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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 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.

	ACCIDENT STATEMENT
Date Of Report	03/02/2020 19:08
	03/02/2020 07:40
Exact Location Of Accident	PIE TOWARDS TUAS AFTER JURONG TOWN HALL EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN7745X
Insured/Policyholder	
Name Of Registered Owner	YANG JIJIN
NRIC No	SXXXX000Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96257567
Alternative Phone No	OTHERS-96257567
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
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	PNPV2019-00003570
Cover Note Number	
Driver	
Name of Driver	YANG JIJIN
NRIC No	SXXXX000Z
Date Of Birth	12/08/1988
Occupation	INDOOR
Date Of Driving Pass	20/01/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96257567
Fax Number	
Contact Number	OTHERS-96257567
EMail Address	NOEMAIL
	2 % 14

Address

BLK 336 JURONG EAST AVENUE 1

#04-1622

Postcode

600336

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OWNER

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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?

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

SGV3708Z

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

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 truthful and accurate as possible. 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 invoive 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:
 - 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.

Policyholde Signature

Date & Time:

Driver s HighElure

(If driver is not the policyholder)

Date & Time:

Regioning Cantre Personnel's Signature

Name: [

NRIC/FIN No.:

Rober WAJA

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I/We feelpre the foregoing particulars are true to every respect.

Policyhdider ? Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.

Date of Accident	3/2/20 Accident Time: 7-401 (24-HR-FORMAT)			
Accident Place	PIE towards That after Jurany Town			
Vehicle Reg. No (Car plate No.)	SJN7.745X Vehicle Make/Model: Kin Carato			
Insurance Company	Policy No. PN PV 2019-0000 357			
Name of Registered Owner	: Company / Individual Yang JiJin			
ID of Registered Owner	: Co Reg No: Owner's NRIC No: 5883200 Z			
DRIVER'S Name	: Co Contact No: Owner's Contact No: 9625 7567 : Yang J.J.n DRIVER'S NRIC No: 58832 000Z			
DRIVER'S Date of Birth	12/8/8 DRIVER'S License Pass Date 20/ /2016			
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Ouner.			
DRIVER'S Address	:B14 336 Frong East Arene 1 #04-102 :1) 96 25 7567 2) Sopre 600326			
DRIVER'S Contact No./ Alt No.	:1) 96 25 7567 2) 5 750pre 605326			
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)			
Email Address	·			
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET			
Reporting Type	Reporting Only \ Claim Other Party \ Glaim Own Insurance			
Number of Passengers (including D Was the accident reported to the po Was there any video Captured by c Exact purpose for which vehicle was	lice? XES \ NO			
Othe	er Party Driver's Particulars (if any)			
Vehicle Reg No. SGV 3708Z Vehicle Reg No.				
Vehicle Make:Model:				
Name DRIVER:				
IC No. DRIVER.				
DRIVER'S Contact & add	DRIVER'S Cuntage & add:			



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: PNPV2019-00003570 (Comprehensive - Classic Plan)

Car plate number: SJN7745X

Your name (As the policyholder): Yang Jijin

Coverage start date: 27/02/2019 Coverage end date: 26/02/2020

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: 12/02/2019

Shite

Abhishek Bhatia 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.