

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	14/01/2020 10:26
Date Of Accident	13/01/2020 16:15
Exact Location Of Accident	JUNCTION BT BATOK WEST AVE 2 & BT BATOK WEST AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC8297M
Insured/Policyholder	
Name Of Registered Owner	KER KWEE HONG
NRIC No	S8237992D
Email Address	KWEEHONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94243691
Alternative Phone No	OTHERS-97292362
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
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	PNPV2019-00010898
Cover Note Number	

Driver

Name of Driver	TENG MEI LING
NRIC No	S8212899I
Date Of Birth	24/04/1982
Occupation	INDOOR
Date Of Driving Pass	16/09/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97455260
Fax Number	
Contact Number	
EEmail Address	KWEEHONG@GMAIL.COM

Address	BLK 611 BUKIT PANJANG RING ROAD #07-870
Postcode	670611
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	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?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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

KINDY REFER TO SKETCH PLAN.

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	SKX782U
Vehicle Make/Model/Colour	NISSAN X-TRAIL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM ENG CHUAN SIMSON
NRIC/Passport Number	S7812090H
Contact Number	93832377
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

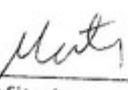
I understand, acknowledge, agree and consent that:

- (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:

14 Jan 2020
1000 hrs.


Driver's Signature
(If driver is not the policyholder)

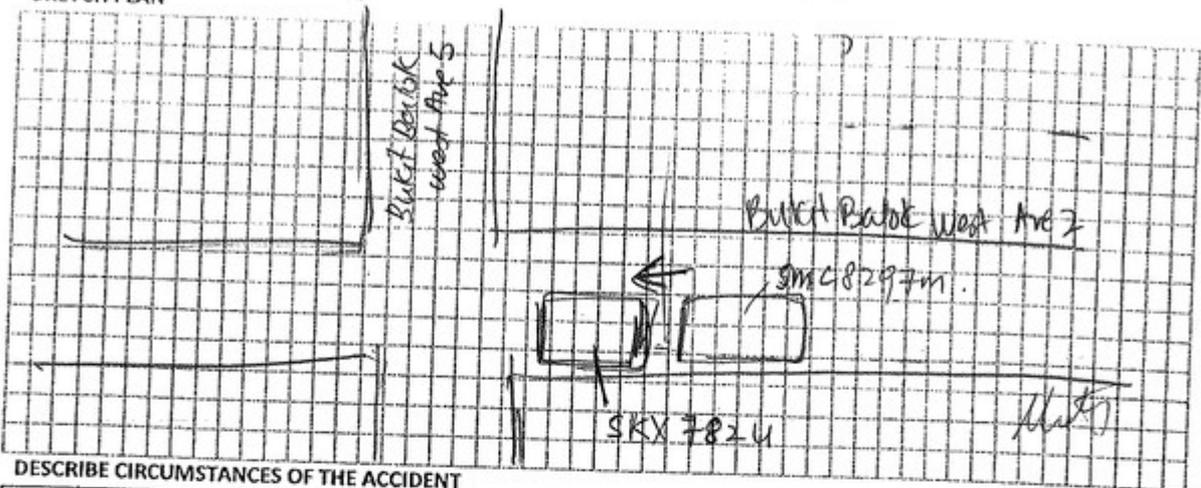
Date & Time:

14/1/2020
1200


Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Red light at junction.
~~Driver in~~
 vehicle was in front.
 Started moving before red light turned green.
 Hit the car in front

Muty

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.

[Signature]

Policyholder's signature

Date & Time
 14 Jan 2020
 1000 hrs.

[Signature]

Driver's Signature
 (if driver not the policyholder)

Date & Time
 14/1/2020
 1200 "

[Signature]

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: PNPV2019-00010898 (Comprehensive - Executive Plan)

Car plate number: SMC8297M

Your name (As the policyholder): Ker Kwee Hong

Coverage start date: 25/07/2019

Coverage end date: 24/07/2020

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: Maybank Singapore

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

Issued on: 16/06/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.support@fwd.com.sg if any details
in this Certificate of Insurance need to be changed.

