Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 10/02/2020 16:36

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 <u>truthful and accurate</u> 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.

diorocaid.			
	ACCIDENT STATEMENT		
Date Of Report	10/02/2020 16:04		
Date Of Accident	05/02/2020 09:15		
Exact Location Of Accident	JUNCTION OF CECIL STREET		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLZ8076A		
Insured/Policyholder			
Name Of Registered Owner	WINDSCHEFFEL JOSEPH ANDREW JOHN		
NRIC No	G5436556Q		
Email Address	WINDSCHEFFEL@HOTMAIL.COM		
Mobile Phone No	(LOCAL) +65-96218615		
Alternative Phone No	OFFICE-NOPHONE		
Vehicle Particulars			
Manufacturer	VOLKSWAGEN		
Model	TIGUAN-1.4 TSI (A)		
Exact Purpose for which vehicle was being used at time of accident	PRIVATE		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	REPORTING ONLY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	FWD SINGAPORE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	PNPV2019-00005121		
Cover Note Number			
Driver			
Name of Driver	TAKANO SHIZUKA		
Passport No/FIN	G5311216T		

Passport No/FIN G5311216T
Date Of Birth 09/01/1986
Occupation INDOOR
Date Of Driving Pass 01/06/2019

Driving Experience 0 YEAR AND 8 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-90292496

Fax Number

Contact Number

EMail Address TAS_DOMINANT_S@ME.COM

202 KIM SENG ROAD Address

THE COSMOPOLITAN #33-07

Postcode 239496

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

YES

2

NO

NO

NAME: : JESICA WINDSCHEFFEL

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

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? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLD7294J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

CHENG PUAY BOON Name of Driver

NRIC/Passport Number

Contact Number 9817 6547

Address Postcode

Insurance Company Name

Nature Of Damage

PRIVATE HIRE

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

VBHICLE NO. SLI 8076A ACCIDENT DATE: 05/03/000 409:15

- 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:
 - 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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature Date & Time: 09 0219 Driver's Signature

(If driver is not the policyholder)

C 11:30 Date & Time:

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Sig

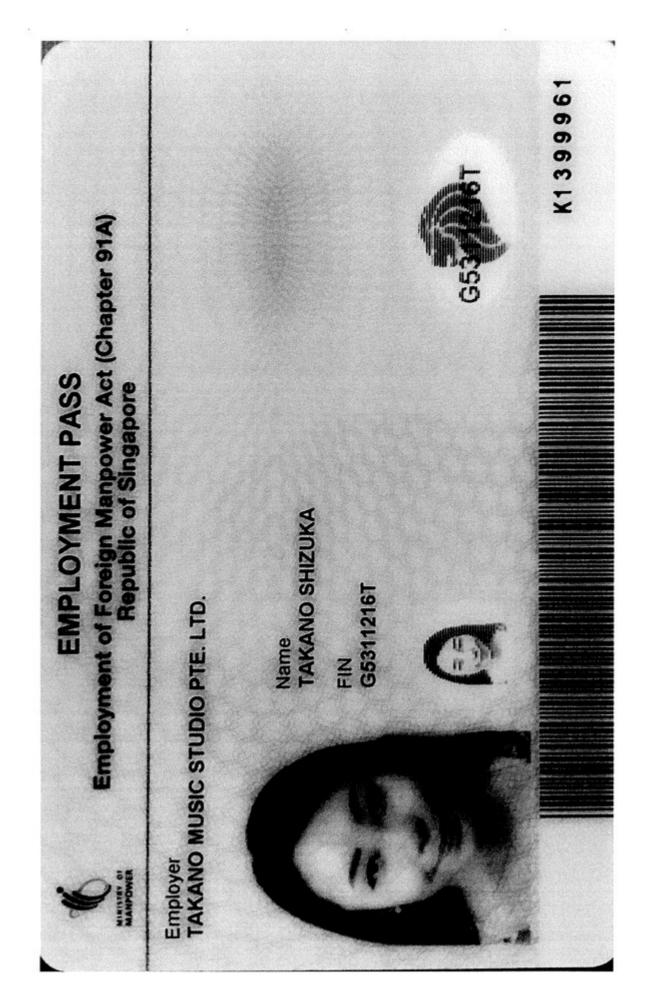
Name:

NRIC/FIN No.:

SKETCH PLAN		
CECIL STREET	1 1 1 1 1	
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
	TEAFFIC UCKT. (CAR 3)	
	PREACED TO START MOVING AFTER	LICHTS TURNED CLEEN.
HOWEVER, AS I MON	ED FOLLHED (VERY SLOWLY) TH	f che in Feart DIO NOT MOVE.
I HIT THE CAR IN	foor (A) yeary contry, make	TING A SWALL DENT IN THEIR REAL BURREL
NO DAMAGE TO BE	CLAINED 87 CAR (A).	
OWN DAMAGE () DECLARATION I/We declare the foregoing parti Policyholder's Signature Date & Time:		CHARN'S CUSTONCRAFT Reporting Centra Personne's Signature Name:
Oste & Time: O& O2/20 Ou: 30	Date & Time:	NRIC/FIN No.:







Identification Card



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

EFFECTIVE DATE

01 Jun 2019 Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg Class 3A



NP 428A















