

## 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 17:54
Date Of Accident	13/09/2019 11:15
Exact Location Of Accident	YIO CHU KANG RD TO AMK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC6802S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN FOOK YUEN DANIEL
NRIC No	S1504477B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88669282
Alternative Phone No	OFFICE-88669282

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00003866-01
Cover Note Number	

### Driver

Name of Driver	LIM CHAY NGEE
NRIC No	S1684560D
Date Of Birth	12/04/1965
Occupation	INDOOR
Date Of Driving Pass	16/06/2007
Driving Experience	12 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93229045
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 132 LORONG AH SOO #08-396
Postcode	530132
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : LIM CHAY FUNG GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

TRAFFIC LIGHT TURN GREEN. I PROCEED TO GO STRAIGHT. SUDDENLY, VEHICLE B HIT ONTO MY RIGHT.

#### 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	SLF575J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

# Sketch Plan

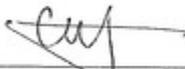
## SKETCH PLAN

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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.

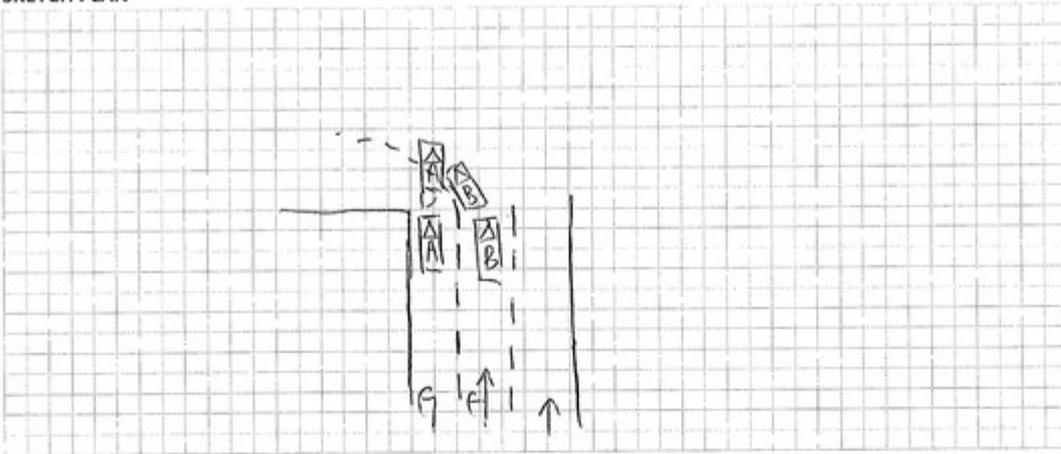
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

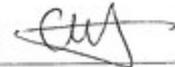


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAFFIC LIGHT TURN GREEN, I PROCEED TO GO STRAIGHT. Suddenly  
VEHICLE B HIT ONE OF MY RIGHT.

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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1684560D



Name  
**LIM CHAY NGEE**

**林静仪**

Race  
**CHINESE**  
Date of Birth  
**12-04-1965** Sex  
**F**  
Country of Birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1684560D**

Name  
**LIM CHAY NGEE**

Birth Date: **12 Apr 1965**

Issue Date: **16 Jun 2007**



0593540

NRIC No. **S1684560D**



Blood Group  
**A+** Date of Issue  
**01-11-1992**

Address  
**APT BLK 132 LORONG AH SOO #08-396**

**SINGAPORE 530132**

**NRIC No: S1684560D**

**Date: 07-11-1996**

**No. 2712345**

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

PASS DATE

**Class 3A** Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg  
**16 Jun 2007**

NP 428A



## YOUR CLASSIC 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** : PNPV2018-00003866-01

### About this policy

Premium paid	: S\$1,207.68	Coverage start date	: 22/03/2019
(Inclusive of GST)		Coverage end date	: 21/03/2020
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: CLASSIC		

### About you (As the policyholder)

Your name	: Chan Fook Yuen Daniel		
Address	: 132 Lorong Ah Soo 08-396 Singapore 530132		
Email	: daniellion7@gmail.com		
NRIC/FIN	: S1504477B	Date of birth	: 26/05/1961
Marital status	: Married	Gender	: Male
Current no claims discount	: 50%	Mobile Number	: 88669282
Years of driving experience	: Three or more	Certificate of merit	: No

### About your car

Car make and model	: TOYOTA COROLLA ALTIS 1.6
Year of first registration	: 2011
Car plate number	: SKC6802S
Issued on:	: 31/01/2019



**Abhishek Bhatia**  
 Chief Executive Officer  
 FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions and exclusions of this policy.

Please immediately inform us at +65-6820-8888 or email us to [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in this Car Insurance Summary need to be changed.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