Driver Driving License with Nric/Insured Nric

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8237992D



Name
KER KWEE HONG
(GUO GUIHONG)
郭桂宏
Race
CHINESE
Date of birth
01-11-1982
Country of birth
SINGAPORE

FOR ACCIDENT CLAIM
USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8212899I
Name
TENG MEI LING
Birth Date 24 Apr 1982
Issue Date 16 Sep 2011

002000979D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8212899I



Name
TENG MEI LING
邓美玲
Race
CHINESE
Date of birth
24-04-1982
Country of birth
SINGAPORE

FOR ACCIDENT CLAIM
USE ONLY



4940035

MRIC No. S8237992D



FOR ACCIDENT CLAIM
USE ONLY

Date of issue
22-02-2013

Address
APT BLK 611 BUKIT PANJANG RING ROAD
#07-870
SINGAPORE 670611

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 16 Sep 2011



4933245

MRIC No. S8212899I



FOR ACCIDENT CLAIM
USE ONLY

Date of issue
05-02-2013

Address
APT BLK 611 BUKIT PANJANG RING ROAD
#07-870
SINGAPORE 670611



License No: S8212899I

Accident Photo



Accident Photo



Accident Photo



Accident Photo



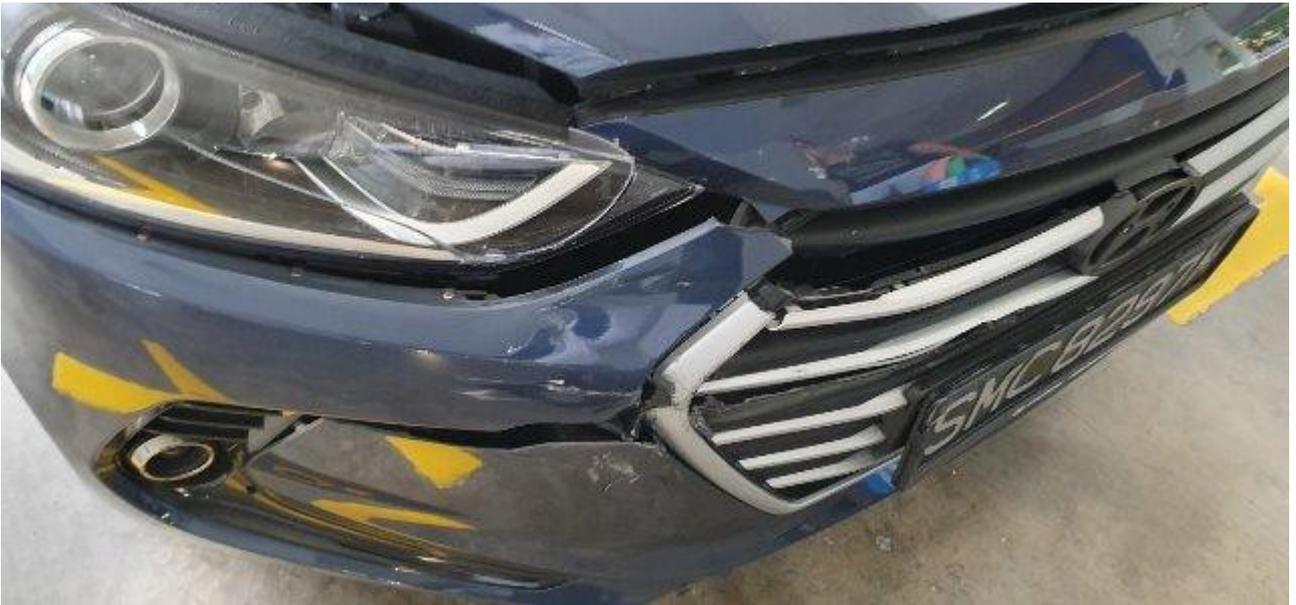
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