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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMall 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	10/02/2020 08:59
Date Of Accident	07/02/2020 19:40
Exact Location Of Accident	ALEXANDRA RD TWDS GANGES AVE B4 CLARENCE LANE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM2025T
Insured/Policyholder	
Name Of Registered Owner	TEO KIAN KOON
NRIC No	SXXXX193D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94874306
Alternative Phone No	OFFICE-94874306
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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 HIRE
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000758
Cover Note Number	
Driver	
Name of Driver	TEO KIAN KOON
NRIC No	SXXXX193D
Date Of Birth	01/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94874306
Fax Number	
	0.000.000.0000

OFFICE-94874306

NOEMAIL

Address BLK 278 YISHUN ST 22 #10-280

Postcode 760278

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

enicie

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES NO

NO

2

NO

NO

4

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER: : MALE

**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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJT221E

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

Page 2 of 23

#### No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SHB2755L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

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

SHB6374B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

TEO KIAN KOON

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMM2025T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

# SKETCH PLAN

# IMPORTANT NOTICE

Please report <u>correctly</u> on the details of the accident to speed up the claims process.

2) This form must be completed by the policy holder 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>.
- 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.

Any false reporting may be referred to the police for investigation.

- 6) 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.
- 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.

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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

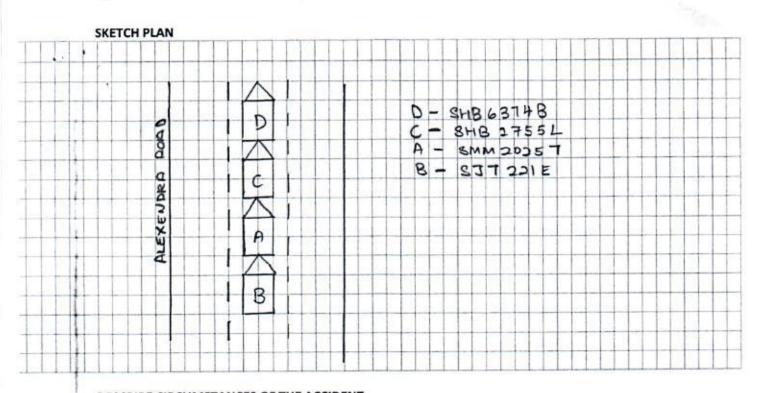
(II) For complying with requirements under my regulations, laws or court orders.

Ba.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: A

reporting centre personnel's Signature Date / time:



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									S-420					

DECLARATION

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



Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: the

reporting centre personnel's Signature NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.

  Information provided must be as fruitful 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. Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	07/02/2020	(DD/MM/YY)
Time of accident	1940	(HH:MM)
Exact location of accident	Alexandra Road towards Ganges Ave before clarence Lane.	

	DETAILS OF VEHICLE	
Vehicle registration number	SMM 2025 T	
Vehicle make and model	HYUNDAI AVANTE	
Type of vehicle	Saloon MPV CRV Van CRV Others:	271
Vehicle category	Private   Commercial   Motorcycle	
Purpose of using at said time	WORKING	
Are you claiming under your own insurance company?	Yes \( \text{Nova} \) if no, please select:  Third part claim \( \text{Reporting only } \( \text{Delta} \)	

	INSURANCE IN	FORMATION	
Insurance company	FMD		Million and mindle of
Policy number	PNCV 20190000	8 2 7 0	M.S.
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSURED / POLICY HOLDER		- 1100
Name	TEO KIAN KOON	Male	Female
NRIC / Fin / Passport number	S1708193D		
Contact	9 487 4306		
Address	BLK 278 YISHUN STREET 22 #10-280 S(760278)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male   Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	TROSIMON 4306 @ SMOIC. COM.
Date of birth	01061965
Occupation	Indoor  Outdoor
Driving date pass	

	GENERAL	INFORMA'	TION OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Now		
the insured's company?	If no, rela	ationship o	of the driver and insured: _	ouner
Accident captured by camera?		No 🗆		
Weather condition	Clear	Rainin	g   Others:	
Road surface	Drye	Wet 🗆		
No of passenger	1			(Inclusive of driver)
	Fire Control			
	100/100	PASS	ENGER 1	Auditor and the same
Name		UNKNO	MN	
Gender	Male	Female	0	
	111111111	PASS	ENGER 2	
Name				Car man and Calabara Carrier
Gender	Male 🗆	Female		
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Gender	Male 🗆	Female	0	
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Name	70	11.55	EMOENT	and the same of th
Gender	Male 🗆	Female	П	
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Washington		OTHER IN	FORMATION	
Was anybody injured?	Yes	No 🗆		and a second sec
Was other vehicle damaged?	Yesve	No 🗆		
	X)			
	DETAIL	S OF POLI	CE STATION ACTION	
Reported to police?	Yes 🗆	Nova	If yes, please state which	police station.
Police station name	1.00		/ -	
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Name	The Property			

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	THIRD PARTY VEHICLE I
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Line La Walter Co.	THIRD PARTY VEHICLE 2
Vehicle registration number	THE PART OF THE PA
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>開始 新原於外面在一次不</b>	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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PRODUCTOR OF THE PROPERTY OF T	THIRD PARTY VEHICLE 4
Vehicle registration number	THIRD PARTY VEHICLEY
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Water Committee	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Service and the service and th	THIRD PARTY VEHICLE 6
Vehicle registration number	
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Name and Advantage of the Control of	THERE DARTY VEHICLE 7
MARKET AND ADDRESS OF THE PARTY	THIRD PARTY VEHICLE 7
Vehicle registration number	
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NRIC / Fin / Passport number	
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SERVICE VANDAL STREET	The second second	INHIDE	D PERSON 1
Name	TD	O KIAN	
	112		8 BJCK
Injuries sustained Which vehicle person in?		NSCE	0 44
Were seat belts worn?	Yes 🗆	No 🗆	
	Yes	No 🗆	
Was injured conveyed to hospital by ambulance?	res 🗆	NO 🗆	
nospital by ambulance:			
Martin Company of the		INHURE	DEDCOM 2
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Which vehicle person in? Were seat belts worn?	Von 5	No.	
	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	
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Name		INJURE	D PERSON 3
Injuries sustained	-		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
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Was injured conveyed to hospital by ambulance?	res	No 🗆	
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Injuries sustained		INJURE	D PERSON 4
Injuries sustained Which vehicle person in?	Ves D		D PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆	D PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes  Yes		D PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆	D PERSON 4
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name		No 🗆 No 🗅	
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes	No	D PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes	No	
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes	No	D PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes - Yes -	No   INJURE	D PERSON 5



## 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: PNCV2019-00000758

Car plate number

: SMM2025T

Goverage start date: 05/07/2019

Coverage end date: 04/07/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Teo Kian Koon

NRIC/FIN: S1708193D

Address: 278 Yishun Street 22 10-280 Singapore 760278

Email: Simonteokk@outlook.com

Mobile Number: 94874306

Date of Birth: 01/06/1965

Gender: Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 10%

Years of driving experience: Three or more

About your car and policy

Car make and model: HYUNDAI AVANTE 1.6 S

Year of first registration: 2019

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): \$\$2,734.76

Finance company: Century Tokyo Leasing (Singapore) Pte Ltd