

## 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	22/01/2020 15:47
Date Of Accident	20/01/2020 21:55
Exact Location Of Accident	JUNCTION OF TELOK BLANGAH ST32/TELOK BLANGAH ST31
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ9919X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR DIANA BINTE ZAKARIA
NRIC No	S8811045E
Email Address	NURDIANAZAKARIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92248220
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 (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	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	PNPV2018-00000360-02
Cover Note Number	

### Driver

Name of Driver	NUR DIANA BINTE ZAKARIA
NRIC No	S8811045E
Date Of Birth	05/04/1988
Occupation	INDOOR
Date Of Driving Pass	18/02/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92248220
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NURDIANAZAKARIA@GMAIL.COM

Address	BLK 80C TELOK BLANGAH STREET 31 #36-131
Postcode	103080
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	SIDE SWIPE
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 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: : WAN PAUL WENG GENDER: : MALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1007P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR CHUA
NRIC/Passport Number	
Contact Number	9633 9449
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

VEHICLE NO: SKA 9919x  
ACCIDENT DATE: 20/01/2020 @ 21:55

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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.

**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: 22 Jan 2020 2020

1408H

Driver's Signature

(If driver is not the policyholder)

Date & Time:

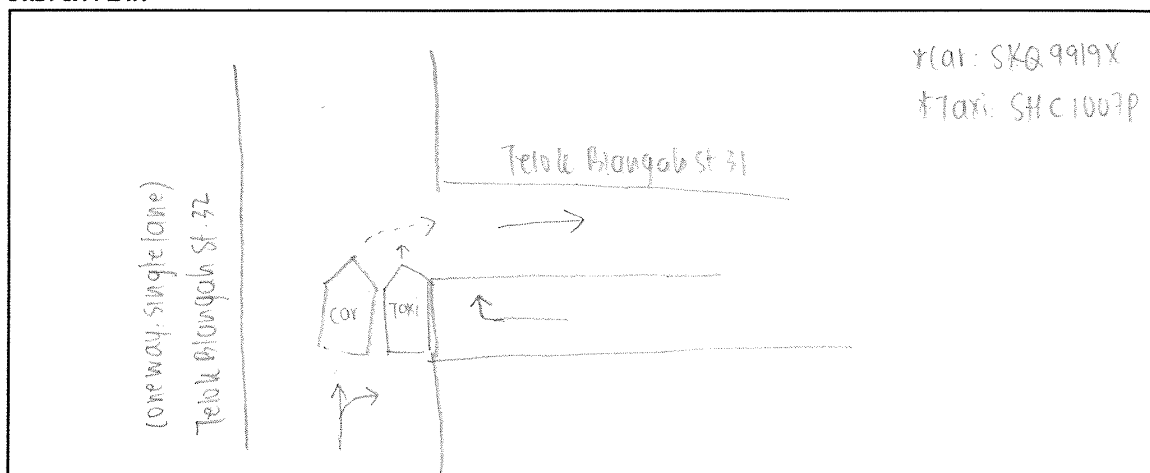
CHARN 'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(Monday)

On 20<sup>th</sup> January 2020 at approximately 2156 hours, I was travelling down Telok Blangah St 32 (Single lane, one-way road). I signalled to turn right onto Telok Blangah St 31 and slowed down to do so. As I was about to turn right, a taxi, which had been driving behind me, suddenly cut in from my right. This resulted in a collision (low-speed) between my front right bumper and his left front bumper.


Airbags not deployed, no glass shattered. Both drivers and passengers exited cars subsequently. The taxi had a front-facing dashboard camera, however the driver Mr Chua said that he did not know how to retrieve or view the footage.

My husband and Nirchua (taxi driver) exchanged handphone numbers and left the scene after taking photos.

OWN DAMAGE ( )    3RD PARTY CLAIM ☒    REPORTING ONLY ( )    OWN WORKSHOP ( )

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 27 Jan 2020  
 1408H

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

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



Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S8811045E**

Name: **NUR DIANA BINTE ZAKARIA**

Birth Date: **05 Apr 1988**


Issue Date: **18 Feb 2009**

001711018F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8811045E**



Name: **NUR DIANA BINTE ZAKARIA**


Race: **MALAY**

Date of birth: **05-04-1988**

Sex: **F**

Country/Place of birth: **SINGAPORE**

38811045E




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

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


PASS DATE: **18 Feb 2009**

NP 428A

Licence No: **S8811045E**




6057621



NRIC No. **S8811045E**

Date of issue: **01-11-2018**

Address: **APT BLK 80C TELOK BLANGAH STREET 31  
#36-131  
SINGAPORE 103080**





**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: PNPV2018-00000360-02 (Comprehensive - Prestige Plan)**

Car plate number: SKQ9919X

Your name (As the policyholder): NUR DIANA BINTE ZAKARIA

Coverage start date: 12/01/2020

Coverage end date: 11/01/2021

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.

