

## 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	24/06/2020 15:31
Date Of Accident	23/06/2020 17:45
Exact Location Of Accident	JURONG CANAL DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD2894J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA AH SIN
NRIC No	S0717000I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94571434
Alternative Phone No	OTHERS-94571434

### Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.6 SP LUX (A)
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	PNPV2019-00005068-01
Cover Note Number	

### Driver

Name of Driver	CHUA BEE BEE
NRIC No	S8028249D
Date Of Birth	11/09/1980
Occupation	INDOOR
Date Of Driving Pass	17/08/1999
Driving Experience	20 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83662414
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 724 JURONG WEST ST 72 #08-15
Postcode	640724
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: : CHUA BEE KEOW 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

KINDLY 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	GV2993Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

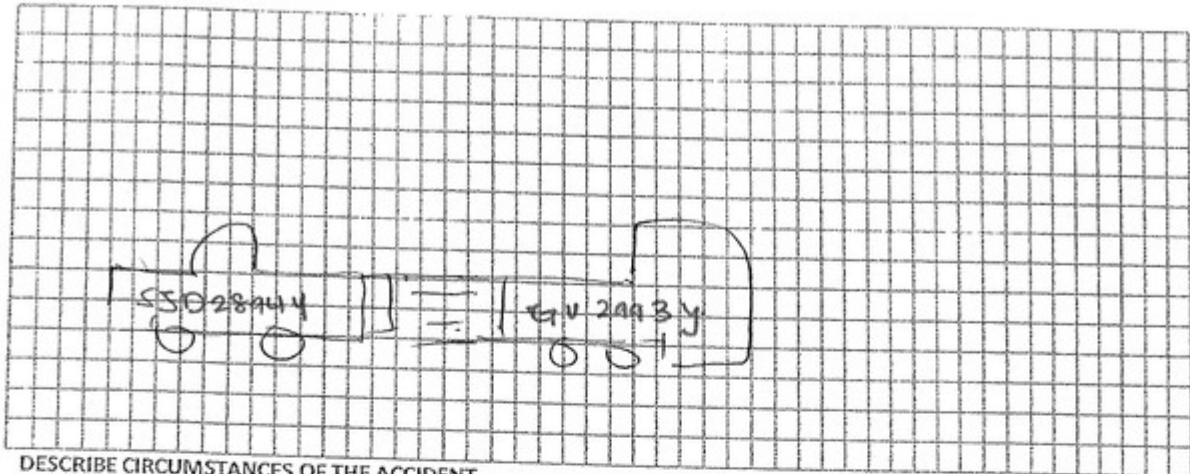
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The lorry stop suddenly and therefore I can't brake in time and ~~slightly~~ slightly knock the back of his car.

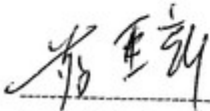
### Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the 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.

 24.06.20  
14.24

Policyholder's signature  
Date & Time

 24-06-2020  
(1424 hrs).

Driver's Signature  
(if driver not the policyholder)  
Date & Time

  
Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



## 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: PNPV2019-00005068-01 (Comprehensive - Classic Plan)**

Car plate number: SJD2894J

Your name (As the policyholder): CHUA AH SIN

Coverage start date: 17/03/2020

Coverage end date: 16/03/2021

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: thiam heng auto

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

Issued on: 09/03/2020

**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.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S07170001



Name  
CHUA AH SIN  
蔡亞新

Race  
CHINESE

Date of birth  
29-01-1951

Country/Place of birth  
SINGAPORE


Sex  
M

807170001

FOR ACCIDENT CLAIM  
USE ONLY



5407934




NRIC No S07170001

FOR ACCIDENT CLAIM  
USE ONLY

Date of issue  
07-09-2015

Address  
APT BLK 724 JURONG WEST STREET 72  
#09-15  
SINGAPORE 640724



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8028249D**

Name: **CHUA BEE BEE (CAI MEIMEI)**

Birth Date: **11 Sep 1980**

Issue Date: **29 Dec 2016**

**FOR ACCIDENT CLAIM USE ONLY**

0026427721

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8028249D**

Name: **CHUA BEE BEE (CAI MEIMEI)**

蔡美美

Race: **CHINESE**

Date of birth: **11-09-1980**

Country/Place of birth: **SINGAPORE**

Sex: **F**

5690244

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

Class	Vehicle Description	Effective Date
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	17 Aug 1999

**FOR ACCIDENT CLAIM USE ONLY**

NP 428A



Licence No: S8028249D



NRIC No. **S8028249D**

Date of Issue: **29-12-2016**

APT BLK 724 JURONG WEST STREET 72 #08-15  
SINGAPORE 640724

NRIC No: **S8028249D**

Date: **13/09/2017**



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

