

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	13/03/2020 13:54
Date Of Accident	12/03/2020 17:50
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCA8388M
Insured/Policyholder	
Name Of Registered Owner	STEVEN CHOO BOON AUN
NRIC No	S1580054B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93375610
Alternative Phone No	OFFICE-93375610

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY

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

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00002642-02
Cover Note Number	

Driver

Name of Driver	STEVEN CHOO BOON AUN
NRIC No	S1580054B
Date Of Birth	13/05/1963
Occupation	INDOOR
Date Of Driving Pass	22/09/1982
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93375610
Fax Number	
Contact Number	OFFICE-93375610
EEmail Address	NOEMAIL

Address	61 COWDRAY AVE
Postcode	558062
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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

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

ON 12/03/2020 AT ABOUT 1750HRS, I WAS DRIVING MY CAR (SCA8388M) ALONG BALESTIER ROAD IN THE MIDDLE LANE. UPON REACHING TRAFFIC JUNCTION AHEAD, THE TRAFFIC LIGHT IS ON GREEN LIGHT IN MY FAVOUR. SO, I FOLLOWED VEHICLE IN FRONT OF ME MOVING FORWARD TO CROSS THE TRAFFIC JUNCTION. SUDDENLY, I FELT AN IMPACT FROM RIGHTW SIDE AND THEN I REALISED THAT VEHICLE B (SLM5305C) FILTER INTO MY LANE WITHOUT CHECKING AND GIVE WAY TO THE ONCOMING TRAFFIC FROM HIS LEFT SIDE AND THEN COLLIDED ONTO REAR RIGHT PORTION OF MY CAR. AFTER THE COLLISION, BOTH VEHICLES MOVED AND STOPPED ON THE LEFT HAND SIDE TO EXCHANGE PARTICULARS. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SLM5305C)'S INSURANCE FOR MY ACCIDENT DAMAGES. MY CAR HAS INSTALLED CAR CAMERA RECORDER AND I WILLING TO PROVIDE MY ACCIDENT VIDEO FOOTAGE FOR MY ACCIDENT CLAIM PURPOSES.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5305C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	TAO JIE
NRIC/Passport Number	S8077841D
Contact Number	
Address	

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

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: 13/3/20
0940am

Driver's Signature

(If driver is not the policyholder)
Date & Time: 13/3/20

0940am

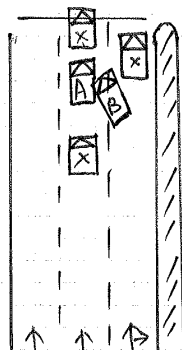
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PRB012B

SKETCH PLAN



(A) SCA 8388M.
(B) SLM 5305C
Along Balestier Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12-03-2020 @ about 1750hrs, I was driving my car (SCA 8388M) along Balestier Road in the middle lane. Upon reaching traffic junction ahead, the traffic light is on green light in my favour. So I follow vehicle in front of me moving forward to cross the traffic junction. Suddenly I felt an impact from right side and then I realized that Veh B (SLM 5305C) filter into my lane without check & give way the oncoming traffic from his left side and then collided onto rear right portion of my car. After the collision both vehicles one wave and stopped on the left hand side to exchange particulars. Hence, I here to lodge this report to claim against Veh B (SLM 5305C) 's Insurance for my accident charges. My car has installed car camera recorder and I willing to provide my accident video footage for my accident claim purpose.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/3/20

0940 am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/3/20

0940 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1580054B**



Name

CHOO BOON AUN STEVEN

朱 文 安

Race
CHINESE

Date of birth
13-05-1963

Sex
M

Country/Place of birth
SINGAPORE

S1580054B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1580054B**

CHOO BOON AUN STEVEN

Birth Date: **13 May 1963**

Issue Date: **16 Jul 2003**



000658789A

6010916



NRIC No. **S1580054B**



Date of issue
29-08-2018

Address

**61 COWDRAY AVENUE
SINGAPORE 558062**

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 22 Sep 1982

NP 428A



Licence No: **S1580054B**



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: PNPV2017-00002642-02 (Comprehensive - Prestige Plan)

