

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 02/02/2019 11:17
 Date Of Accident 25/01/2019 12:05
 Exact Location Of Accident NEW BRIDGE ROAD TURNING TO OG
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP4121G
Insured/Policyholder
 Name Of Registered Owner KHOO ANN BIAU, PATRICK
 NRIC No S6842382A
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96930930
 Alternative Phone No Home-96930930

Vehicle Particulars

Manufacturer HONDA
 Model VEZEL 1.5X A

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 REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company FWD SINGAPORE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number PNPV2018-00012280
 Cover Note Number

Driver

Name of Driver LOH CHOON YEN, SERINE
 NRIC No S7216546B
 Date Of Birth 11/05/1972
 Occupation INDOOR
 Date Of Driving Pass 08/01/1994

Driving Experience	25 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96930930
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	291A BUKIT BATOK ST 24 #03-61 SINGAPORE 650291
Postcode	
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

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	4
Passenger 1	Name: : SPOUSE Gender: : Male
Passenger 2	Name: : SISTER Gender: : Female
Passenger 3	Name: : SON Gender: : Male

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

SKA7103E

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)

Sketch Plan

CERTIFICATE OF INSURANCE

**Please call +65-6722-2027 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: PNPV2018-00012280 (Comprehensive - Executive Plan)

Car plate number: SLP4121G

Your name (As the policyholder): KHOO ANN BIAU PATRICK

Coverage start date: 04/11/2018

Coverage end date: 03/11/2019

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.

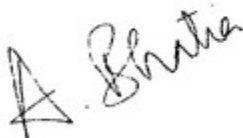
Important things to know:

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.

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

Issued on: 14/09/2018



Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

**Please immediately inform us at 645-5723-8888
or email us at contact.sp@fwd.com if any details
in this Certificate of Insurance need to be changed.**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7216546B



Name
LOH CHOON YEN, SERINE
(LUO CHUNYAN, SERINE)

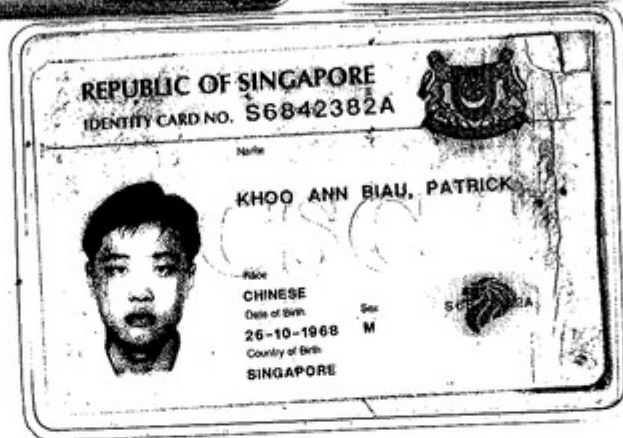
罗春燕

Race
CHINESE

Date of Birth
11-05-1972

Country of Birth
SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6842382A



Name
KHOO ANN BIAU, PATRICK

Race
CHINESE

Date of Birth
26-10-1968

Country of Birth
SINGAPORE

Sex
M



2602636

NRIC No. S7216546B



Blood Group Date of Issue
B+ 02-03-1996

APT BLK 291A BUKIT BATOK STREET 24 #03-61
SINGAPORE 650291

NRIC No. S7216546B

Date: 06/03/2010 No: 6478056



2601011

NRIC No. S6842382A



Blood Group Date of Issue
B+ 02-03-1996

APT BLK 291A BUKIT BATOK STREET 24 #03-61
SINGAPORE 650291

NRIC No. S6842382A

Date: 06/03/2010

No: 6478055

Diagram illustrating the layout of the accident scene on a grid background. The scene shows a road with three lanes. The left lane has an arrow pointing up. The middle lane has an arrow pointing up. The right lane has an arrow pointing up. A car labeled 'SKA 7/03E' is in the middle lane. A car labeled 'SLP 4121G' is in the right lane. A car labeled 'OG' is in the right lane. A car labeled 'OG' is in the right lane.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I have only noticed that there was a vehicle on my left trying to ~~be~~ squeeze into my right turning lane. I have not notice any impact during the incident.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature

~~Date & Time~~

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name: _____

Nric/Fin No.

SKETCH PLANIMPORTANT NOTICE

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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/IN No.:

Transfer Fee Enquiry

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Enquire Transfer Fee

Vehicle Details

Vehicle No.:	SLP4121G
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X A
Chassis No.:	RU11104011
Propellant:	Petrol
Engine No.:	L15B4024010
Engine Capacity:	1496 cc
Maximum Power Output:	96.0 kW (128 bhp)
Maximum Laden Weight:	1465 kg
Unladen Weight:	1190 kg
Year Of Manufacture:	2015
Original Registration Date:	04 Nov 2015
Lifespan Expiry Date:	-
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium:	\$57,301.00
COE Expiry Date:	03 Nov 2025
Road Tax Expiry Date:	03 May 2019
PARF Eligibility Expiry Date:	03 Nov 2025
Inspection Due Date:	03 Nov 2020
Intended Transfer Date:	04 Feb 2019
CO2 Emission:	117.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$10,000.00
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

The current road tax expiry is 03 May 2019. You may renew the road tax from 04 Feb 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 03 May 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 04 May 2019 to 03 Nov 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	341.00	-	341.00
Total Amount Payable:			366.00

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	682.00	-	682.00
Total Amount Payable:			707.00

You may print this page for reference.

OK

Print

Accident Photo



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