

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	11/06/2020 17:23
Date Of Accident	10/06/2020 13:30
Exact Location Of Accident	ALONG BOUNDARY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV8915J
Insured/Policyholder	
Name Of Registered Owner	SATHYAPALAN REMA ARUNSATHYAN
NRIC No	SXXXX823A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87503359
Alternative Phone No	OTHERS-87503359

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00008702-01
Cover Note Number	

Driver

Name of Driver	SATHYAPALAN REMA ARUNSATHYAN
NRIC No	SXXXX823A
Date Of Birth	10/05/1983
Occupation	INDOOR
Date Of Driving Pass	07/01/2009
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87503359
Fax Number	
Contact Number	OTHERS-87503359
Email Address	NOEMAIL

Address	BLK 550 YISHUN AVENUE 6 #09-03
Postcode	768961
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

PLEASE REFER TO SKETCH PLAN

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	SDS412Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK YUE RONG CHERRIE
NRIC/Passport Number	
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.

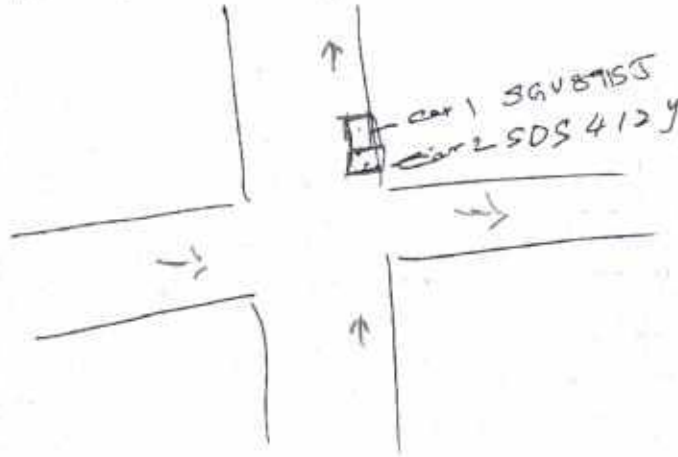
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Along BOUNDARY ROAD

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was proceeding towards boundary road
Suddenly SDS 4127 hit the rear of my car
(SGV 89153)

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:

 11/06/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	10-6-20	TIME:	13.30	(hh:mm) 24 hrs Format
LOCATION	Boundary Road			
VEHICLE NUMBER	SGV 8915J			
INSURED NAME	Sathupalan Reme Arunsathan			
NRIC / FIN	88376823A	CONTACT:	87503359	
MAKE	Honda	MODEL	Civic	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	FWD			
TYPE OF POLICY	(<input checked="" type="checkbox"/>) COMPREHENSIVE	() THIRD PARTY	() TPFT	
POLICY NUMBER:	NPV2018-00008702-01			
NAME DRIVER:	Sathupalan Reme Ann (<input checked="" type="checkbox"/>) SAME AS INSURED			
	Sathyan			
NRIC / FIN	88376823A	CONTACT:	87503359	
DATE OF BIRTH:	10-5-83			
DRIVING PASS DATE:	7-1-09			
OCCUPATION:	(<input checked="" type="checkbox"/>) INDOOR	() OUTDOOR		
GENDER:	(<input checked="" type="checkbox"/>) MALE	() FEMALE		
EMAIL ADDRESS:	() NO EMAIL			
ADDRESS OF DRIVER:	Blk 550, Yishun Ave 6, #09-03, Sg 768761			
Number Of Passenger Include Driver:				
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle?: () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO				
If YES, Injured details :				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO				
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party		Name / NRIC		Contact
Veh B	SDS 4124	Quek Ywe Kong Cheryl		
Veh C				
Veh D				
Veh E				
Veh F				
Veh G				

Done

 fwd.com.sg**FWD****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: PNPV2018-00008702-01 (Comprehensive - Classic Plan)

Car plate number: SGV8915J

Your name (As the policyholder): SATHYAPALAN REMA ARUN SATHYAN

Coverage start date: 28/06/2019

Coverage end date: 27/06/2020

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:

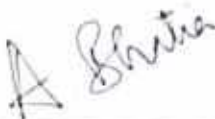
Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies 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: Index Credit Pte Ltd.

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

Issued on: 24/06/2019



Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65 6520 8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

FWD