

## 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	29/11/2019 09:44
Date Of Accident	28/11/2019 16:55
Exact Location Of Accident	PIE EXIT ONTO UPP CHANGI RD EAST (SLIP ROAD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW3422S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD REZA BIN TAIB
NRIC No	S8304372E
Email Address	REZATAIB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94373137
Alternative Phone No	OFFICE-94373137

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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?	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	PNPV2018-00009564-01
Cover Note Number	20/07/2019-19/07/2020

### Driver

Name of Driver	MOHAMAD REZA BIN TAIB
NRIC No	S8304372E
Date Of Birth	22/01/1983
Occupation	INDOOR
Date Of Driving Pass	07/10/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94373137
Fax Number	
Contact Number	OFFICE-94373137
Email Address	REZATAIB@GMAIL.COM

Address	BLK 180C RIVERVALE CRESCENT #15-377
Postcode	543180
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	SIDE SWIPE
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?	
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)	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?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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	FBK1798T
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	MOTORCYCLE
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: 29/11/19  
0920hrs

Driver's Signature

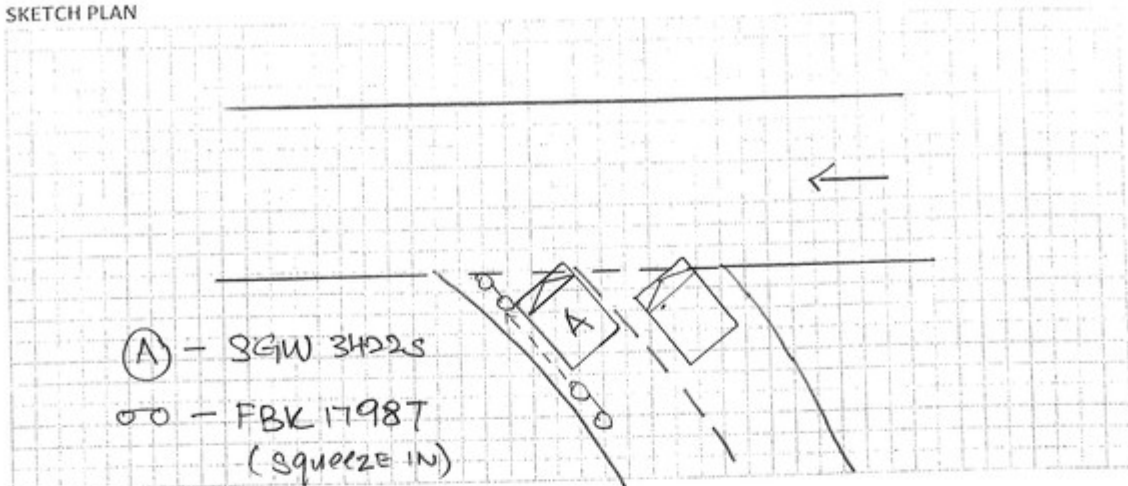
(If driver is not the policyholder)

Date & Time: 29/11/19  
0915hrs

Reporting Centre Personnel's Signature

Name: [Signature]  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 1655 hrs on 28 Nov 2019, at the slip road of PSE exit onto Upper Changi Road East, I was waiting at the stop line while waiting for the traffic from Upper Changi Road East. Once the traffic oncoming from Upper Changi Road East was clear, I proceeded to release my footbrake and applied on the accelerator to move off when my vehicle collided with a motorcycle, at the front left headlight of my vehicle. The rider of said vehicle FBK 17987 lost balance upon collision and fell down. The motorcycle dropped on her foot and ankle there were abrasions on the foot. Upon impact, my left headlight was and bumper below the left headlight was damaged.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
<input checked="" type="checkbox"/> Claim OD/TP at other workshop

## DECLARATION

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

Policyholder's Signature

Date & Time: 29/11/19

0915 hrs

SGW 3422S

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/11/19

0915 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## 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: PNPV2018-00009564-01 (Comprehensive - Classic Plan)**

Car plate number: SGW3422S

Your name (As the policyholder): MOHAMAD REZA BIN TAIB

Coverage start date: 20/07/2019

Coverage end date: 19/07/2020

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: Index Credit Pte Ltd

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

Issued on: 11/07/2019



**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S8304372E**

Name: **MOHAMAD REZA BIN TAIB**

Birth Date: **22 Jan 1983**

Issue Date: **04 Oct 2019**

0029838360

**FOR ACCIDENT CLAIM  
USE ONLY**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	26 Nov 2009
Class 2A Motorcycles between 201 cc and 400 cc	05 Apr 2011
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	07 Oct 2008

NP 428A



**FOR ACCIDENT CLAIM  
USE ONLY**

Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



Accident Photo





Accident Photo

