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Owner / Driver: (	47 7 WYG. MCT	Tel:	)
Policy No: (	Period: ( )	Cover Type: (	·
Confirmed by : (	- Dater	Times	)
Insured/Driver Liability: (	%) [Note-Est Status (WO): N: 0-2		00%]
Year of Registration: (	) Warranty: YES ( )/NO (	)	
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	22/01/2020 12:42
Date Of Accident	21/01/2020 08:45
Exact Location Of Accident	35 TANNERY ROAD RUBY INDUSTRIAL COMPLEX
Country/State of Loss	SINGAPORE
DESCRIPTION OF THE PARTY OF THE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX3416X
Insured/Policyholder	
Name Of Registered Owner	CHAN HUI LING (ZENG HUILING)
NRIC No	SXXXX566D
Email Address	EUGENE.YYC23@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-98782397
Alternative Phone No	OTHERS-90707010
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ACCENT-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PNPV2019-00004646
Cover Note Number	
Driver	
Name of Driver	YEO YEOW CHIN, EUGENE (YAN YAOQIN, EUGENE)
NRIC No	SXXXX011F
Date Of Birth	23/07/1984
Occupation	INDOOR
Date Of Driving Pass	02/02/2012
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98782397
Fax Number	

OTHERS-90707010

EUGENE.YYC23@OUTLOOK.COM

Address

BLK 7478 BEDOK RESERVOIR ROAD

#08-23

Postcode

472747

.....

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

ċ

Insurance Company of Driver's Own Vehicle

3

### 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

NO

ambulance?

or some second

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)

45

#### 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

PLEASE REFER TO SKETCH PLAN

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP9784G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

SELVARASU MOHAN

NRIC/Passport Number

GXXXX299T

Contact Number

94528852 (MR TEH)

Address

Postcode

Insurance Company Name

ERGO INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

35 TONNEARY ROBO RUBY MANSTRIAL COMPURX SKETCH PLAN Rore led DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 08:45 Ms 21-01-2020 was entains

# Mile miting he said said sevenl mo vehicle. That is back but 911

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.:

NRIC/FIN No.:

GNARMC SketchPlanForm\_V3

## 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 repudiate policy liability.
- 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:

Beparting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 21-01-2020 TIME: 08:45 hrs (hh:mm) 24 hrs Format
LOCATION 35 Tannem Rd Ruby Industrial Complex
VEHICLE NUMBER, SLX 3416X
INSURED NAME Chan the Line (2006 the 1116)
NRIC/FIN S 843/566D CONTACT: 9878 2397
MAKE Hyundar MODEL Accent (RB) 1-4 (VT
Are you claiming under your own insurance policy for repair to your vehicle?
( ) Yes, If No, Pls Select: ( ∨ ) Third Party ( ) Reporting Only
INSURANCE COMPANY PWO
TYPE OF POLICY ( ✓ ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT
POLICY NUMBER: PNPV 2019-00004646
50 W 10 10 10 10 10 10 10 10 10 10 10 10 10
NAME DRIVER: 400 POW (MIN , DIBER). ( ) SAME AS INSURED
( and tookin, by bene)
NRIC/FIN 59422011F CONTACT: 9070 7010
DATE OF BIRTH: 23 07.1994
DRIVING PASS DATE: 02.02.2072
OCCUPATION: ( V) INDOOR ( ) OUTDOOR
GENDER: ( ✓ ) MALE ( ) FEMALE
EMAIL ADDRESS: engene, 44625@ outlook. com ( ) NO EMAIL
ADDRESS OF DRIVER: 747B Bodok RESENSIV CHESCENT \$08-23 5(472747)
Number Of Passenger Include Driver: (2010)
Was driver an employee of the Insured's Company? ( ) YES ( ) NO
If No, Relationship Of The Driver With The Insured
( ) Owner ( ∨ ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others
Does The Driver Own Any Other Vehicle? : ( ) YES ( V ) NO
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:
Insurance Company Of Driver's Own Vehicle
Weather Conditions: ( V ) Clear ( ) Raining ( ) Drizzling ( ) Others
n de e
Road Surface : ( V ) Dry ( ) Wet ( ) Others
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ✓ ) NO
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( V ) NO Was Anybody Injured In The Accident? ( ) YES ( V ) NO
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ✓ ) NO
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Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( V ) NO  Was Anybody Injured In The Accident? ( ) YES ( V ) NO  If YES, Injured details:  Convey By Ambulance: ( ) YES ( V ) NO  Was There Any Video Capture By Car Camera? (V ) YES ( ) NO  Was There Accident Reported To The Police? ( ) YES ( V ) NO If Yes Attach Police Report  Police Report Number (if any)
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## 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: PNPV2019-00004646 (Comprehensive - Classic Plan)

Car plate number: SLX3416X

Your name (As the policyholder): Chan Hui Ling

Coverage start date: 23/03/2019 Coverage end date: 22/03/2020

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.

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

Issued on: 02/03/2019

Philip

Abhishek Bhatla

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.

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID:	566D	
Vehicle Details		
/ehicle No.:	SLX3416X	
Vehicle to be Exported:	No	
ntended Deregistration Date:	31 Jan 2020	
Vehicle Make:	HYUNDAI	
Vehicle Model:	ACCENT (RB) 1.4 CVT	
Primary Colour:	Red	
Manufacturing Year:	2018	
Engine No.:	G4LCJU927118	
Chassis No.:	KMHCU41BTJU415130	
Maximum Power Output:	73.6 kW (98 bhp)	
Open Market Value:	\$7,761.00	
Original Registration Date:	24 Mar 2018	
First Registration Date:	24 Mar 2018	
Transfer Count:	0	
Actual ARF Paid:	\$7,761.00	
Intended PARF Rebate Details		
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	23 Mar 2028	
PARF Rebate Amount:	\$5,820.00	
Intended COE Rebate Details		
COE Expiry Date:	23 Mar 2028	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$38,830.00	
COE Rebate Amount:	\$31,627.00	
Total Rebate Amount:	\$37,447.00	

The information contained herein is correct as at 22 Jan 2020

OK