

## 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	24/08/2020 18:35
Date Of Accident	24/08/2020 15:10
Exact Location Of Accident	BUKIT BATOK WEST AVE 6 CAR PARK IN FRONT BLK 151
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML37C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG YONG CHOK
NRIC No	SXXXX761D
Email Address	ONLYONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90616339
Alternative Phone No	OFFICE-90616339
<b>Vehicle Particulars</b>	
Manufacturer	PORSCHE
Model	MACAN 2.0 A/T ABS D/AIRBAG AWD
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 CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2020-00002684
Cover Note Number	20/02/2020-19/02/2021

### Driver

Name of Driver	ONG YONG CHOK
NRIC No	SXXXX761D
Date Of Birth	27/02/1968
Occupation	INDOOR
Date Of Driving Pass	02/05/1989
Driving Experience	31 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90616339
Fax Number	
Contact Number	OFFICE-90616339
E Mail Address	ONLYONG@HOTMAIL.COM

Address	85 HILLVIEW AVENUE #01-03
Postcode	669587
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 ON COLLISION
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)	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

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE4580Y
Vehicle Make/Model/Colour	VOLKSWAGEN PASSAT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD HADI BIN JAINE
NRIC/Passport Number	SXXXX285E
Contact Number	97974234
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan Pg. 1

## 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:

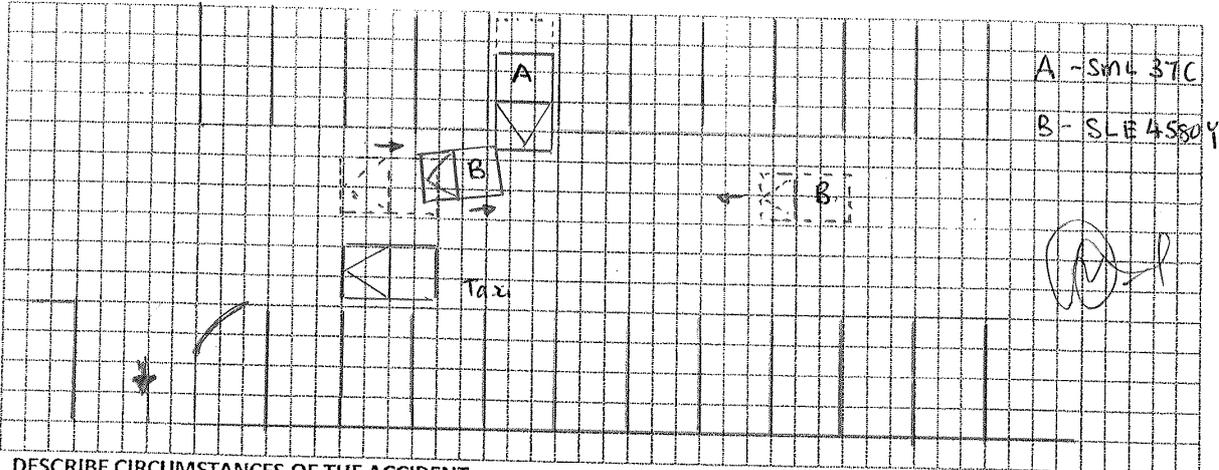
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name: Rakeswaran. Arumugam  
NRIC/FIN No.:

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the parking lot when I was about to leave when I move forward. As there was a taxi at the side, I was waiting for the road to clear. Vehicle B came by passing my car, and it stopped, and reverse and hit to my front bumper.

**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 <del>OD</del> / 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: Pabusan, Anom  
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: PNPV2020-00002684 (Comprehensive - Classic Plan)**

Car plate number: SMK4631R

Your name (As the policyholder): Ong Yong Chok

Coverage start date: 20/02/2020

Coverage end date: 19/02/2021

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: 19/02/2020



**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](mailto:contact.sg@fwd.com) if any details in this Certificate of Insurance need to be changed.



Identification Card & DL of Owner Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number: S6809761D

ONG YONG CHOK

NRIC Date: 27 Feb 1968

Issue Date: 17 Apr 2008

000396505A




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6809761D

Name: ONG YONG CHOK

Race: 王龍足

CHINESE

Date of Birth: 27-02-1968

Sex: F

Country of Birth: SINGAPORE





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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 May 1989

NP 428A

Licence No: S6809761D



1844665

NRIC No: S6809761D

Blood Group: AB+

Date of issue: 31-03-1994

86 HILLVIEW AVENUE #01-03

SINGAPORE 669587

NRIC No: S6809761D

Date: 28/02/2008

No: 5956335




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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