Car plate number: SCA8388M

Your name (As the policyholder): Steven Choo Boon Aun

Coverage start date: 12/04/2019

Coverage end date: 11/04/2020

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:

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

Issued on: 08/02/2019

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



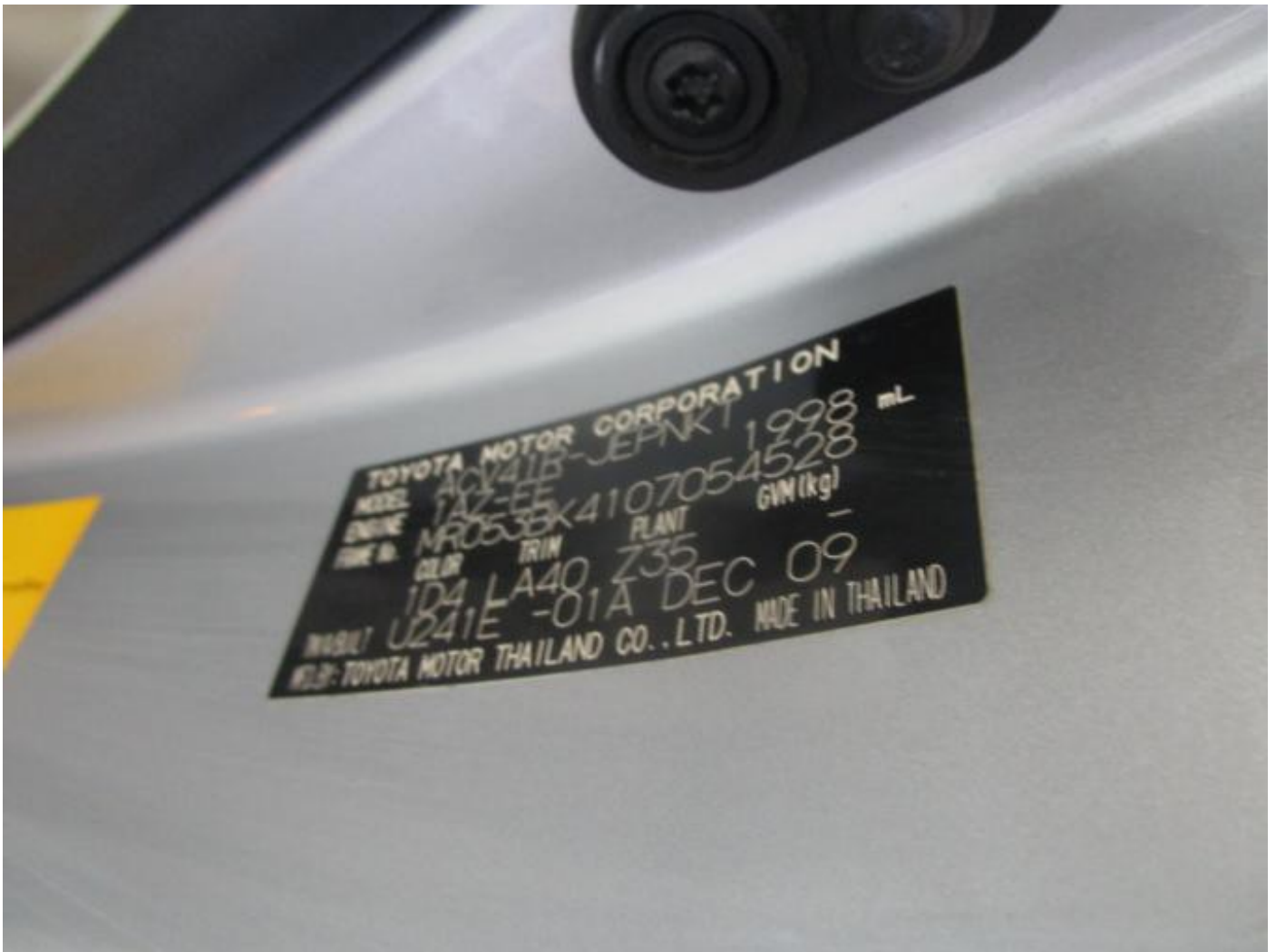
Accident Photo



Accident Photo



Accident Photo



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