

## 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	04/08/2020 14:00
Date Of Accident	03/08/2020 22:30
Exact Location Of Accident	OPEN CARPARK 407 TAMPINES ST 41
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7748S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO BOON LIANG
NRIC No	SXXXX269I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93868083
Alternative Phone No	OFFICE-93868083

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 PDE 1.4 T-GDI DCT
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001483
Cover Note Number	21/10/2019-20/10/2020

### Driver

Name of Driver	TEO BOON LIANG
NRIC No	SXXXX269I
Date Of Birth	30/12/1964
Occupation	INDOOR
Date Of Driving Pass	26/04/2010
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93868083
Fax Number	
Contact Number	OFFICE-93868083
Email Address	NOEMAIL

Address	402 TAMPINES ST 41 01-33
Postcode	520402
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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 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	GBB9087G
Vehicle Make/Model/Colour	FIAT DOBLO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUN FENG
NRIC/Passport Number	SXXXX743H
Contact Number	87815027
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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:  
NRIC/FIN No.:

11/11/2017

VEHICLE A - SMP 7748S

VEHICLE B - GBB 9087G

BLK 407 TAMPINES ST 41

COFFEESHOP @  
BLK 406 TAMPINES ST 41

ON 03/AUG/2020 @ 2230 HRS, MY CAR (VEHICLE A) WAS PARKED AT THE OPEN CARPARK OPPOSITE BLK 407 TAMPINES STREET 41. I WAS AT COFFEESHOP @ BLK 406 WHEN I HEARD A LOUD SOUND. I SAW A VAN (VEHICLE B) HAD REVERSED AND HIT MY CAR (VEHICLE A). I WILL BE FILING A THIRD PARTY CLAIM AT MY OWN WORKSHOP

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


**DECLARATION**  
I/We declare the foregoing particulars to be true and correct.

\_\_\_\_\_  
Policyholder's Signature

\_\_\_\_\_  
Date & Time:

are true in every respect.

\_\_\_\_\_  
Driver's Signature  
(If driver is 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: PNCV2019-00001483**

Car plate number : SMP7748S

Coverage start date: 21/10/2019

Coverage end date: 20/10/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

#### About you (the Policyholder)

Name: Teo Boon Liang

NRIC/FIN: S1673269I

Address: 402 Tampines Street 41 Sun Plaza Green Singapore 520402

Email: sasjt@msn.com

Mobile Number : 93868083

Date of Birth: 30/12/1964

Gender : Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

#### About your car and policy

Car make and model: HYUNDAI I30 1.4

Year of first registration : 2019

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

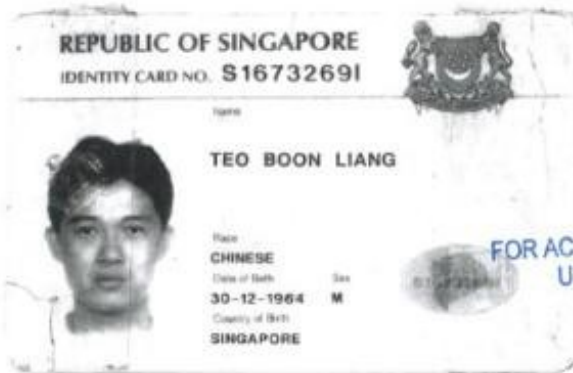
Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): S\$1,647.73

Finance company: HL Bank

## Driving License



HP - 93868083



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





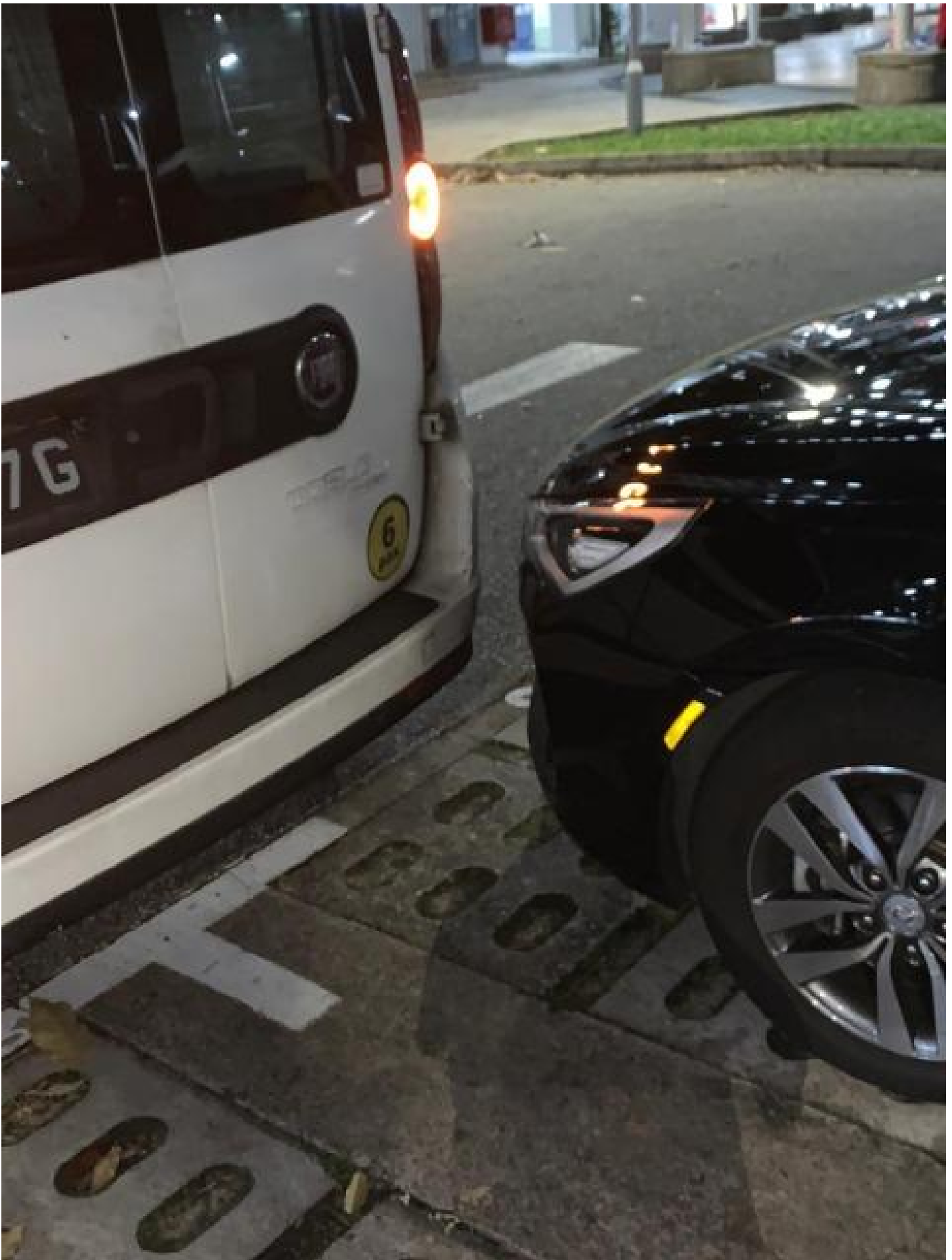
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