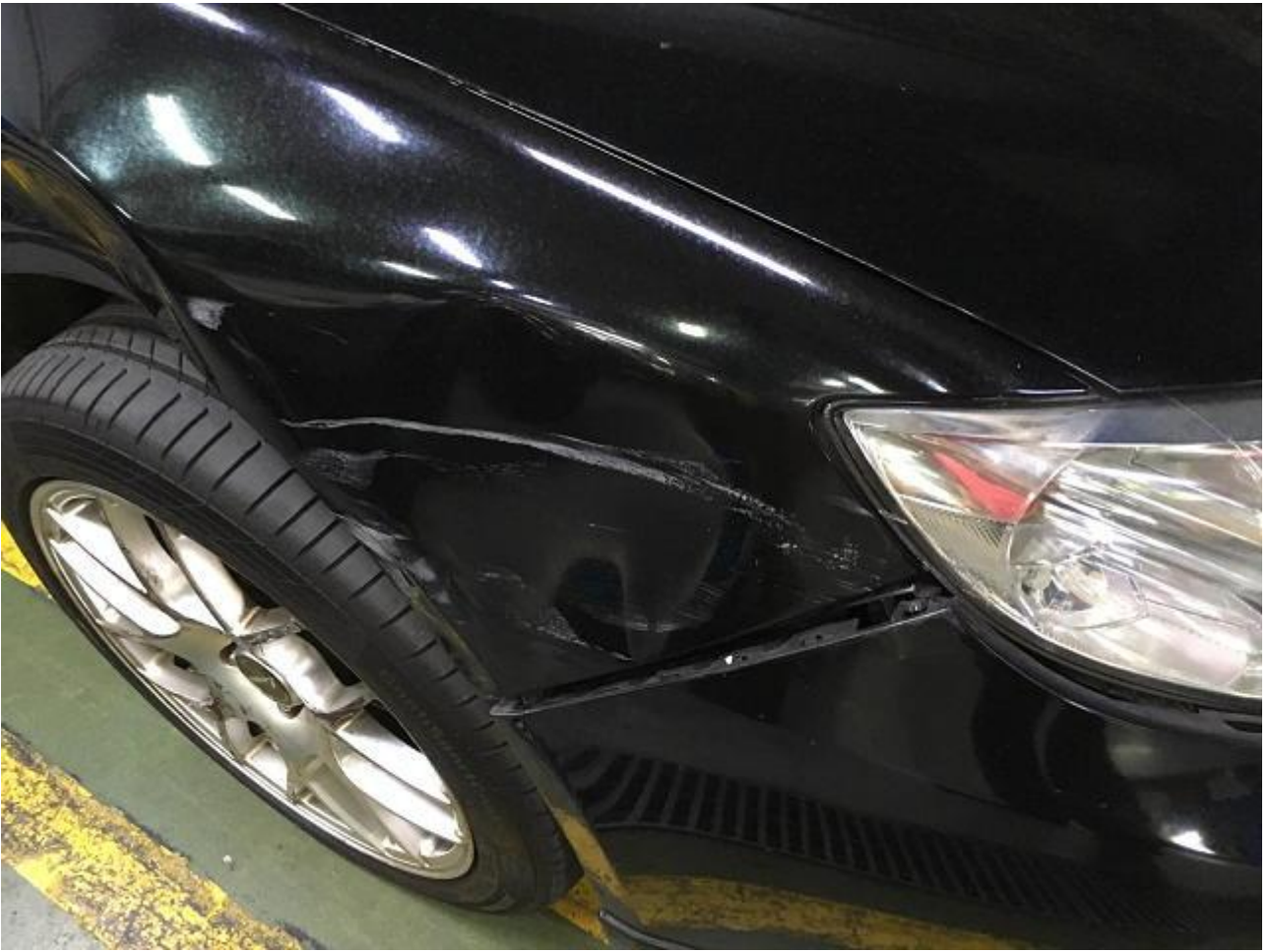
Accident Photo



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