

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	18/03/2020 11:39
Date Of Accident	16/03/2020 14:40
Exact Location Of Accident	SENGKANG WEST WAY & FERNVALE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6250C
Insured/Policyholder	
Name Of Registered Owner	SUTAPA BASU
Passport No/FIN	G6021367X
Email Address	SUTAPACK@YAHOO.CO.UK
Mobile Phone No	(LOCAL) +65-97112015
Alternative Phone No	OTHERS-97112015

Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.5 4-DOOR SEDAN 2.5L SP.6E (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PNPV2018-00003458
Cover Note Number	15/04/2019 - 14/04/2020

Driver

Name of Driver	SUTAPA BASU
Passport No/FIN	G6021367X
Date Of Birth	15/10/1961
Occupation	INDOOR
Date Of Driving Pass	18/04/2009
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97112015
Fax Number	
Contact Number	OTHERS-97112015
Email Address	SUTAPACK@YAHOO.CO.UK

Address	558 YISHUN AVE 6 #03-21
Postcode	768965
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

REFER TO THE SKETCH PLAN BY DRIVER

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	SJH8315D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
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:

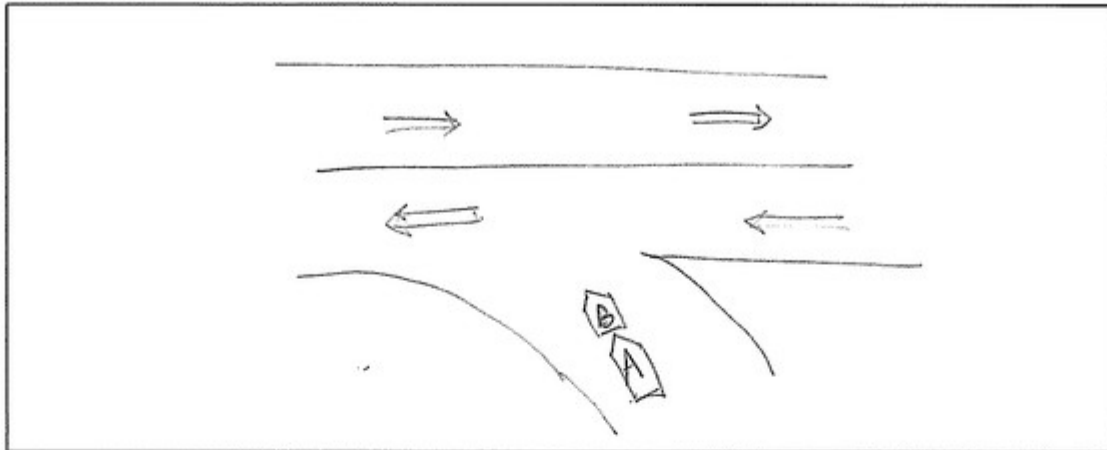
18/3/20 10.30 am

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

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



Date of accident: 16/3/20 Time: 14.40 Location: Sengkang West Way & Fernvale Road
 My Vehicle A: SLB 6250C Vehicle B: 5JH 8315D Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Incidence happened around 14.40 hrs on 16th March 2020
 at the Junction between Sengkang West
 Way & Fernvale Road Slip Road
 My car hit the car in front of
 me (5JH 8315D) as I braked
 suddenly, since there was a car
 coming down Sengkang West Way.
 I hit the car in front of me, gently,
 there was no injury to either party.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

18/3/20
10.50am.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



AH LIM MOTOR COMPANY

CERT



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: PNPV2018-00003458-01 (Comprehensive - Classic Plan)

Car plate number: SLB6250C

Your name (As the policyholder): Sutapa Basu

Coverage start date: 15/04/2019

Coverage end date: 14/04/2020

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.

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

Issued on: 08/03/2019

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.



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 : PNPV2018-00003458-01

About this policy

Premium paid : S\$704.30 Coverage start date : 15/04/2019
(Inclusive of GST) Coverage end date : 14/04/2020
Who is insured to drive: : You and any Authorised Driver
Policy Type : CLASSIC

About you (As the policyholder)

Your name : Sutapa Basu
Address : 558 Yishun Avenue 6 #03-21, Yishun Avenu Lilydale Singapore 768965
Email : sutapack@yahoo.co.uk
NRIC/FIN : G6021367X Date of birth : 15/10/1961
Marital status : Married Gender : Female
Current no claims discount : 50% Mobile Number : 97112015
Years of driving experience : Three or more Certificate of merit : Yes

About your car

Car make and model : MAZDA 6 2.5
Year of first registration : 2016
Car plate number : SLB6250C
Issued on: : 08/03/2019

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.

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
INSTITUTE OF MENTAL HEALTH

Name
SUTAPA BASU
Occupation
CONSULTANT

FIN
G6021367X

Date of Application
07-02-2018
Date of Issue
22-02-2018
Date of Expiry
23-03-2021

STRICTLY FOR WORKSHOP USAGE

USE FOR ACCIDENT REPORTING ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6021367X**
Name
BASU SUTAPA

Birth Date: **15 Oct 1961**
Issue Date: **15 Mar 2019**
Valid Till: **17/04/2024**

002912785D

9/11/2015
p/c
No injury.
No vehicle.
1 pax

STRICTLY FOR WORKSHOP USAGE

USE FOR ACCIDENT REPORTING ONLY

VISIT PASS
Immigration Regulations

Name
SUTAPA BASU

Date of Birth
15-10-1961
Sex
F
Nationality
INDIAN

FIN
G6021367X
Date of Issue
22-02-2018
Date of Expiry
23-03-2021

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	18 Apr 2009
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	18 Apr 2009

Licence No: G6021367X

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

