#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Contact Number** 

**EMail Address** 

- 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 <u>truthful and accurate</u> 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/07/2020 09:54
Date Of Accident	11/07/2020 14:50
Exact Location Of Accident	TRAFFIC JTION OF BEDOK RESERVOIR RD TO EUNOS LINK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	EQ7071A
Insured/Policyholder	
Name Of Registered Owner	JACKSON NG
NRIC No	SXXXX526C
Email Address	NAUNG_19@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91064760
Alternative Phone No	OTHERS-98314544
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
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	PNPV2020-00005537
Cover Note Number	18/06/2020 - 17/06/2021
Driver	
Name of Driver	PIMPATLERT SARANTHORN
NRIC No	SXXXX353Z
Date Of Birth	19/01/1980
Occupation	INDOOR
Date Of Driving Pass	22/08/2003
Driving Experience	16 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98314544
Fax Number	

OTHERS-91064760

NAUNG 19@YAHOO.COM

601A PUNGGOL CENTRAL Address

#16-622

2

NO

NO

1

NO

Postcode 821601

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES 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

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBK734J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE Name of Driver TAMILSELVAN RAJA

GXXXX213M NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 33

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

#### **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.
- 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.
- 5. 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.
- 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: 13 JUL 20 69204

Driver's Signature (If driver is not the policyholder)

(If driver is not the policyholder)

Date & Time:

NRIC/FIN NO

Reporti

sonnel's Signature

Page 3 of 33

# Sketch Plan Pg. 2

	Vehicle B: ও্রচ ২ ৭ ব	traffic junction of Bedok Reservior  Vehicle C: N.A.
KETCH PLAN		ì
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Committee for the	· · · · · · · · · · · · · · · · · · ·	A CONTRACTOR OF THE CONTRACTOR
ESCRIBE CIRCUMSTANCES OF T	UE ACCIDENT	
ESCRIBE CIRCUIVISTAINCES OF TI	HE ACCIDENT	
It was about 2.50 p	m on 11th July 2020. It was	drizzling at that time. I was
driving (EQ7071A) on	the Eunos Link towards Eunos	Flyover. I was the first car on
the 2nd lane at the tr	affic lunction of Bedok Reser	voir road (near block 634). My
car was at a complete	stop for several seconds at the	e junction when a larry CGB1C734
callided into the year of	The good was	to the tone when a rong concert.
inde francis also t	my car. The impact was so s	Trong that It caused my car to
Jerk tormard and hear	past the pedestrian crossing li	ne by more than half of my
		came down to assess the damages
and after taking picti	ures of our cars accident si	te we both agreed to shift
our car aside in order	not to obstruct the traffic.	There we exchanged our
particulars. Thereafte	er I called my car insura	nce (FWD) hotline to report
the accident.		<u> </u>
	(ar B-TAMILSELYOF	( PLA)
	(C) () () () (C) (C) (C) (C) (C) (C) (C)	
	V 2521213	3 M
Claim OD/TP at Ah Lim M	otor Claim OD/TP at other wo	orkshop Reporting Only
Remarks: Please forward a cop	y of my efile accident report to:	
My workshop :	•	
Email address : & myself :		
Email address :		
Note: Please take note that you	Ir incurer have 14 days timeframe for ye	to a charit arm days at the
you own policy. Kindly check wi	ır insurer have 14 days timeframe for yo ith your own insurer for more informati	u to supmit own damage claim under on.
ECLARATION		
We declare the foregoing particulars:	are true in every respect.	
Xu/		A CTOP
20	J- 1	(E( \ \ )\)
olicyholder's Signature	Driver's Signature	Reporting Centile Reporting Ce
Date & Time: 13 JULZO 072011	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.: ARLIM MOTOR COMPANY
		• 1117 - 1





#### **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: PNPV2020-00005537 (Comprehensive - Executive Plan)

Car plate number: EQ7071A

Your name (As the policyholder): Jackson Ng

Coverage start date: 18/06/2020 Coverage end date: 17/06/2021

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:

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

Issued on: 30/04/2020

Khor Kee Eng

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.

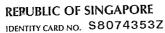


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The following are maximum limits per Accident as defined in the contract.

