

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	06/07/2020 13:09
Date Of Accident	06/07/2020 10:15
Exact Location Of Accident	SHUNFU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8431L
Insured/Policyholder	
Name Of Registered Owner	CHANG SU MEI JANE
NRIC No	S8237544I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97580868
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER 2.4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED.
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	PNPV2017-0000120003
Cover Note Number	12/03/2020 11/03/2021

Driver

Name of Driver	CHANG SU MEI JANE
NRIC No	S8237544I
Date Of Birth	10/11/1982
Occupation	INDOOR
Date Of Driving Pass	21/04/2005
Driving Experience	15 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97580868
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	BLK 260A ANG MO KIO STREET 21 #28-147
Postcode	561260
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 - MAJOR/MINOR RD
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?	
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 TO SKETCH.

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	SHD18J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA BEE KIM
NRIC/Passport Number	S1431730I
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: 1/7/20 12:36 PM

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



Reporting Centre Personnel's Signature

Name:

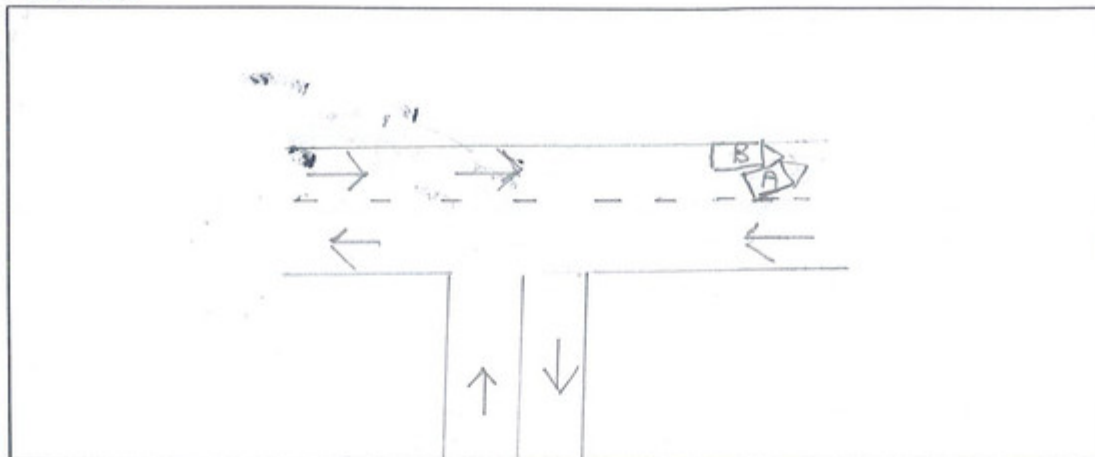
NRIC/FIN No.:

06/07/2020

Date of accident: 6/7/20 Time: 10.16 AM Location: 5th SHUNFU ROAD

My Vehicle A: SKR8431 Vehicle B: SHD183 Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. I WAS TURNING OUT ^{RIGHT} TO A MAIN ROAD.
2. I ^{LOOKED LEFT AND} CHECKED ~~MYSELF~~ THAT THE ROAD WAS CLEAR ON MY LEFT HAND SIDE
3. I PROCEEDED TO TURN OUT SLOWLY, AND HAD CROSSED THE ^{CENTRE DIVIDER,} ~~MIDDLE LINE~~
4. THE TAXI SHD183 CAME OUT OF NOWHERE AT HIGH SPEED, WITH NO ATTEMPT TO STOP.
5. ~~I~~ I STOPPED BUT NOT IN TIME.
6. WE COLLIDED.

2A. I ~~TH~~ I LOOKED RIGHT TO ENSURE ~~THE~~ ^{RIGHT} ~~NA~~ LANE WAS CLEAR AS WELL.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 6/7/20 12.36 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

06107/2020

GIA/RMC SketchPlanForm_V3

AH LIM MOTOR COMPANY

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FWD Singapore Pte. Ltd. 6 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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YOUR CLASSIC 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 : PNPV2017-00001200-03

About this policy

Premium paid	: S\$1,038.94	Coverage start date	: 12/03/2020
(Inclusive of GST)		Coverage end date	: 11/03/2021
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: CLASSIC		

About you (As the policyholder)

Your name	: Chang Su Mei Jane		
Address	: 1 THE INGLEWOOD, SINGAPORE SINGAPORE Singapore 575030		
Email	: janechangsm@yahoo.com		
NRIC/FIN	: S82375441	Date of birth	: 10/11/1982
Marital status	: Married	Gender	: Female
Current no claims discount	: 50%	Mobile Number	: 97580868
Years of driving experience	: Three or more	Certificate of merit	: Yes

About your car

Car make and model	: MITSUBISHI OUTLANDER 2.4
Year of first registration	: 2015
Car plate number	: SKR8431L
Issued on:	: 21/01/2020

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. 6 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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REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S82375441**

Name: **CHANG SU MEI, JANE (ZENG SUMEI, JANE)**

Birth Date: **10 Nov 1982**

Issue Date: **21 Apr 2005**

001336570K

STRICTLY FOR WORKSHOP USE ONLY
REPORTING ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S82375441**

Name: **CHANG SU MEI, JANE (ZENG SUMEI, JANE)**

曾素美

Race: **CHINESE**

Date of birth: **10-11-1982** Sex: **F**

Country of birth: **SINGAPORE**

S82375441

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

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

PASS DATE: **21 Apr 2005**

Licence No: **S82375441**

NP 428A

STRICTLY FOR WORKSHOP USE ONLY
REPORTING ONLY

341857

NRIC No: **S82375441**

Date of issue: **07-10-2003**

APT BLK 260A ANG MO KIO STREET 21 #28-142
SINGAPORE 561260

NRIC No: **S82375441** Date: **05/03/2017**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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