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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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.

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Date Of Report	18/11/2019 14:44
Date Of Accident	15/11/2019 21:20
Exact Location Of Accident	T JUNC JLN BUKIT HO SWEE RD AND LOWER DELTA RD
Country/State of Loss	SINGAPORE
DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF8396E
Insured/Policyholder	
Name Of Registered Owner	LEE MENG JUN SKY
NRIC No	S8129535B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82010796
Alternative Phone No	OFFICE-82010796
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00010655
Cover Note Number	
Driver	
Name of Driver	TAN KWANG PANG
NRIC No	S8850266C
Date Of Birth	10/12/1988
Occupation	INDOOR
Date Of Driving Pass	20/05/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93475968

NOEMAIL

BLK 420 JURONG WEST ST 42 #02-1011 Address

Postcode 640420

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

2

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

CLEAR Weather Conditions 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? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

1 Number of Passengers (Including Driver)

**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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SMD513L

YES

NO

NO

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver KWEK SER CHUAN SIMON

S1793073G NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

VEHICLE NO.: STE 8396E
INSURER : FUP
DATE & TIME: ISINI 19 21.20

#### 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.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate 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 Centra 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.:

ESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	Vehicle A: SJF 83 Vehicle B: SMDS
ON THE STATED	DATE AND TIME, ALONG	JALAN BURIT HO SINEE ROAD
AS I , VEHICLE		
ABOUT TO TURN	2 9000 9000	LE B (SMP 513L) HIT ONTO
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under your own com	prehensive policy. Please check with y	our policy for more information.
	ulars are true in every respect.	- / /
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Date of Accident	: 15 10 19 Accident Time: 21 120 (24-HR-FORMAT)
Accident Place	T JUNCTION OF : JALAN BUKIT HO SWEE FOND AND LOWER DELTA ROAD
Vehicle Reg. No (Car plate No.)	: SJF 839LE Vehicle Make/Model: VW GDLF
Insurance Company	:_ PWOPolicy No. PNPV 2019 - 000 10655
Name of Registered Owner	: Company/Individual LEE MENG JUN SKY
ID of Registered Owner	Co Reg No: Owner's NRIC No: @ 81195358
	: Co Contact No: Owner's Contact No: _82010794
DRIVER'S Name	: TAN KWANG PANG DRIVER'S NRIC NO: 588502666
DRIVER'S Date of Birth	: 10 112   1488 DRIVER'S License Pass Date 20 MAY 2009
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 8080 CHOA CHU KANG AVE 1 # 03-614 SC684808
DRIVER'S Contact No./ Alt No.	:1) 93415968 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address	:_ N/A
Weather & Road Surface	: CLEAR & DRY)\ RAINING & WET \AFTER 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	lice? YES \ NO)
Other	Party Driver's Particulars (if any)
Vehicle Reg No. SMP 513L	Vehicle Reg No.
Vehicle Make Model: hATSMRICH1	Vehicle Make\Model:
Name DRIVER: KWEK SEL CHARA	Simon Name DRIVER:
IC No. DRIVER: \$179307349	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: PNPV2019-00010655 (Comprehensive - Classic Plan)

Car plate number: SJF8396E

Your name (As the policyholder): LEE MENG JUN SKY

Coverage start date: 12/06/2019 Coverage end date: 11/06/2020

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: Tokyo Century Leasing (Singapore) Pte Ltd

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

Issued on: 11/06/2019

Shite

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.