





## 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             | 19/10/2020 16:50          |
| Date Of Accident           | 18/10/2020 21:20          |
| Exact Location Of Accident | LENTOR AVE TWDS AMK AVE 6 |
| Country/State of Loss      | SINGAPORE                 |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLU847X              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | SURAYA BINTE SELAMAT |
| NRIC No                     | SXXXX237H            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-93277988 |
| Alternative Phone No        | OFFICE-93277988      |

### Vehicle Particulars

|                                                                              |                  |
|------------------------------------------------------------------------------|------------------|
| Manufacturer                                                                 | MERCEDES-BENZ    |
| Model                                                                        | C 200 KOMPRESSOR |
| 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             | PNPV2020-00004007       |
| Cover Note Number         |                         |

### Driver

|                      |                                  |
|----------------------|----------------------------------|
| Name of Driver       | MOHAMMAD SUFIAN BIN ABDUL RASHID |
| NRIC No              | SXXXX438J                        |
| Date Of Birth        | 27/02/1993                       |
| Occupation           | OUTDOOR                          |
| Date Of Driving Pass | 11/06/2019                       |
| Driving Experience   | 1 YEAR AND 4 MONTHS              |
| Gender               | MALE                             |
| Mobile Number        | (LOCAL) +65-86848341             |
| Fax Number           |                                  |
| Contact Number       | OFFICE-86848341                  |
| Email Address        | NOEMAIL                          |

|                                                     |                                        |
|-----------------------------------------------------|----------------------------------------|
| Address                                             | BLK 780 PASIR RIS STREET 71<br>#02-576 |
| Postcode                                            | 510780                                 |
| Was driver an employee of the Insured's Company     | NO                                     |
| If No, Relationship of the Driver with the Insured  | CHILDREN                               |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                            |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                            |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN 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                         | 3                                                     |
| 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. | NO                                                    |
| Number of Passengers (Including Driver)                                                     | 2                                                     |
| Passenger 1                                                                                 | NAME: : MUHD HAZIQ BIN MOHAD HISHAM<br>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 STATEMENT.

#### 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 | SGJ4949B    |
| Vehicle Make/Model/Colour   | HYUNDAI     |
| 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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SJE9075E    |
| Vehicle Make/Model/Colour           | SUBARU      |
| 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 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:
  - (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:

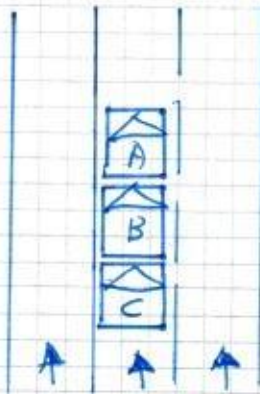
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Vehicle A: SLU847X

Vehicle B: SGJ4949B

Vehicle C: SSE9075E



Lentor Ave feds Amk Ave 6

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time. I, Vehicle A was travelling straight on the stated venue. When the front vehicle jammed brake I followed suit without having any collision with the front vehicle. Suddenly I felt a huge impact from the rear portion of my stationary vehicle. After I awoke I then realise that is vehicle B that had collided onto my vehicle. I wish to state that this is a 3 cars chain collision.

## 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  
Name:  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 10 / 2020 (DD/MM/YYYY), TIME: 21 : 20 (HH:MM)

LOCATION: Lentor Ave tmds Ang Mo Kio Ave 6

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU847X  
b) INSURANCE COMPANY: FWD  
c) POLICY NUMBER: PNPV2020-00004007  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Mercedes C200 Kompressor  
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- A) NAME: Suraya Binte Selamat (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1612237H CONTACT: 93877988  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Mohammad sufian Bin Abdul Rashid (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9306438J CONTACT: 86848341  
c) ADDRESS: Bik 780 Pasir Ris Street 71 #02-576

\*d) DATE OF BIRTH: (12 / 03 / 2008) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS  
b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGJ4949B MODEL: Hyundai  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJE9075E MODEL: Subaru  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = ric060autoservices@gmail.com

Fax = 6286 7060



## YOUR EXECUTIVE CAR INSURANCE SUMMARY

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 or the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER** : **PNPV2020-00004007**

### About this policy

|                                    |                                 |                     |              |
|------------------------------------|---------------------------------|---------------------|--------------|
| Premium paid<br>(Inclusive of GST) | : S\$1,024.86                   | Coverage start date | : 20/03/2020 |
|                                    |                                 | Coverage end date   | : 19/03/2021 |
| Who is insured to drive:           | : You and any Authorised Driver |                     |              |
| Policy Type                        | : EXECUTIVE                     |                     |              |

### About you (As the policyholder)

|                             |                                                   |                      |              |
|-----------------------------|---------------------------------------------------|----------------------|--------------|
| Your name                   | : Suraya Binte Selamat                            |                      |              |
| Address                     | : 780 Pasir Ris Street 71 02-576 Singapore 510780 |                      |              |
| Email                       | : headwind1908@hotmail.com                        |                      |              |
| NRIC/FIN                    | : S1612237H                                       | Date of birth        | : 19/08/1963 |
| Marital status              | : Married                                         | Gender               | : Female     |
| Current no claims discount  | : 50%                                             | Mobile Number        | : 93277988   |
| Years of driving experience | : Three or more                                   | Certificate of merit | : Yes        |

### About your car

|                            |                                 |
|----------------------------|---------------------------------|
| Car make and model         | : MERCEDES BENZ C200 KOMPRESSOR |
| Year of first registration | : 2010                          |
| Car plate number           | : SLU847X                       |
| Issued on:                 | : 20/03/2020                    |

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions  
and exclusions of this policy.

Please immediately inform us at **+65-6820-8888**  
or email us to **contact.sg@fwd.com** if any details in  
this Car Insurance Summary need to be changed.