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MNA120058681 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 13/07/2020 09:32 SUBMITTED BY: Liew Shan Hui

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 witholding 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

	ACCIDENT STATEMENT	STATE OF THE SALE
Date Of Report	13/07/2020 09:32	
Date Of Accident	09/07/2020 17:05	
Exact Location Of Accident	ALONG BT TIMAH AFTER SIXTH AVE	
Country/State of Loss	SINGAPORE	The state of the s
D	ETAILS OF OWN VEHICLE	N. S. C. Control of the Control of t
Vehicle Registration Number	SLV3813T	
Insured/Policyholder		
Name Of Registered Owner	TAN MIAO HUI	
NRIC No	SXXXX131D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-87501121	
Alternative Phone No	OFFICE-87501121	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	C200 COUPE	
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	PNPV2018-00001039-02	
Cover Note Number		
Driver		
Name of Driver	CHEA SEEK KANG	
NRIC No	SXXXX521G	
Date Of Birth	25/04/1958	
Occupation	INDOOR	
Date Of Driving Pass	20/04/2017	
Driving Experience	3 YEARS AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-87491121	
Fax Number		
Contact Number		
	NOEMAIL	

BLK 911 TAMPINES ST 91 #12-101 Address

520911 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

3

NO

YES

NO

YES

1

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)

NO

ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7740000 - FAX NO: 67741705 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT D/20200711/7012

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

FBK6407P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SME7079Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHEA SEEK KANG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLV3813T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

. .

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the police for investigation.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Oriver's signature (if driver is not policy holder)

Date / time:

reporting centre personnel's Signature Date / time:

DESCRIBE CIR	COMSTAIC	oco or meno			
Reser	to	Police	Report	D/ 20200711/7012	

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature

NRIC/FIN No.:



D/20200711/7012

1 of 2

Report No. D/20200711/7012

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Date/Time Report Made	Vide Re	port No.		Station Diary No.
11/07/2020 18:05				
Name Of Informant CHEA SEEK KANG	San Mental		PINES STREET 9	1 #12-101
ID Type / ID No. NRIC NO / S1306521G	Contact Home/O		Mobile: 87491121	
Nationality SINGAPORE CITIZEN	Email A	ddress ng@gmail.c	om	
Occupation	Sex	Age	Date of Birth	Race
Carpenter	Male	62	25/04/1958	Chinese
Institution/School Name	Languag English	ge		
Date/Time Of Incident 09/07/2020 17:05 - 09/07/2020 18:10	The second second second	Of Incider		

Brief details.

My car is stationary at Bukit Timah Road U-turn lane and was preparing to U-turn to Dunearn Road, suddenly I heard a loud bang and hard impact from the rear of my car. Then after, my neck, lower back and leg was in pain. I came down & I saw a motor cycle (FBK6407P) lying on the floor and behind there is one more car (SME7097Y) was damage. My car was badly damage as well. Next day my pain was still not recovered hence I went to seek for medical attention at Our Family Physician Clinic & Surgery and was granted a 4 days MC.

Signature Of Informant: The identity of the person making this report has been authenticated by
SingPass. No signature is required.
Date/Time: 11/07/2020 18:05
Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200711/7012

Ref, Report No: D/20200907/0088

Person Name	CHEA SEEK KANG		
ID Type	NRIC NO	ID No	S1306521G
Gender	Male	Age	62
Race	Chinese	Language	English
Occupation	Carpenter	Address Type	
Address	APT BLK 911 TAMPINES STREET 91 #12-101 SINGAPORE 520911	Mobile No	87491121
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2020 18:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



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: PNPV2018-00001039-02 (Comprehensive - Classic Plan)

Car plate number: SLV3813T

Your name (As the policyholder): Tan Miao Hui

Coverage start date: 05/01/2020 Coverage end date: 04/01/2021

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: AMZ PTE LTD

Shripe

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

Issued on: 18/12/2019

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 if any details in this Certificate of Insurance need to be changed.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the traffic police department for investigation.