Emergency assistance	Yes
Third party liability:	
Death or injury to a third party	No Limit
Damage to a third party's property	\$\$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\$750
Young driver excess	S\$2,500
Windscreen replacement excess	S\$100
Lifetime NCD guarantee	Yes
Towing	S\$400
Safe travel after an accident	S\$60 per occupant
Daily transport allowance	S\$60 per day for 8 d
Replacement keys and locks	S\$500
Personal accident sum insured	
For the driver	S\$50,000
For each passenger	S\$20,000
Guardian angel benefit	S\$375,000
Extended workmanship guarantee	Yes
(for repairs done by FWD Premium Workshops)	
New car replacement	Yes
(if Your Car is written off while less than one year old)	
Car repairs at	
FWD premium workshops	Yes

#### Identification Card Pg. 1





PIMPATLERT SARANTHORN

Race CHINESE Date of Birth 19-01-1980 Country of Birth THAILAND

58**0/425**37



STRIETLY FOR WORKSHOP USAGE

USF FOR ACCIDENT REPORTING ONLY

· 97935526C 0106 4760

emant: naung-19 Dyahoo.com

duzzling No Injung. Camera

MRCNo S80743537

THAI

Blood Groun

03-04-2003

APT BLK 601A PUNGGOL CENTRAL #16-622 SINGAPORE 821601

NRIC No: \$8074353Z

Date: 08/08/2011

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

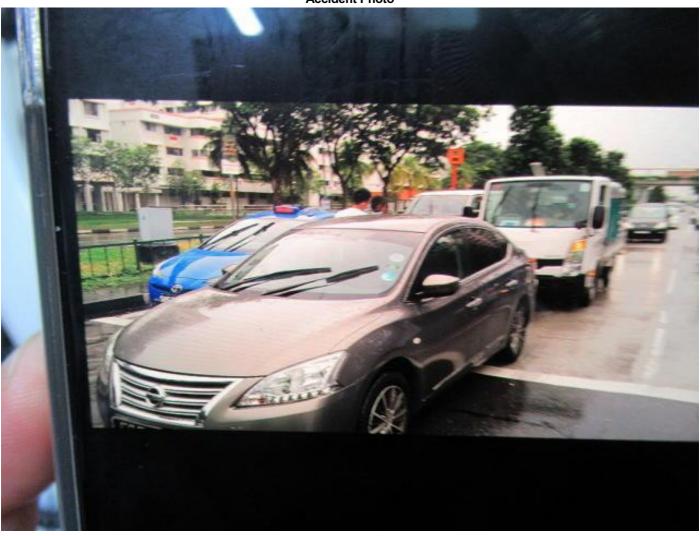
PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

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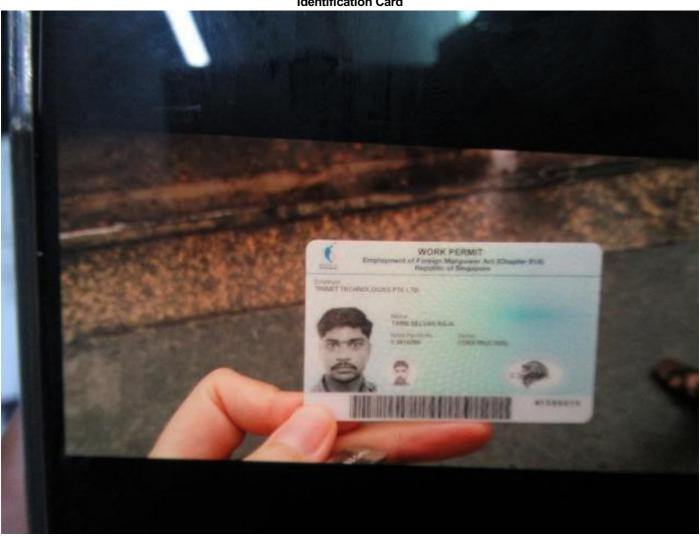
----STRICTLY FOR WORKSHOP USAGE

**USE FOR ACCIDENT** REPORTING ONLY





**Identification Card** 





**Driving License** 