Finance company: OCBC Bank Limited

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

Issued on: 23/11/2019

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





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Accident Photo



Accident Photo





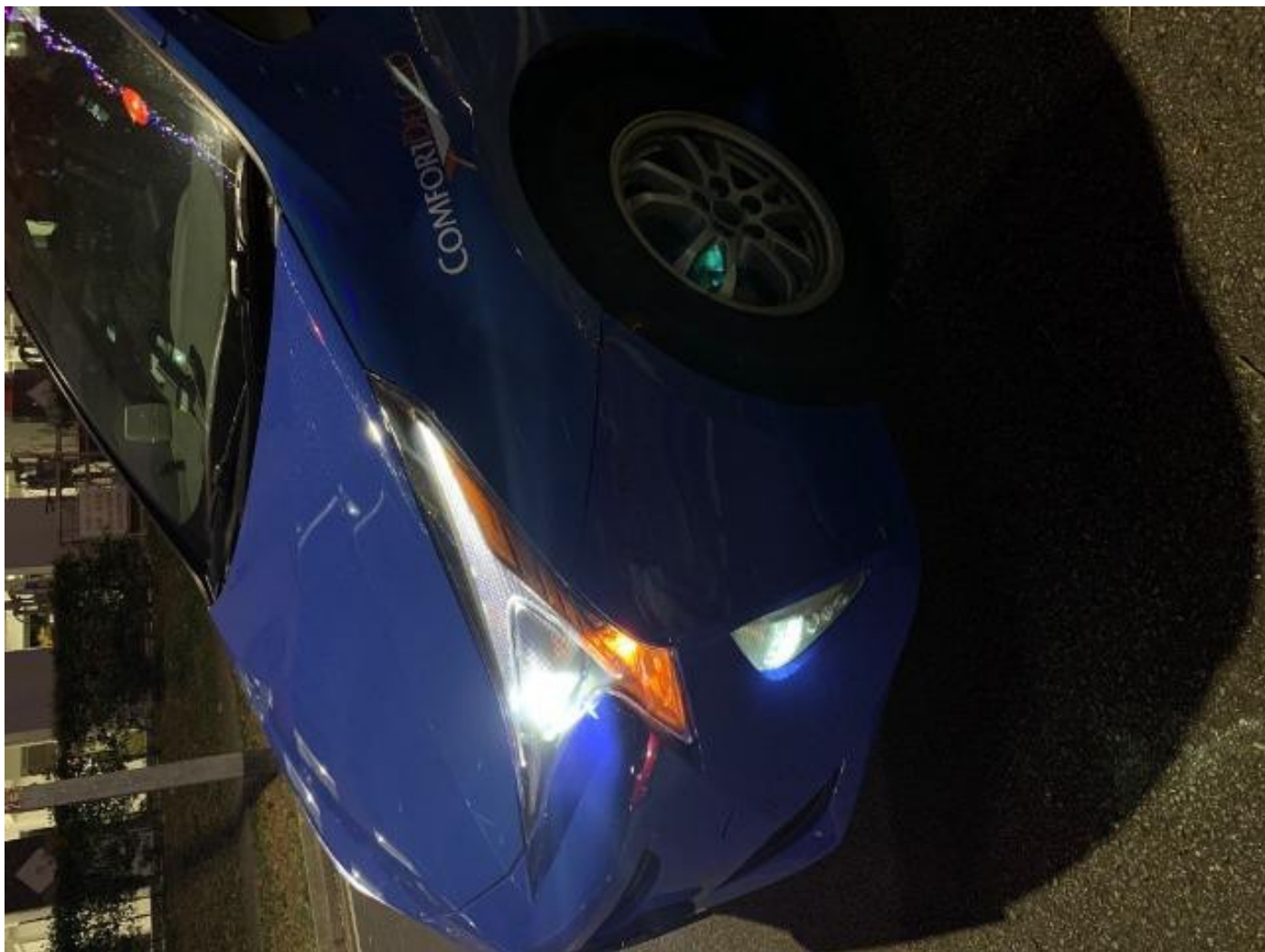
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