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	Tia E	170	5			(HH:MM)
Along	Bulit	Timah	after	sixth	Ave	
		- 117	09/07	1705	09/07/2020	09/07/2020 1705

的 是其他的特殊。	DETAILS OF VEHICLE
Vehicle registration number	SLV3813T
Vehicle make and model	Mercides 6200 coupl
Type of vehicle	Saloon MPV CRV Van C Lorry Bus Motorcycle Others:
Vehicle category	Private Z Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

	INSURANCE IN	ORMATION	10000000000000000000000000000000000000
Insurance company	END		
Policy number	PNPV2018-	00001039-02	
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

	INSURED / POLICY HOLDER	THE PARTY OF THE P
Name	Tan Miao Hu.	Male □ Female □
NRIC / Fin / Passport number	595011310	
Contact	8750 (121	
Address	Blic 911 Tampines Street 91 #12	- 101 S(\$20911)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	chea seek kang	Male-₽ Female □			
NRIC / Fin / Passport number	S1306521G				
Contact	8749 1121				
Address	BIK 911 7amp.rus Street 5(520911)	91 112-101			
Email address					
Date of birth	25/04/ 1458				
Occupation	Indoor 🗹 Outdoor 🗆				
Driving date pass	20104/2017				

生成性的	SENERAL INFORMATION OF THE AC	CIDENT
Was driver an employee of	Yes □ No ☑	
the insured's company?	If no, relationship of the driver and insured:	
Accident captured by camera?	Yes 🗆 No 🗹	1=1/2 = 1-2/2
Weather condition	Clear ✓ Raining □ Others	
Road surface	Dry Ø Wet □	
No of passenger	ı	(Inclusive of driver)
, , , , , , , , , , , , , , , , , , , ,		
	PASSENGER 1	to the second of the second
Name		
Gender	Male Female	
Gender		
4.5 中国1917年1918日 - 1918年11日 - 19	PASSENGER 2	Charles and the Salary of the Salary
Name	The second secon	
Gender	Male □ Female □	
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	PASSENGER 3	Assessment of the property of
Name		
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	PASSENGER 4	and decrease the fact along the fact that
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Gender	Male Female	
Gender	Wide D Terriare D	
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Name		A CONTRACTOR OF THE PARTY OF TH
Gender	Male Female	
Gender	Wate 1 Female 1	
	PASSENGER 6	
	PASSENGER	AND THE RESERVE OF THE PARTY OF
Name	Male □ Female □	
Gender	Wate D Territore D	
	OTHER INFORMATION	
Was anybody injured?	Yes No 🗆	
Was other vehicle damaged?	Yes No 🗆	
vvas other venicle damaged:		
	DETAILS OF POLICE STATION AC	TION
Reported to police?		state which police station.
Police station name	102 11907 - 000	
ronce station name		
The state of the s	WITNESS 1	NOT THE RELEASE OF THE PARTY OF THE PARTY.
Name		
ivaine		
	WITNESS 2	
AND COMMENTS OF THE PARTY OF THE PARTY.	1	
Name		

	THIRD PARTY VEHICLE 1	TO VICE Y
/ehicle registration number	FBK 6407 P	
/ehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Males and the second second second	THIRD PARTY VEHICLE 2	
Vehicle registration number	SME 7079Y	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
A STATE OF THE STA	THIRD PARTY VEHICLE 3	
Vehicle registration number		
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Vehicle registration number Vehicle make model		

The state of the	UNITED S	INJURED PERSON 1
Name		chea Seek kang
Injuries sustained		upper nick lower Back, leg
Which vehicle person in?		SLV 3813'T
Were seat belts worn?	Yes 🗷	No 🗆
Was injured conveyed to	Yes 🗆	No 2
hospital by ambulance?		
3. 数据数据2. 上海线线点 经国际	10.00	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	and the second	WILLIAM SERVICE
Name		INJURED PERSON 3
Injuries sustained	-	
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	165 🗆	100 🗆
nospital by ambulance:		
	Charles Colomb	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1002000000	345-2284/1/CG
美丽尼美洲和美国		INJURED PERSON 5
Name	1	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	SOUTH BALL	INVESTIGATION C
BARROLD FOR SELECTION SELECTION	2000	INJURED PERSON 6
Name	1	
Injuries sustained		
Which vehicle person in? Were seat belts worn?	Vos	No 🗆
	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	NOL
nosnital ny amniliance/		The state of the s