

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	20/01/2020 08:35
Date Of Accident	18/01/2020 18:10
Exact Location Of Accident	ALONG KPE TUNNEL TWDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB3769T
Insured/Policyholder	
Name Of Registered Owner	LI FEI
NRIC No	S8482294I
Email Address	LIFEI1984@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97737516
Alternative Phone No	OFFICE-97737516

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4 TSI AT 1T32B4 FL HID
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	PNPV2019-00004201
Cover Note Number	05/04/2019-04/04/2020

Driver

Name of Driver	LI FEI
NRIC No	S8482294I
Date Of Birth	01/02/1984
Occupation	INDOOR
Date Of Driving Pass	18/09/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97737516
Fax Number	
Contact Number	OFFICE-97737516
Email Address	LIFEI1984@GMAIL.COM

Address	5 PASIR RIS RISE 02-12
Postcode	518082
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	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : LI YUNXI 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 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	SLA3122P
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TJIA BUN CHUNG
NRIC/Passport Number	S1486979D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA3468P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMMAD SANI BIN ABDULLAH
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLL491K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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:

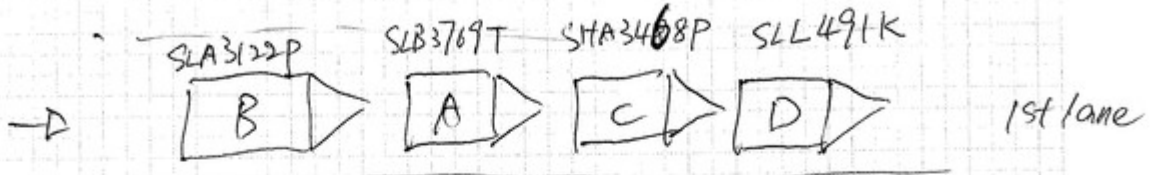
20/1/2020
8:35 AM

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


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

SKETCH PLAN

KPB Tunnel



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

towards MCB

I was just entering KPB from TPE and realised the front car C jam break and stopped. I also jam break and just stopped when the car B collided into the rear of my car.

Car C had very minimum damage. The front & rear of my car are damaged and Car B had severe damage of its front.

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
Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature

Date & Time:

20/01/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

INSURANCE CERT



YOUR CLASSIC CAR INSURANCE SUMMARY

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 or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2019-00004201

About this policy

Premium paid : S\$964.08 Coverage start date : 05/04/2019
(Inclusive of GST) Coverage end date : 04/04/2020
Who is insured to drive: : You and any Authorised Driver
Policy Type : CLASSIC

About you (As the policyholder)

Your name : Li Fei
Address : 5 Pasir Ris Rise 02-12 Sea Horizon Singapore 518082
Email : li.fei1984@gmail.com
NRIC/FIN : S8482294I Date of birth : 01/02/1984
Marital status : Married Gender : Male
Current no claims discount : 30% Mobile Number : 97737516
Years of driving experience : Three or more Certificate of merit : Yes

About your car

Car make and model : VOLKSWAGEN TOURAN 1.4
Year of first registration : 2016
Car plate number : SLB3769T
Issued on: : 22/02/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

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



The following are maximum limits per Accident as defined in the contract.

Emergency assistance	Yes
Third party liability:	No Limit
Death or injury to a third party	S\$5,000,000
Damage to a third party's property	S\$3,000
Legal costs	
Loss or damage by fire or theft	Market value
Accidental loss or damage to	
Your car	Market value
Your car's accessories	S\$500
Personal belongings	No
Excess	
Standard excess	S\$500
Young driver excess	S\$2,500
Windscreen replacement excess	S\$100
Lifetime NCD guarantee	Not Applicable
Towing	S\$300
Safe travel after an accident	S\$40 per occupant
Daily transport allowance	S\$40 per day for 6 days
Replacement keys and locks	No
Personal accident sum insured	
For the driver	S\$30,000
For each passenger	S\$10,000
Guardian angel benefit	S\$250,000
Extended workmanship guarantee (for repairs done by FWD Premium Workshops)	Yes
New car replacement (if Your Car is written off while less than one year old)	Yes
Car repairs at FWD premium workshops	Yes

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8482294I



Name

LI FEI

Race

CHINESE

Date of birth

01-02-1984

Country of birth

CHINA

Sex

M

S8482294I

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8482294I

Name

LI FEI

Birth Date: 01 Feb 1984

Issue Date: 08 May 2010



9018547290

FOR ACCIDENT CLAIM
USE ONLY



9072734

NRIC No. S8482294I



Race

CHINESE

Date of issue

15-01-2010

5 PASIR RIS RISE #02-12
SINGAPORE 518082

NRIC No: S8482294I

Date: 28/07/2017

FOR ACCIDENT CLAIM
USE ONLY

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 10 Sep 2009



Licence No: S8482294I

NP 42BA

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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