

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	21/02/2020 17:16
Date Of Accident	20/02/2020 07:45
Exact Location Of Accident	ENTRANCE OF MCE TUNNEL TWDS AYE TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2098U
Insured/Policyholder	
Name Of Registered Owner	LAU TZE YING
NRIC No	S7243844B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97624241
Alternative Phone No	Office-97624241

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF R-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident

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	PNPV2018-00000580-02
Cover Note Number	

Driver

Name of Driver	QUEK ZEE WEE
NRIC No	S7242425E
Date Of Birth	14/11/1972
Occupation	INDOOR
Date Of Driving Pass	15/01/1993
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97624241

Fax Number
Contact Number
EMail Address ZEEWEE.QUEK@GMAIL.COM
Address 260 JOO CHIAT PLACE #02-03
Postcode 427941
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

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?
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: : LAU TZE YING
Gender: : Female

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 THE SKETCH PLAN FOR ACCIDENT REPORT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

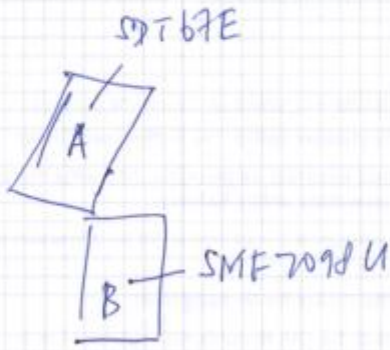
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDT67E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 81285163
Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



VEHICLE A:	SDT 67E	VEHICLE C:		VEHICLE E:	
VEHICLE B:	SMF 7098 U	VEHICLE D:		VEHICLE F:	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was filtering on the left lane
2 lanes
3 lanes merging to 2 lanes at the entrance of MCE
towards AYE (westbound). As I was on the left lane
filtering in as the lane was merging, whilst filtering
there was contact with CAR B.

DECLARATION

I/WE DECLARE THE FOREGOING PARTICULARS ARE TRUE IN EVERY RESECT.



Policyholder's Signature

Date & Time:


Driver's Signature
(If driver is not policyholder)

Date & Time:

Reporting Personnel Signature

Name:

NRIC/FIN no.

Sketch Plan #2

SKETCH PLAN

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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 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 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 the 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 the 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 Purpose; 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: 21 Feb 2020
 1703 hrs


 Driver's Signature
 (If driver is not policyholder)
 Date & Time: 21 Feb 2020
 1703 hrs


 Reporting Personnel Signature
 Name:
 NRIC/FIN no.

Identification Card



Reporting Purpose



Identification Card



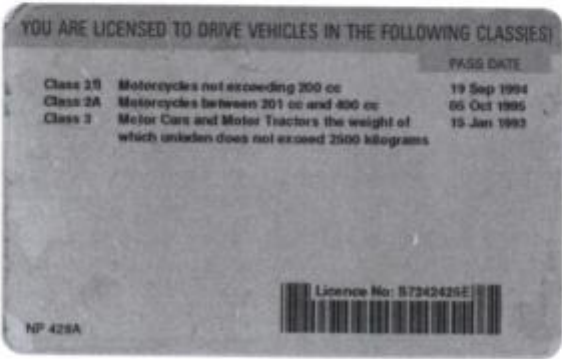
Reporting Purpose



Driving License



Reporting Purpose



**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: PNPV2018-00000580-02 (Comprehensive - Executive Plan)

Car plate number: SDT67E

Your name (As the policyholder): Lau Tze Ying

Coverage start date: 05/01/2020

Coverage end date: 04/01/2021

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: United Overseas Bank Limited

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

Issued on: 19/12/2019

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 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

