

## 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	03/12/2019 10:03
Date Of Accident	02/12/2019 21:10
Exact Location Of Accident	BUKIT TIMAH ROAD (BETWEEN NAMLY AVE & FIRST AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW40S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG KOH BOON
NRIC No	S7145633A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90722571
Alternative Phone No	OFFICE-90722571

### Vehicle Particulars

Manufacturer	RENAULT
Model	GRAND SCENIC IV 1.5 DCI AT EU6
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	PNPV2018-00015660
Cover Note Number	

### Driver

Name of Driver	LOH SING SHARON
NRIC No	S7432900D
Date Of Birth	12/10/1974
Occupation	INDOOR
Date Of Driving Pass	10/09/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98422571
Fax Number	
Contact Number	
EEmail Address	12SHARON10@GMAIL.COM

Address	BLK 5 JURONG EAST ST 32 #09-02
Postcode	609479
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### 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)	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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8658P
Vehicle Make/Model/Colour	
Details Of Properties	COMFORT TAXI
Vehicle Category	TAXI
Name of Driver	ANG THIAN CHOON
NRIC/Passport Number	S1470454Z
Contact Number	96266361
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

3/12/19 8:45am

GIA/PMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

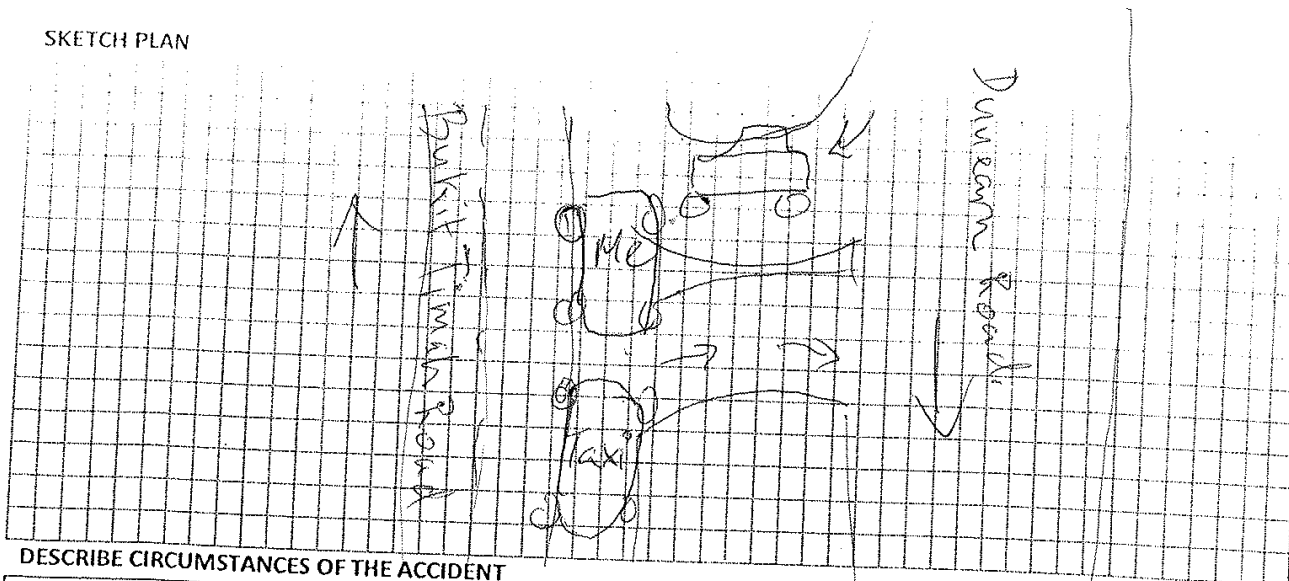
3/12/19 (8.45am)

Reporting Centre Personnel's Signature

Name: Rakeswaran. Anand

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from Newton circle down Bukit Timah Road and on the extreme right lane where going past King's Arcade, Coronation Plaza. Then I notice a car u-turn out of the slip road, it didn't complete stop to wait for my car to pass by, I horned once and brake, it was still moving out, I horned again to and brake harder, causing to a complete stop as that car u-turn out to my lane and also stopped completely. Next I heard a bump on the back of my car. The red car in front of me drove off slowly, filterly away to the middle lane. I got out of the car to see the damage behind. A Comfort taxi bumped into my rear (SHC8658P). He didn't brake intima even though he saw me braking due to the red car.

