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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

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 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 aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	03/09/2020 13:43	
Date Of Accident	02/09/2020 14:30	
Exact Location Of Accident	AYE TWDS CITY	
Country/State of Loss	SINGAPORE	
D. D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH1495P	
Insured/Policyholder		
Name Of Registered Owner	LIM WEI MIN ROSEMARY	
NRIC No	SXXXX132Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96611289	
Alternative Phone No	OFFICE-96611289	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A3	
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	PNPV2017-00007888-02	
Cover Note Number		
Driver		
Name of Driver	LIM WEI MIN ROSEMARY	
NRIC No	SXXXX132Z	
Date Of Birth	18/12/1977	
Occupation	INDOOR	
Date Of Driving Pass	03/02/2016	
Driving Experience	4 YEARS AND 6 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-96611289	

OFFICE-96611289

NOEMAIL

Address 3 AMBER GARDENS #10-08

Postcode 439972

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 - HEAD TO REAR

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?

Was any other material or property damaged? YES

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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

1

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMQ3403H

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

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. 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 aforesald.
- 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.
- 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 .:

SKETCH PLAN A: SIH 1495P B: SMQ 3403H B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Щ:30 travellina slow down my vehicle A Suddenly Vehicle Amid portion rear DECLARATION I/We declare the foregoing particulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature Policyholder's Signature Date & Time: (If driver is not the policyholder) Name:

NRIC/FIN No .:

G ARM SteronPlankom VII

Date & Time:



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: PNPV2017-00007888-02 (Comprehensive - Classic Plan)

Car plate number: SLH1495P

Your name (As the policyholder): Lim Wei Min Rosemary

Coverage start date: 25/10/2019 Coverage end date: 24/10/2020

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: UOB Limited

Shrifte

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

Issued on: 14/10/2019

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.

Date of Accident	: 02.09.2020 Accident Time: 14:30 (24-HR-Format)		
Accident Place	: AYE Towards Gty		
Vehicle. No. (Car Plate No.)	: SLH 1495P Make/Model: Audi A3 Sedan 1.4		
Insurace Company	:FWDPolicy No: PNPV2017 -00007888-00		
Owner or Company Name /IC No.	: Lim Wei Min Rosemary (S7737132Z)		
Owner or Company Contact No.	: 9661 1289 Owner's Hp Company Tel		
DRIVER'S Name / IC No.	: As above .		
DRIVER'S Date Of Birth	: 18 Dec 1977 DRIVER'S License Pass Date 03 Feb 2016		
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Ouner		
DRIVER'S Address	: 3 Amber Gardens # 10-08 Singapore 439972		
DRIVER'S Contact No./ Alt No.	:1) 966/ 1289 2)		
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)		
Email Address			
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET		
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance		
Number of Passengers (Including D	Driver): Driver		
Was there any video Captured by control purpose for which vehicle was Any Injury (If YES, Pls state):	ar camera: YES VNO as being used at the time of accident: Private use \ Work purpose		
Other	Party Driver's Particular (if any)		
Vehicle, No: SMQ 3403H	(vehicle B). Vehicle. No:		
Vehicle Make\Model:	Vehicle Make\Model:		
Name Driver:	Name Driver:		
IC No. Driver/Contact: IC No. Driver/Contact:			
9			

* NEW - Passenger's name & gender:

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