

## 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	27/06/2020 14:17
Date Of Accident	27/06/2020 01:15
Exact Location Of Accident	JUNCTION OF NICOLL HIGHWAY & MIDDLE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6234S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEY KOU FUH
NRIC No	S7773313B
Email Address	KFTEY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90337418
Alternative Phone No	OTHERS-90337418

### Vehicle Particulars

Manufacturer	MAZDA
Model	6 4-DOOR SEDAN 2.0L SP.6EAT
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2020-00006363
Cover Note Number	17/06/2020 TO 16/06/2021

### Driver

Name of Driver	TEY KOU FUH
NRIC No	S7773313B
Date Of Birth	13/09/1977
Occupation	INDOOR
Date Of Driving Pass	18/09/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90337418
Fax Number	
Contact Number	OTHERS-90337418
Email Address	KFTEY@HOTMAIL.COM

Address	21 JALAN KERAYONG SINGAPORE 759318
Postcode	
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	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	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)	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 with attach.

#### 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	SJE2935U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	JOSEPHINE NG LENG LENG
NRIC/Passport Number	
Contact Number	98190817
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

KOH KIM SENG

NRIC/Passport Number

Contact Number

82286431

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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6. The 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 lodgment 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.
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:

27/08/2020

GIA Form 1 (Accident Sketch Plan) V.3

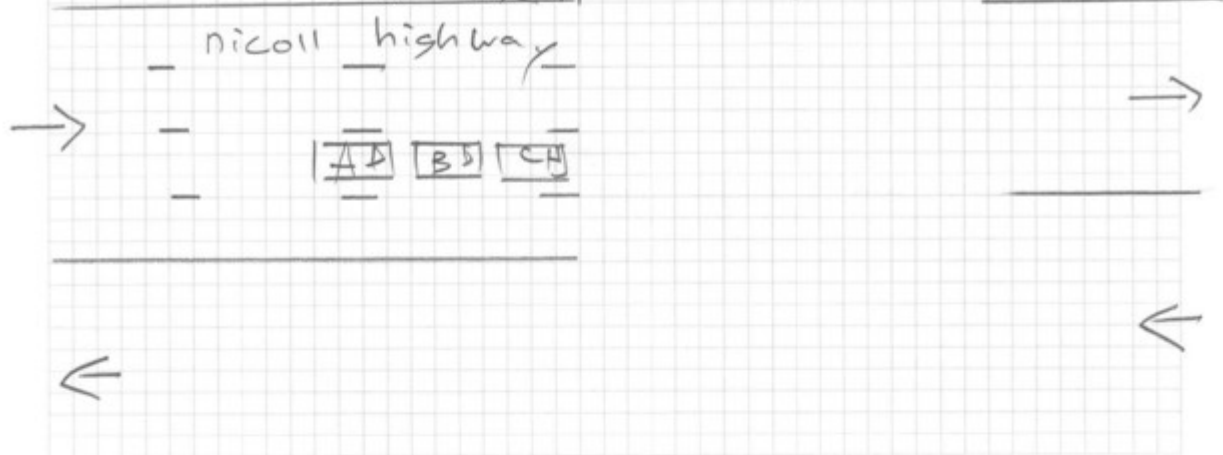
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



112 - 110 < 54>  
 P: SJE 2935U  
 C: Mera Taxi

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/6/2020 at around 01:50hrs, when approaching at the traffic light junction of nicoll highway (traffic light from red to green) & vehicles in front proceed to move. Suddenly vehicles in front stopped & I immediately applied my brake but still unable to react in time & hit the rear of car SJE 2935U. Total 3 vehicles involved in this 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: 27/06/2020

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



Licence Number **S7773313B**  
 Name  
**TEY KOU FUH**  
 Birth Date: **13 Sep 1977**  
 Issue Date: **28 Jun 2010**  
 001869411C  
 FOR KFS  
 ACCIDENT CLAIM  
 USE ONLY

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S7773313B**  
 Name  
**TEY KOU FUH**  
 郑国富  
 Race  
**CHINESE**  
 Date of birth  
**13-09-1977** Sex  
**M**  
 Country of birth  
**MALAYSIA**  
 9150199

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)  
 EFFECTIVE DATE  
 Class 2B Motorcycles =< 200 cc 18 Sep 2005  
 Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 18 Sep 2005  
 Licence No: **S7773313B**  
 NP 428A

9150199  
 S7773313B  
 Nationality  
**MALAYSIAN**  
 Date of issue  
**30-12-2011**  
 Address  
**21 JALAN KERAYONG  
 SINGAPORE 759318**



## YOUR EXECUTIVE 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** : PNPV2020-00006363

### About this policy

Premium paid : S\$865.46  
(Inclusive of GST)  
Who is insured to drive: : You and any Authorised Driver  
Policy Type : EXECUTIVE

Coverage start date : 17/06/2020  
Coverage end date : 16/06/2021

### About you (As the policyholder)

Your name : TEY Kou Fuh  
Address : 21 Jalan Kerayong Sembawang Straits Estate Singapore 759318  
Email : kftey@hotmail.com  
NRIC/FIN : S7773313B  
Date of birth : 13/09/1977  
Marital status : Married  
Gender : Male  
Current no claims discount : 50%  
Mobile Number : 96337418  
Years of driving experience : Three or more  
Certificate of merit : Yes

### About your car

Car make and model : MAZDA 6 2.0  
Year of first registration : 2015  
Car plate number : SKT6234S  
Issued on: : 19/05/2020

**Khor Kee Eng**  
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](mailto:contact.sg@fwd.com) if any details in  
this Car Insurance Summary need to be changed.

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