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

DECLARATION

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

*[Signature]*

Policyholder's signature

Date & Time

3/12/19 8:45am

*[Signature]*

Driver's Signature

(if driver not the policyholder)

Date & Time

3/12/19 8:45am

*[Signature]*

Reporting Centre Personnel's Signature

Name: Rakeswaran Anand.

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: PNPV2018-00015660 (Comprehensive - Classic Plan)

Car plate number: SFW40S

Your name (As the policyholder): ANG KOH BOON

Coverage start date: 19/12/2018

Coverage end date: 18/12/2019

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.

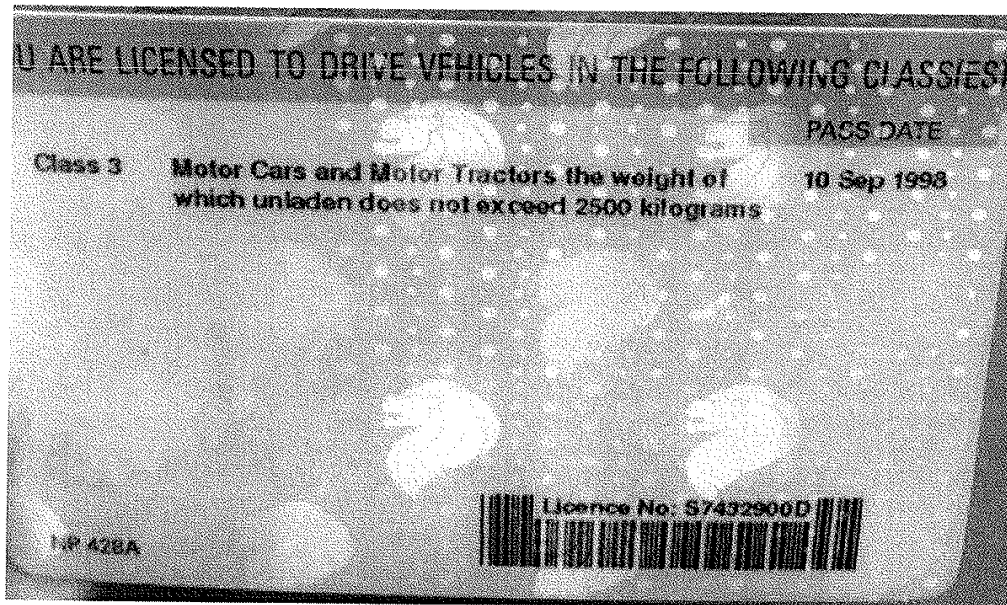
Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

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

Issued on: 18/11/2018

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.



Identification Card of driver Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD No. S7432900D



LOH SING, SHARON  
(LUO XING)

罗欣

CHINESE

Date of birth: 12-10-1974 Sex: F

Country of birth:  
SINGAPORE

3632561



NRIC No. S7432900D



Date of issue:  
03-11-2004

5 JURONG EAST STREET 32 #09-02  
SINGAPORE 609479  
S7432900D

28/11/2013

Identification Card of owner Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7145633A



ANG KOH BOON

洪可文

Race  
CHINESE

Date of Birth  
16-12-1971

Sex  
M

Country of Birth  
SINGAPORE

S7145633A

0403037



NRIC No. S7145633A



Blood Group  
A+

Date of issue  
26-06-1992

5 JURONG EAST STREET 32 #09-02  
SINGAPORE 609479  
S7145633A

28/11/2013



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

