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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
- 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

《多校》是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	ACCIDENT STATEMENT
Date Of Report	06/11/2019 10:23
Date Of Accident	04/11/2019 18:00
Exact Location Of Accident	
Country/State of Loss	BLK 278A COMPASSVALE BOW TOWARDS CARPARK SINGAPORE
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD5861K
Insured/Policyholder	SESSOO IX
Name Of Registered Owner	TAN HAN PENG
NRIC No	S7735231G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96888084
Alternative Phone No	OTHERS-96888084
Vehicle Particulars	OTTLENG-90000004
Manufacturer	NISSAN
Model	X-TRAIL
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
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	PNPV2019-00010023
Cover Note Number	3.5-2001年(1935年) 元の市の東 京会 権(1
Driver	
Name of Driver	TAN HAN PENG
IDIO N	S7735231G
Nata Of Ridh	06/12/1977
locupation	OUTDOOR
Nata Of Delulas Bass	10/10/1996
Neisday Constant	23 YEARS AND 0 MONTHS
Conder	MALE
Aphilla Maria	(LOCAL) +65-96888084
ax Number	ATTENTA OF STANDARD
Contact Number	OTHERS-96888084
Mail Address	NOEMAIL

Address

BLK 278A COMPASSVALE BOW

Postcode

541278

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

COLLISION - HEAD TO REAR

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

NO

Was any body injured in the Accident?

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 41

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

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 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

GBD8359T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 5. 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 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.:

278A Compassivale Bow town	
A DBD 3	vehicle A: SLD5861K
1	vehicle 8: GBD8359T
PRINCE	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on o4/11/19, at about 1800hrs, I was travelling along BK 278A
Compassionle Bow towards the Carpark when Vehicle B, GBD 8359T, who
was infront stopped. I stopped as well. Suddenly, Vehicle B started
to reverse. I sounded my horn but Vehicle B continued to reverse
and boing into the front portion of my volvida, Velude A: SLD 5861

DECLARATION

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

Policyholder's Signature

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

Reporting Centre Personnel's Signature
Name:
Name:
Name:

Date of Accident	: 04/11/19 Accident Time: 1800 - (24-HR-FORMAT)
Accident Place	: 278A Compassivale Bow towards Carpark.
Vehicle Reg. No (Car plate No.)	: SLD 5861k . Vehicle Make/Model: Nissan Xtrail .
Insurance Company	: FWD . Policy No. PNPV2019 -00010023
Name of Registered Owner	: Company / Individual TAN HAN PENG .
ID of Registered Owner	: Co Reg No: Owner's NRIC No: S77353314
	: Co Contact No: Owner's Contact No: 96888084
DRIVER'S Name	: THE HAN PENG DRIVER'S NRIC No. 379352310.
DRIVER'S Date of Birth	: 06 12 1977 DRIVER'S License Pass Date 10 10 1996
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	278A Compassivale Bow #16-547 5(541278) -
DRIVER'S Contact No./ Alt No.	:1) 96888084 - 2)
DRIVER'S Occupation	: INDOOR \OSTDOOR (eg. working inside or outside of an ofc)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Dr Was the accident reported to the poli Was there any video Captured by car Exact purpose for which vehicle was	iver): 0
	Party Driver's Particulars (if any)
Vehicle Reg No: GBD 8359T .	Vehicle Reg No:
Vehícle Mnke\Model:	Vehicle Make\Model:
Name DRIVER:	
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

Passenger's Name & Gender:



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: PNPV2019-00010023 (Comprehensive - Classic Plan)

Car plate number: SLD5861K

Your name (As the policyholder): Tan HanPeng

Coverage start date: 23/06/2019 Coverage end date: 22/06/2020

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:HL Bank

Shrie

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

Issued on: 31/05/2019

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.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5665S00200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

