			A 120003326		
Date In:8/1/20 - 12.23	Job description	l	Date & Time Completed	Do	ne by
Ref No: 44 pro2000510/24	SAS e-filing		j		
Veh No: Sczhigoc	E-mail (within	8hrs, AIC 2hrs)			
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OD (TP) / Reporting Only	i-Motor W/C	(Within: OD 2hrs	TP 4hrs)		
	i-Photo Uplo	aded			
TP Insurer:	Assessment/Su	ivey Report			
	Ass't Report b	y <u>Fax / Hand</u> to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No:SKA	7487	. INC()/Non-INC()	reter i revisione sino	
Owner / Driver: (Tel:)	
	riođ: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (W	/O): N: 0-20	%; P: 21-79%. P: 80-1	00%]	
3 000	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	00()/\$2,000	()			
General Remarks;-				Lart S	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

	ACCIDENT STATEMENT				
Date Of Report	08/01/2020 12:27				
Date Of Accident	07/01/2020 08:05				
Exact Location Of Accident	PASIR RIS DR 3 BEFORE PASIR RIS CENTRAL				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLZ9670C				
Insured/Policyholder					
Name Of Registered Owner	TAN SIONG BUCK				
NRIC No	SXXXX116C				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-82990117				
Alternative Phone No	OFFICE-82990117				
Vehicle Particulars					
Manufacturer	SUBARU				
Model	FORESTER 2.0I-L CVT AWD SR				
Exact Purpose for which vehicle was being use time of accident	t PRIVATE USE				
Are you claiming under your own insurance po 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	PNPV2019-00007142				
Cover Note Number					
Driver					
Name of Driver	TAN SIONG BUCK				
NRIC No	SXXXX116C				
Date Of Birth	18/09/1965				
Occupation	INDOOR				
Date Of Driving Pass	30/03/1985				
Driving Experience	34 YEARS AND 9 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-82990117				
Fax Number					

OFFICE-82990117

NOEMAIL

BLK 7 RIVERVALE CRESCENT Address

#14-20

Postcode 545085

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

YES 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

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200108/7007.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA1748J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 15

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN SIONG BUCK

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLZ9670C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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

9	1	1	
	A		-
	B		

Vehicle A: SCZ9470C Vehicle R: SKA1748J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On th	ne stated	Late o	nd tiv	ne I	was	trave	line	alone	
PASIR	RIS PRI	VE 3 HE	PING	TOWARDS	Loy	ANG.	Whil	e 1	WAS
Station	ary at	the Ju	nction	waiting	for	the	tra	Hir 1	gint
to tigo	m green	I f	est a	huge i	mpact	at	the	rear	of
my	vehicle.	I (am	e dou	n from	ny	in	and	noticed	+1
my	rear bu	imper h	ras da	maged.	-				
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						A CONTRACTOR OF THE CONTRACTOR			
							ALC: U		C1-5
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				7.55			-	- TE	
									-
					-				

DECLARATION

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

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.:

Vehicle No.	SLZ9670C Model/Make FURARY FORESTER		
Date of Accident	07/01/2020		
Time of Accident	OX:08 HRS		
ocation of Accident	PASTR RTS DRIVE 3 REFORE PASTR RTS LENTRAL		
Exact purpose use during acc			
Name of Owner	TAN STONG BYCK		
Telephone No.	H/P: 829901 7 Home: Office:		
NRIC	S1725116 C		
Address	BLK 7 REVERUALE (RESCENT #14-20		
Claim type	OD THIRD PARTY REPORTING ONLY		
Insurance Company	FWP		
Type of Coverage	(Comprehensive) Third Party Third Party / Fire /Theft		
Policy No.	PNP V2019-00007142		
Name of Driver	As Above If No,		
NRIC	SI725116 C Any Passengers: ()		
Date of birth	18/09/1965		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	30/03/1985		
Gender	Male / Female		
Contact No.	H/P: 82990117 Home: Office:		
Address	BLK 7 RIVERVALE CRESCENT #14-20 5545085		
Driver have any own vehicle	00 00		
Relationship	Employee, If no, state Ow NER		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes) Who?		
Name And Contact No.	TAN STONG RUCK (S1725116C)		
Name And Contact No.	110		
Police Report	Ng, If Yes, Where?		
Vehicle B No.	SKAI748T Any Passengers :		
Name of Driver	Contact No. :		
Vehicle C No.	Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion	REAR PURTSON		
Camera Recorder	Yes /Ng		
Email Address	+Shux@gmail com tsbuck 65@gmill.com		
PARTICULAR WORKSHOP	NSI Automotive Pta (t)		
CONTACT NO. 6842 0051 / 6744 0510			
CONTACT PERSON	27 7mg		
FAX NO	6741 0510		
WORKSHOP EMAIL APDRES	s sales @ n51. com. sg		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200108/7007

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 08/01/2020 11:33		Vide Report No.:	Station Diary No.:		
Informan	t's Partic	ulars	Water Street	THE PERSON NAMED IN COLUMN		
Name of I	nformant: NG BUCK		Address: 7 RIVERVALE CRESCENT #14-20 SINGAPORE 5450			
ID Type / NRIC NO	ID No.: / S17251	16C	Contact No.: Home/Office:	Mobile: 82990117		
Nationality SINGAPO	y: ORE CITIZ	EN	Email: victorwong18369@gmail.com			
Sex: Male	Age:	Date of Birth: 18/09/1965	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: LOGISTICS MANAGER			Driving Licence Inform Class:	ation: Date of Expiry:		

General Inform	mation of the Acci	dent	III TO THE PARTY OF THE PARTY O		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2020 08:05	Type of Location Straight Road	
Location:					
PASIR RIS D	RIVE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h	
		Traffic Control: Traffic Light - Fau		Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKA1748J	Car					0
SLZ9670C	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	Brown		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLZ9670C	FWD Singapore Pte. Ltd	PNPV2019- 00007142	24/05/2019	23/05/2020	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20200108/7007

CONTINUATION OF REPORT

Details of Perso	on Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of Pe	edestria	n Cross	sing: NA
Driver				odootrial	1 01033	sing. NA
Name	TAN SIONG BUCK	TAN SIONG BUCK		ID No),	S1725116C
Related Vehicle	SLZ9670C (Car)			Conta	act No.	82990117
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days granted Medical Leave 01		01	Degree o		Slight	

Brief Details.

On the stated date and time, I was travelling along Pasir Ris drive 3 heading toward some Loyang. While I was stationary at the junction waiting for the traffic light to turn green, I felt a huge impact at the rear of my vehicle. I came down from my car and noticed that my rear bumper was damage.

No one was injured at the accident scene however I did felt pain on the left of my neck in the afternoon and went to see a doctor subsequently and was given 1 day MC.





3 of 3 Report No. T/20200108/7007

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2020 11:33
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp

NP168



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: PNPV2019-00007142 (Comprehensive - Classic Plan)

Car plate number: SLZ9670C

Your name (As the policyholder): Tan Siong Buck

Coverage start date: 24/05/2019 Coverage end date: 23/05/2020

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:

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

Issued on: 18/04/2019

Khatra

Abhlohek Bhatle 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.