

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	22/06/2020 15:25
Date Of Accident	21/06/2020 13:15
Exact Location Of Accident	EXIT AMK AVE 5 > CTE/SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK4348H
Insured/Policyholder	
Name Of Registered Owner	SEAH WEI CONG
NRIC No	S8409299A
Email Address	WEICONG27@LIVE.COM
Mobile Phone No	(LOCAL) +65-81006412
Alternative Phone No	OFFICE-81006412

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623G5
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	PNPV2018-00008898-01
Cover Note Number	15/07/2019-14/07/2020

Driver

Name of Driver	SEAH WEI CONG
NRIC No	S8409299A
Date Of Birth	27/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2008
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81006412
Fax Number	
Contact Number	OFFICE-81006412
Email Address	WEICONG27@LIVE.COM

Address	BLK 288A PUNGGOL PLACE #06-801
Postcode	821288
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : HENRY TAN GENDER: : MALE
Passenger 2	NAME: : WONG AI HUA GENDER: : FEMALE
Passenger 3	NAME: : GENEVIEVE SEAH GENDER: : FEMALE

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 ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF367G
Vehicle Make/Model/Colour	AUDI A3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM RUISONG
NRIC/Passport Number	S8842310J

Contact Number82302300

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration NumberSMP2634U

Vehicle Make/Model/ColourHONDA CIVIC

Details Of Properties

Vehicle CategoryPRIVATE CAR

Name of DriverNG AIK BOON

NRIC/Passport Number

Contact Number96882975

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:

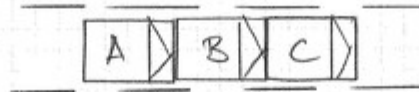
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



Ⓐ - SKK 4348H.

Ⓑ - SMF 367G

Ⓒ - SMP 2634U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was on 21st Jun 20, at about 13.10 pm in the afternoon. I was driving along ANK ~~exit~~ Ave S exit towards CTEI SLT. As it was raining, and the floor was slippery. I follow strictly on the following time distance from the car in front of me.

Due to the road work, the cars ahead of me applied E-Brake, which caused the whole chain to incident.

My vehicle hit into a Audi A3 in front of me.

while he hit another vehicle in front of him.

A total of 3 vehicles involved in this accident with no personnel sustaining any injuries.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.


<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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

 220620

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.:





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YOUR EXECUTIVE CAR INSURANCE SUMMARY

2 of 20

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 : PNPV2018-00008898-01

About this policy

Premium paid : S\$634.29
(Inclusive of GST)
Who is insured to drive: : You and any Authorised Driver
Policy Type : EXECUTIVE
Coverage start date : 15/07/2019
Coverage end date : 14/07/2020

About you (As the policyholder)

Your name : Seah Wei Cong
Address : 288A Punggol Place 06-801 Punggol Arcadia Singapore 821288
Email : weicong27@live.com
NRIC/FIN : S8409299A
Date of birth : 27/03/1984
Marital status : Married
Gender : Male
Current no claims discount : 50%
Mobile Number : 81006412
Years of driving experience : Three or more
Certificate of merit : Yes

About your car

Car make and model : VOLKSWAGEN JETTA 1.4
Year of first registration : 2013
Car plate number : SKK4348H
Issued on: : 14/05/2019

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.

FWD Singapore Pte. Ltd. 8 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038986. T: (65) 6820 8888. Company Registration No. 200501737H | www.fwd.com.sg
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FWD

The following are maximum limits per Accident as defined in the contract.

Emergency assistance	Yes
Third party liability:	
Death or injury to a third party	No Limit
Damage to a third party's property	S\$5,000,000
Legal costs	S\$3,000
Loss or damage by fire or theft	Market value
Accidental loss or damage to	
Your car	Market value
Your car's accessories	S\$1,000
Personal belongings	S\$1,000
Excess	
Standard excess	S\$500
Young driver excess	S\$2,500
Windscreen replacement excess	S\$100

Accident Photo



Accident Photo



Accident Photo



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo

