

## 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             | 12/12/2019 18:23  |
| Date Of Accident           | 12/12/2019 08:20  |
| Exact Location Of Accident | ALONG SUNGEI ROAD |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMC9252K             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | FONG CHOON PENG      |
| NRIC No                     | S7838668A            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97907609 |
| Alternative Phone No        | OFFICE-97907609      |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | TOYOTA                    |
| Model  | NOAH HYBRID-1.8 X CVT (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? | YES                       |
| If No, Please state action to be taken                                       |                           |
| Vehicle Category   | PRIVATE CAR               |

### Insurance Company

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE           |
| Fleet Policy              | NO                      |
| Policy Number             | PNPV2019-00012546       |
| Cover Note Number         | 26/07/2019-25/07/2020   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | FONG CHOON PENG       |
| NRIC No              | S7838668A             |
| Date Of Birth        | 15/12/1978            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 14/07/1999            |
| Driving Experience   | 20 YEARS AND 4 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97907609  |
| Fax Number           |                       |
| Contact Number       | OFFICE-97907609       |
| EEmail Address       | NOEMAIL               |

|   |                                |
|---|--------------------------------|
| Address   | 515 YIO CHU KANG ROAD<br>04-53 |
| Postcode  | 787083                         |
| 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 | -<br>-<br>-                    |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                    |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| 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                         | 3                              |
| 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)   | 2                              |
| Passenger 1   | NAME: : P1<br>GENDER: : FEMALE |

#### 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 THE 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 | SKB6841J     |
| Vehicle Make/Model/Colour   | B            |
| Details Of Properties       |              |
| Vehicle Category            | PRIVATE CAR  |
| Name of Driver              | SOH CHAN WAH |
| NRIC/Passport Number        |              |
| Contact Number              | 91790770     |
| Address                     |              |
| Postcode                    |              |
| Insurance Company Name      |              |
| Nature Of Damage            |              |

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

|                                     |              |
|-------------------------------------|--------------|
| Vehicle Registration Number         | EZ55X        |
| Vehicle Make/Model/Colour           | C            |
| Details Of Properties               |              |
| Vehicle Category                    | PRIVATE CAR  |
| Name of Driver                      | TANG TAI YEE |
| NRIC/Passport Number                |              |
| Contact Number                      | 96822938     |
| Address                             |              |
| Postcode                            |              |
| Insurance Company Name              |              |
| Nature Of Damage                    |              |
| No. Of Passenger (Including Driver) |              |

## Sketch Plan

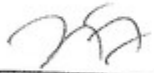
### SKETCH PLAN

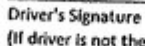
#### IMPORTANT NOTICE


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. 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.
7. 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:
  - (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:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As shown in the video clip, I was traveling at around 40km/h and keeping a safe distance from the car ahead (SKB 6841). However, the driver suddenly jammed braked to a complete stand still due to the vehicle in front of him. I jammed my brakes too but was not able to stop in time and hit his rear.

### 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.

|                                     |                                  |
|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | - Reporting Only                 |
| <input type="checkbox"/>            | - Claim OD                       |
| <input type="checkbox"/>            | - Claim TP                       |
| <input 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

12/12/17 1818

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

IDENTITY CARD NO. S7838668A



FONG CHOON PENG  
(FENG JUNPING)

馮俊平

Race  
CHINESE

Date of birth  
15-12-1978

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7838668A

Name:

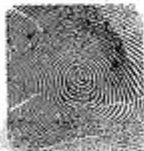
FONG CHOON PENG (FENG  
JUNPING)

Birth Date: 15 Dec 1978

Issue Date: 17 Feb 2003



NRIC No. S7838668A



Date of issue  
12-01-2009

515 YIO CHU KANG ROAD #04-53  
SINGAPORE 787083

NRIC No: S8217494Z

Date: 30/08/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

|          |  |             |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc   | 17 Feb 2003 |
| Class 3  | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 14 Jul 1999 |



NP 428A

Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

