

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	07/03/2020 13:52
Date Of Accident	06/03/2020 12:10
Exact Location Of Accident	JUNCTION OF ELIAS RD/ PASIR RIS DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7008B
Insured/Policyholder	
Name Of Registered Owner	CHAN WENG LIN
NRIC No	S7631815H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93362895
Alternative Phone No	OFFICE-93362895

Vehicle Particulars

Manufacturer	BMW
Model	316I
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	PNPV2019-00012221
Cover Note Number	

Driver

Name of Driver	CHAN WENG LIN
NRIC No	S7631815H
Date Of Birth	08/10/1976
Occupation	INDOOR
Date Of Driving Pass	17/09/1998
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93362895
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 199B PUNGGOL FIELD #02-415
Postcode	822199
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)	1

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

AT ABOUT 1210HRS, I WAS AT VEHICLE A (SLQ7008B) AND STOPPING BEHIND VEHICLE B (SLK968H) AT PASIR RIS DRIVE 3. SUDDENLY, VEHICLE B PROCEED FORWARD AND I FOLLOWED SUIT. THEN HE STOPPED THE VEHICLE AS TRAFFIC LIGHT STILL RED BUT IT WAS TOO LATE AND I HIT ONTO HIS BACK.

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	SLK968H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	YU DA
NRIC/Passport Number	
Contact Number	97422326
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

01/11/2016 TUE 16:31 FAX +65 64844303 SMC MOTOR

RECEIVED 01/11/2016 16:38


001/002

SKETCH PLAN

IMPORTANT NOTICE

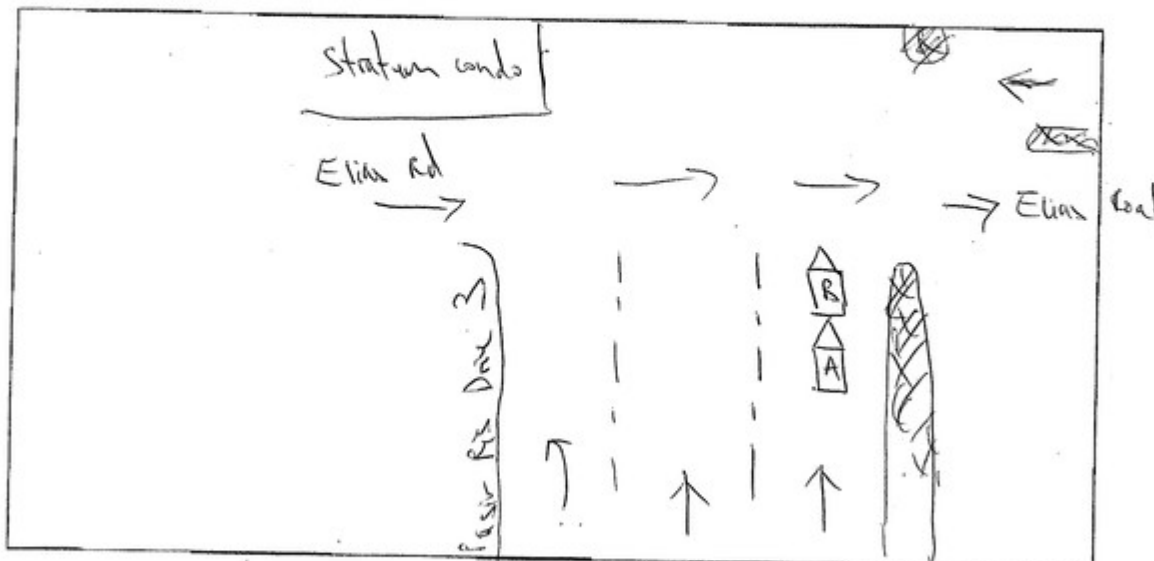
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand and 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 insurer/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 investigation 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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre
Personal

Sketch Plan



Describe Circumstances of the Accident

At about 1210 hrs I was at vehicle A (SLR 7008 B) and stopping behind vehicle B (SLK 9684) at Pass Rd. Suddenly vehicle B proceeded forward and I do like use. Then he stopped the vehicle as traffic light still red but it was too late and I hit his back.

Declaration

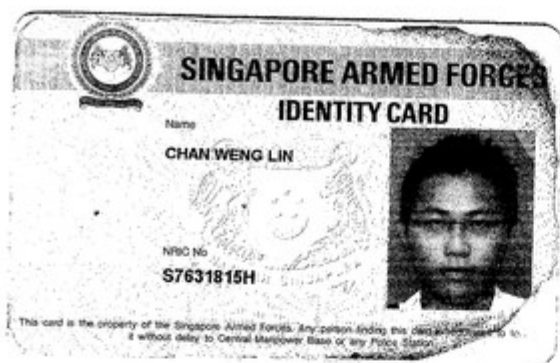
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personal

Insurance Co. _____	
Vehicle No. _____	Date of accident _____
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input type="checkbox"/> Third Party Claim	





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: PNPV2019-00012221 (Comprehensive - Classic Plan)

Car plate number: SLQ7008B

Your name (As the policyholder): Chan Weng Lin

Coverage start date: 17/07/2019

Coverage end date: 16/07/2020

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: Teck Wei Credit

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

Issued on: 17/07/2019

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

