

## 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	26/03/2020 17:41
Date Of Accident	26/03/2020 07:50
Exact Location Of Accident	BLK 62B CARPARK LORONG 4 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8553M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M SURANTHARAN @ SURESH
NRIC No	SXXXX216C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97512969
Alternative Phone No	OFFICE-97512969

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN

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	PNPV2017-00000065-03
Cover Note Number	

### Driver

Name of Driver	SAROJA DEVI D/O VASUDEVAN
NRIC No	SXXXX932G
Date Of Birth	11/12/1969
Occupation	INDOOR
Date Of Driving Pass	13/08/2002
Driving Experience	17 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96586639
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 62 LORONG 4 TOA PAYOH #10-109
Postcode	310062
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	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 THE SAID LOCATION AND TIMING, AS I WAS REVERSING INTO THE PARKING LOT, VEHICLE B DID NOT STOP AND HIT ONTO MY VEHICLE'S LEFT REAR PORTION. I WOULD LIKE TO EMPHASIZE THAT WE WERE BOTH MOVING SIMULTANEOUSLY. VEHICLE B'S OWNER ASKED ME TO SIGN ON A PIECE OF PAPER WHICH AT THAT POINT OF TIME, I DID NOT KNOW WHAT WAS STATED IN IT. AS I'VE JUST FINISHED MY NIGHT SHIFT AND THIS WAS MY FIRST TIME INVOLVING IN AN ACCIDENT.

#### 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	SMK5675H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	DONG GUOFANG
NRIC/Passport Number	
Contact Number	96250118
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

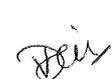
IMPORTANT NOTICE

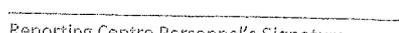
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

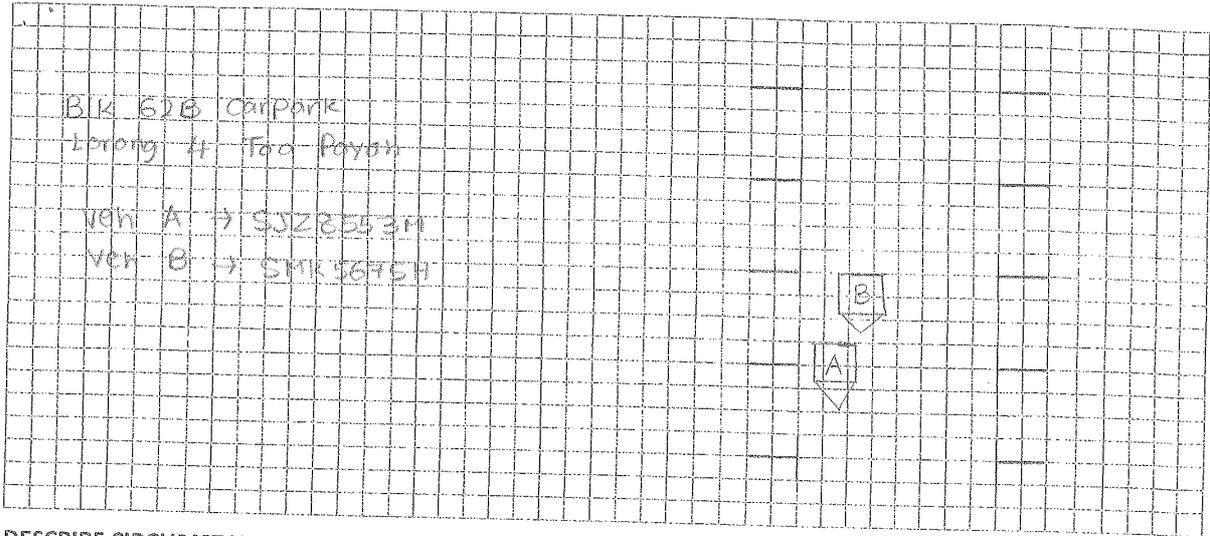
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

LEE BROTHERS

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the said location and timing, <sup>as</sup> I was reversing into the parking lot, vehicle B did not stop and hit onto my vehicle's left rear portion. I would like to emphasize that we were both moving simultaneously.

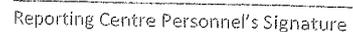
Vehicle B's owner asked me to sign on a piece of paper which at that point of time, I did not know what was stated in it. As I've just finished my night shift and this was my first time involving in an accident.

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:

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

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6942932G**

Name: **SAROJA DEVI D/O VASUDEVAN**

Birth Date: **11 Dec 1969**

Issue Date: **01 Aug 2003**

1000707500D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6942932G**

Name: **SAROJA DEVI D/O VASUDEVAN**

Race: **INDIAN**

Date of Birth: **11-12-1969**

Country of Birth: **SINGAPORE**

Sex: **F**



Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: SJ7 8552M

Date of Accident: 26/08/00

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Aug 2002

NP 428A

Licence No: **S6942932G**



2533781

NRIC No: **S6942932G**

Blood Group: **O+**

Date of issue: **28-11-1994**

APTE K 02 LORONG 4 TOA PAYOH #10-100  
SINGAPORE 310062

NRIC No: **S6942932G** Date: **18-11-1998** No: **2616515**





**CERTIFICATE OF INSURANCE**

Please call +65 6820-8888 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: PNPV2017-00000065-03 (Comprehensive - Executive Plan)**

Car plate number: SJZ8553M

Your name (As the policyholder): M Surantharan Suresh

Coverage start date: 01/01/2020

Coverage end date: 31/12/2020

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: Maybank

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

Issued on: 01/12/2019

**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](mailto: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

