

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	28/02/2020 16:17
Date Of Accident	27/02/2020 13:40
Exact Location Of Accident	ALONG TOH TUCK RISE > TOH TUCK RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS697J
Insured/Policyholder	
Name Of Registered Owner	ZHANG JUN
NRIC No	S7683956E
Email Address	ZHANGJUN@MSN.COM
Mobile Phone No	(LOCAL) +65-97637598
Alternative Phone No	OFFICE-97637598

Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV20019-00018360
Cover Note Number	12/12/2019-11/12/2020

Driver

Name of Driver	ZHANG JUN
NRIC No	S7683956E
Date Of Birth	24/11/1976
Occupation	INDOOR
Date Of Driving Pass	26/10/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-97637598
Fax Number	
Contact Number	OFFICE-97637598
Email Address	ZHANGJUN@MSN.COM

Address	1 CHERRY AVENUE #02-04
Postcode	279871
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	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	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: : JASON ZHANG 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC1303A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LITA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

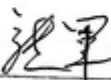
SKETCH PLAN


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

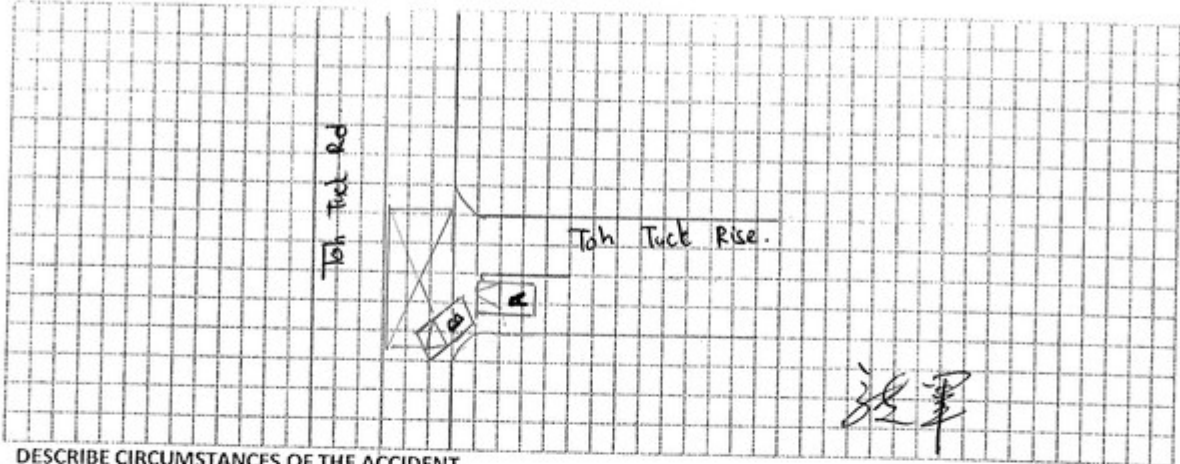
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time: 28/2/20 13:40


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement next page.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.



- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

[Signature]

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

I was traveling along Toh Tuck rise towards Toh Tuck Road Junction. Near to the Junction Vehicle B was drive out to Toh Tuck Road. While I'm moving forward slowly, check on right side for incoming vehicle. Vehicle B suddenly stop at the junction after stop lane. This curse me to hit in to his rear bumper.

A handwritten signature in black ink, consisting of stylized Chinese characters, likely '張軍' (Zhang Jun).



YOUR CLASSIC CAR INSURANCE SUMMARY

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 or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2019-00018360

About this policy

Premium paid : S\$812.03 Coverage start date : 12/12/2019
(Inclusive of GST) Coverage end date : 11/12/2020
Who is insured to drive: : You and any Authorised Driver
Policy Type : CLASSIC

About you (As the policyholder)

Your name : ZHANG JUN
Address : 1 Cherry Avenue 02-04 Villa Azura Singapore 279871
Email : zhangjunn@msn.com
NRIC/FIN : S7683956E Date of birth : 24/11/1976
Marital status : Married Gender : Male
Current no claims discount : 40% Mobile Number : 97637598
Years of driving experience : Three or more Certificate of merit : Yes

About your car

Car make and model : BMW 316i 1.6
Year of first registration : 2015
Car plate number : SKS697J
Issued on: : 12/12/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at +65-6820-8888
or email us to contact.sg@fwd.com if any details in
this Car Insurance Summary need to be changed.

REPUBLIC OF SINGAPORE — DRIVING LICENCE

Licence Number: **S7683956E**

Name: **ZHANG JUN**

Birth Date: **24 Nov 1976**
Issue Date: **29 Apr 2004**

001206061J

**FOR ACCIDENT CLAIM
USE ONLY**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7683956E**

Name: **ZHANG JUN**

張 軍

Race: **CHINESE**

Date of birth: **24-11-1976**

Country of birth: **CHINA**

Sex: **M**

**FOR ACCIDENT CLAIM
USE ONLY**

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

Class	Description	PASS DATE
Class 1B	MOTORCYCLES NOT EXCEEDING 300 CC	29 Apr 2004
Class 1A	MOTORCYCLES BETWEEN 301 CC AND 400 CC	10 Jun 2006
Class 2	MOTORCYCLES EXCEEDING 400 CC	10 Sep 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	24 Oct 2005

S / No. 9000228789

Licence No. S7683956E

NP 428A

**FOR ACCIDENT CLAIM
USE ONLY**

4824608

NRIC No. **S7683956E**

Date of issue: **01-02-2012**

**1 CHERRY AVENUE #02-04
SINGAPORE 279871**

NRIC No: **S7683956E** Date: **31/12/2018**

**FOR ACCIDENT CLAIM
USE ONLY**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



ADDENDUM

Original Report No : MOR120026369 Vehicle Registration No: SKS697J

Name(as shown in NRIC) : ZHANG JUN NRIC/FIN/Passport No : SXXXX956E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore(

Contact (Tel) : Mobile No. :

Email Address :

Date of Accident : 27/02/2020 Time of Accident : 13:40

Place of Accident : ALONG TOH TUCK RISE > TOH TUCK RD JUNCTION

Insurance Company: FWD SINGAPORE PTE. LTD.

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Reporting Centre Personnel's Signature
Name: Dadasaheb Waman, Anand
NRIC/FIN No.:
Date: 28/02/2025