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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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	08/09/2020 10:59
Date Of Accident	07/09/2020 10:30
Exact Location Of Accident	HENDERSON ROAD TOWARDS WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE
The second of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG1113K
Insured/Policyholder	
Name Of Registered Owner	JOSHUA FARUQ JAAFAR
NRIC No	SXXXX033C
Email Address	FARUQ_JOSHUA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97312344
Alternative Phone No	OTHERS-97312344
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO
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	PNPV2019-0005223-01
Cover Note Number	
Driver	
Name of Driver	JOSHUA FARUQ JAAFAR
NRIC No	SXXXX033C
Date Of Birth	16/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2001
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97312344
Fax Number	
Contact Number	OTHERS-97312344

FARUQ\_JOSHUA@YAHOO.COM,SG

Address

581A UPPER CHANGI ROAD

Postcode

486993

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

ambulance?

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

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)

1

**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

PLEASE REFER TO SKETCH PLAN AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

WITH OWNER

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLX4594H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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.
- 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>.
- 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.
- 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 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:
  - 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:
  - 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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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ESCRIBE CIR	CUMSTANCES (	OF THE ACCIDE	NT	

A= SMG1113K B= SLX4594H

Herderson Road towards West Coast Highway

Refer to attached
<u> </u>

# DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

On 07.09.2020 at about 10:30 hours along Henderson Road towards West Coast Highway. I was travelling straight on the lane 1 along the abovementioned location. Suddenly, vehicle (B) was coming out from the Slip Road of Telok Blangah Way without checking the traffic condition, I horned to alert unfortunately vehicle (B) did not realized and subsequently collided onto front left hand side portion of my vehicle (A).

Vehicle (A): SMG 1113K

Vehicle (B): SLX 4594H

Arb

an estor/2020

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 07/09/2020 Time: 10:30 (hh:mm) 24 hr format
Location Henderson Road towards West Coast Highway
- Inglitting
Vehicle Number SMG 1113K
Insured Name 'T   S T (
Insured Name Joshua Farug Jaafar
NRIC /FIN S 8013033 C Contact Number 9731 2344
Make Toyota Model Carolla Axia
Are you claiming under your own insurance policy for repair to your vehicle?
( ) Yes If No,Pls select: ( / ) Third Party ( ) Reporting
Insurance Company FWD
Type of Policy ( ✓ ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Policy Number PNPV 2019 - C0005223-01
Name of Driver (✓)Same as Insured
NRIC / FIN Contact Number
Date of Birth 16/04/1980 Contact Number
Driving Pass Date 18 /04 /2001
Occupation ( ) Indoor ( $\checkmark$ ) Outdoor
Gender ( / ) Male ( ) Female
(V) Totalio
(and some gantiers)
Address of Driver 581A Upper Changi Road Singapore 486993
W. 1.
Was driver an employee of the Insured's Company? ( ) Yes ( ) No If No, Relationship of the Driver with the Insured
( ( ) ( ) ( ) ( ) ( )
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No
If Yes , Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions ( ✓ ) Clear ( ) Raining ( ) Others
Road Surface ( / ) Dry ( ) Wet ( ) Others
Was any foreign vehicle involved in this accident? ( ) Yes ( ✓ ) No
Was anybody injured in the accident? ( ) Yes · ( ✓ ) No
If yes, injured detail
Was there any video captured by Car Camera? (✓) Yes ( ) No
Was the Accident reported to the Police? ( ) Yes ( ✓ ) No If yes attach police report
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact
Veh B SLX 4594 H
Veh C
Veh D
Veh E
Veh F



# CERTIFICATE OF INSURANCE

Please call 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: PNPV2019-00005223-01 (Comprehensive - Classic Plan)

Car plate number: SMG1113K

Your name (As the policyholder): Joshua Faruq Jaafar

Coverage start date: 02/05/2020 Coverage end date: 01/05/2021

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: Think One Credit Pte Ltd

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

issued on: 31/03/2020

Shring

Abhishek Bhatia

Chief Executive Officer FWD Singapore Pte Ltd Please immediately inform us at #65 6820-8888 or email us at contacting @fwd.com if any details in this Certificate of insurance need to be changed.