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Owner / Driver: (		Tel:	)
Policy No: ( ) Parid	od: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N	l: 0-20%; P: 21-79%. F: 80	-100%]
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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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	02/11/2019 15:51	
Date Of Accident	02/11/2019 06:25	
Exact Location Of Accident	CTE TWDS SLE @ AMK CENTRAL FLYOVER	
Country/State of Loss	SINGAPORE	
Control of the Contro	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ9789S	
Insured/Policyholder		
Name Of Registered Owner	GAN HONG CHENG NIGEL	
NRIC No	S8303437H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-87288884	
Alternative Phone No	OFFICE-87288884	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E200	
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	PNPV2019-00009669	
Cover Note Number		
Driver		
Name of Driver	GAN HONG CHENG NIGEL	
NRIC No	S8303437H	
Date Of Birth	17/02/1983	
Occupation	INDOOR	

13/09/2018

1 YEAR AND 1 MONTH Driving Experience MALE

Gender

Mobile Number (LOCAL) +65-87288884

Fax Number

Date Of Driving Pass

OFFICE-87288884 Contact Number

EMail Address NOEMAIL Address BLK 439 HOUGANG AVE 8 #15-1549

Postcode 530439

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

nice

Insurance Company of Driver's Own Vehicle -

-

3

NO

NO

NO

### 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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?

If Yes, against whom?

#### Circumstances of Accident

REFER TO 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 SH2763B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJB1610D

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 GAN HONG CHENG NIGEL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SMJ9789S

YES

NO

SKETCH PLAN

VEHICLE NO .: SMJ 9789S

INSURER : FWD Insurance

DATE & TIME: 02/11/2019 0625 he

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 daims 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:
  - 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

(TE TUDS SLE @ Ang Mo Kio Central Flyaver
WILLIAM A SMITHTER
Vehide B:SH 2763B
Vehicle C: SJB 1610D
THE STATE OF THE S
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On the stated date and time, I, Vehicle A (SMJ 97895) was
toivelling along the stated venue at the first lane. As the vehicle
infront, Vehicle C (SJB 1610 D) sloved down and came to a
Stop, I followed suit. Suddenly, Vehicle B (SH 2763B) Collide
onto the vour portion of my vehicle causing me to surge
forward and hit vehicle C.
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
/We declare the foregoing particulars are true in every respect.
wind owned full
Policyhalder's Signature Personnel's Signature Reporting Centre Personnel's Signature
oate & Time: (If driver is not the policyholder) Name: Oate & Time: NRIC/FIN No:
( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only ( ) Claim OD/TP at other workshop (

Date of Accident	: 02/11/2019 Accident Time: 0625 (24-HR-FORMAT)
Accident Place	CTE TWOS SLE @ Aug Mo Kio Central Flyover
Vehicle Reg. No (Car plate No.)	: SMJ 9789 S Vehicle Make/Model: Merc E200
Insurance Company	: FWD INSURANC Policy No. PNPV2019-00009669
Name of Registered Owner	: Company / Individual Gan Hong Chang, Nigel
ID of Registered Owner	: Co Reg No: Owner's NRIC No: \$83034374
	: Co Contact No: Owner's Contact No: 871 68884
DRIVER'S Name (Irjund)	Gan Hong Chang, Nice DRIVER'S NRIC No: S83034374
DRIVER'S Date of Birth	17/62/ 1983 DRIVER'S License Pass Date 13/09/2018
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Owner
DRIVER'S Address	: Blk 439 Hongang Avenue 8 #15-1549 S (530439)
DRIVER'S Contact No./ Alt No.	: 1) 8728 8884 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET VAFTER RAIN & WET
Reporting Type	Reporting Only   Claim Other Party   Claim Own Insurance
Number of Passengers (including D Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle wa	ice? YES \ NO
Other	Party Driver's Particulars (if any)
Vehicle Reg No. SH 2763 B	
Vehicle Make Model:	Vehicle Make\Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER	
DRIVER'S Contact & add:	



### 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: PNPV2019-00009669 (Comprehensive - Executive Plan)

Car plate number: SMJ9789S

Your name (As the policyholder): Gan Hong Cheng Nigel

Coverage start date: 27/05/2019 Coverage end date: 26/05/2020

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: DBS Bank Ltd

Shitis

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

Issued on: 24/05/2019

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.