(A) PARTICULARS OFPERSON MAKING THEAMENDMENTS: Original Report No: MAYYOUGHE Vehicle Registration No: SUD SHOLK Name(as shown in NAIC): Jan Han Faus NRIC/FIN/Passport No: STISSISIO (*Vehicle Priver/Vehicle Dwner)(*) Please delete as appropriate Address: Singapore(Contact (Tel): Mobile No.: 9688C68 Email Address: Date of Accident: BIX 1189 Compass you've flow have Supplied in the supplied of Accident: BIX 1189 Compass you've flow have Supplied in the	(0)	ADDENDUM
Original Report No: MATY 914(88) Vehicle Registration No: SUD 5/6/1k Name(as shown in NRIC): In the fact NRIC/FIN/Passport No: ST7357314 (*Vehicle Driver/Vehicle Dwner) (*) Please delete as appropriate Address: Contact (Tel): Email Address: Date of Accident: Place of Accident: BIK 2739 AMPASSYBUL FOW ROUNDS CALIFFE Insurance Company: Insurance Company: Insurance To the above mentioned accident and would like to include additional information or make the following amendments: JNSULANUM Shows By Full Place Passponsh to the place of Accider / Driver's Signature Policyholder / Driver's Signature Repoliting Centre Passponsh to the place of Accider / Driver's Signature Repoliting Centre Passponsh to the place of Accider / Driver's Signature Policyholder / Driver's Signature Repoliting Centre Passponsh to the place of Accider / Driver's Signature Repoliting Centre Passponsh to the place of Accider / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident / Driver's Signature Repoliting Centre Passponsh to the place of Accident	(A) PARTICULARS OF PERSON MAKI	NGTHEAMENDMENTS:
Name(as shown in NRIC): In Han Han Hus NRIC/FIN/Passport No: S7735/31/4 (*Vehicle Oriver/Vehicle Owner) (*) Please delete as appropriate Address: Contact (Tel): Email Address: Date of Accident: Date: Date: Policyholder / Driver's Signature Policyholder / Driver's Signature NRIC/FIN/Passport No: S7735/31/4 NRIC/FIN/Passport No: S7735/	Original Report No : MATY	1914/2810
(*Vehicle Griver/Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) :	Namelas shownin NRICH Ton HA	
Address Contact (Tel) Email Address Date of Accident: Date of Accident: BIK 27 & Department of Accident: Insurance Company: Insurance Company: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: JUSULANCH Shows By Furb of March parkers and accident and would like to include additional information or make the following amendments: JUSULANCH Shows By Furb of March parkers and accident and would like to include additional information or make the following amendments: JUSULANCH Shows By Furb of March parkers and accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reporting centre passages to the parkers and accident and would like to include additional information or make the following amendments: ACCIDENT THE STATE OF THE STATE OF THE PASSAGES AND ACCIDENT THE PASSAGES AND A	(*Vehicle Driver / Vehicle Dwner)	NRIC/FIN/Passport No : \$77352316
Date of Accident: DYLLYDLS Time of Accident: 18:00 Place of Accident: BIK 2789 AMPASSYBLK BOW BANKAS CASHE Insurance Company: LUO B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: JASSICANCH Shows BK FWD & MO CIRAN AMERICAN Policyholder / Driver's Signature Reporting Centre Personal Signature Date: Reporting Centre Personal Signature	Address	() Flease delete as appropriate
Email Address Date of Accident: 04 LL 2013 Time of Accident: 18:00 Place of Accident: 81K 2789 Compassyrack from bourses Crafts Insurance Company: 100 B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: INSURANCE SHOWN BY FUD A NO CIRAN APPRICATE Policyholder / Driver's Signature Policyholder / Driver's Signature Reporting Centre Personal Live	Contact (Tel)	Singapore(
Date of Accident: Place of Accident: BIK 27 Sp. Compact Valle from Towards CASTING Insurance Company:	No.	Mobile No.:_ 9688084
Policyholder / Driver's Signature Place of Accident: BIK 2789 Compassyruk from Jawasobs Craftic Insurance Company: Just Compassyruk		2013
Insurance Company: ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: JNSULANCH SHOULD BY FUD A NO CHAN BURNELOW Policyholder / Driver's Signature Reporting Centre Personnal & Signature Reporting Centre Personnal & Signature	- L (- V)	Time of Accident: 18:00
ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: JNSULANCH SHOWS BY FUD A MO CIRCUM APPRICACE Policyholder / Driver's Signature Reporting Centre Passabase 51	1	2189 COMPASSYDER FOR CONDAMADE CONDO
Policyholder / Driver's Signature Thave made a report on the above mentioned accident and would like to include additional information or make the following amendments: JNSULANCH SHOWN BY FWD A NO GREAT BY REPORTED AND CARLEST BY REPORTED AND C	Insurance Company:) Tours Charles
Policyholder / Driver's Signature Thave made a report on the above mentioned accident and would like to include additional information or make the following amendments: JNSULANUM SHOWN BK FWD A MO GREAT AMERICAN Policyholder / Driver's Signature Reporting Centre Personnal Signature	B) ADDITIONAL INCORNATION	
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Date:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 5224 0010 Fax (65) 5224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A)					
100	PARTICULARS OF PER	SONMAKINGT	HEAMENDME	NTS:	
	Original Report No :	818241P144MM	-01 National A	ssessment Centre Sves-Bulet Me Vehicle Registration No:	
	Name(as shownin NRIC):	MAH MAT	PENG.	NRIC/FIN/Passport No	S77352316
	(*Vehicle Driver / Veh	icle Owner) (*) F	lease delete as	appropriate	03 131
	Address :	278A Compa	ussuale Bor	w #16-547	Singaporo/CH 279
	Contact (Tel)	9688 8	08th	Mobile No. :	
	Email Address :				
	Date of Accident :	04/11/19		Time of Accident :18	00
	Place of Accident :	ASFL	Compassi	ale Bow towards	Carpark.
	Insurance Company : _		FWD.		
3)	ADDITIONAL	7			
,	ADDITIONALINFORM	ATION / AMEND	MENTS:	nt and would like to include add	
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