

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	09/11/2020 17:02
Date Of Accident	07/11/2020 12:00
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV2288Y
Insured/Policyholder	
Name Of Registered Owner	LIU CHIN YEOW
NRIC No	SXXXX923D
Email Address	DANIELLIU2288@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94552288
Alternative Phone No	OTHERS-94552288

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	PNPV2018-00012431-01
Cover Note Number	

Driver

Name of Driver	LIU CHIN YEOW
NRIC No	SXXXX923D
Date Of Birth	26/01/1965
Occupation	INDOOR
Date Of Driving Pass	27/09/1983
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94552288
Fax Number	
Contact Number	OTHERS-94552288

Address	39D WEST COAST PARK #08-12
Postcode	127715
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	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?	YES
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: : LIU FUNG PHING GENDER: : FEMALE
Passenger 2	NAME: : JONG MIAW KIAN GENDER: : FEMALE
Passenger 3	NAME: : ALICIA JONG XIN YI GENDER: : FEMALE

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

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	SMU2376M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKA3535T
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)

DETAILS OF INJURED PERSON 1

Name LIU CHIN YEOW
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SCV2288Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

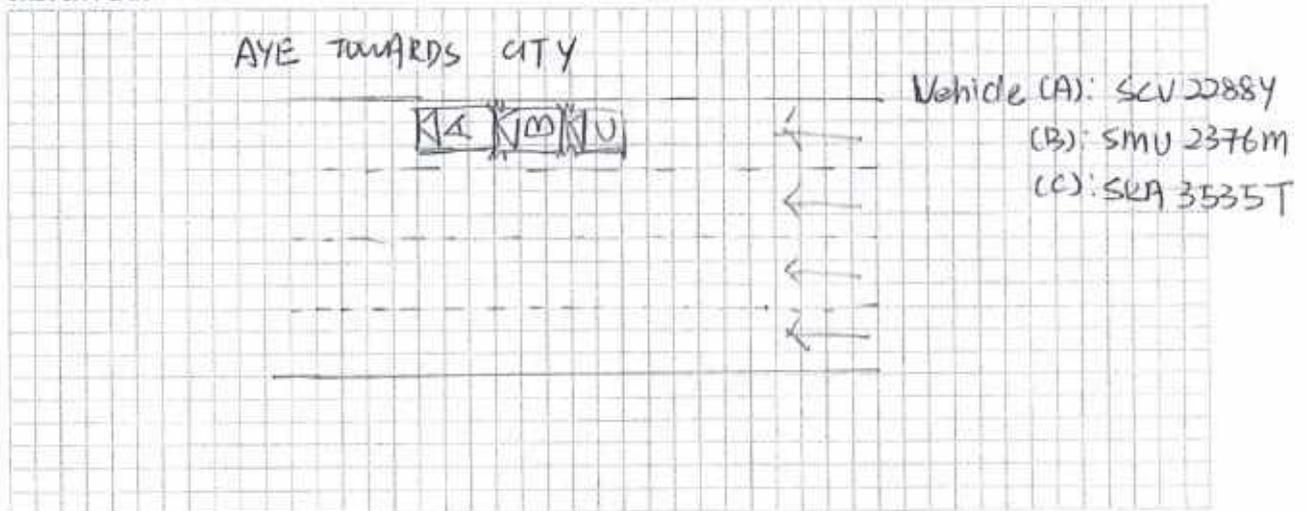
Name ALICIA JONG XIN YI
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SCV2288Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name LIU FUNG PHING
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? SCV2288Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Name	JONG MIAW KIAN
Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SCV2288Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

94 lane Road.

I was travelling along AYE Towards City on the first lane on weather was raining, traffic was heavy. The vehicle in front slowed down and stopped. Noticing that, I also slowed down and came to a complete stop. Suddenly, I felt a great impact from the rear. After the accident I alighted and realized it was a chain collision involved 3 vehicles. I was the first vehicle from the front.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 07/11/2020	TIME: 1200HRS	(hh:mm) 24 hrs Format	
LOCATION: AYE TOWARDS CITY			
VEHICLE NUMBER: SCV 2288Y			
INSURED NAME: LIU CHIN YEOW			
NRIC / FIN: S1708923D	CONTACT: 9455 2288		
MAKE: TOYOTA	MODEL: WISH		
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only			
INSURANCE COMPANY: FWD			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: PNPV 2018 - 00012431 - 01			
NAME DRIVER:		(<input checked="" type="checkbox"/>) SAME AS INSURED	
NRIC / FIN:	CONTACT:		
DATE OF BIRTH: 26-01-1965			
DRIVING PASS DATE: 27-09-1983			
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS: janielliu2288@gmail.com	() NO EMAIL		
ADDRESS OF DRIVER: 39D WEST COAST PARK #08-12 SINGAPORE 127715			
Number Of Passenger Include Driver: DRIVER WITH 3 PASSENGER			
LIU FUNG PHING (F)			
JONG MIAW KIAN (F)			
ALICIA JONG XIN YI (F)			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO			
If No, Relationship Of The Driver With The Insured			
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () Yes (<input checked="" type="checkbox"/>) No			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: () Clear (<input checked="" type="checkbox"/>) Raining () Drizzling () Other			
Road Surface : () Dry (<input checked="" type="checkbox"/>) Wet () Other			
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO			
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO			
If YES, Injured details: LIU CHIN YEOW (M) (BODY) , ALICIA JONG XIN YI (F)			
JONG MIAW KIAN (F) (BODY)			
LIU FUNG PHING (F) (BODY)			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO			
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name/NRIC	No.of Paxs (incl'driver)	Contact
Veh B SMU 2376M		() / Not Sure ()	
Veh C SKA3535T		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	



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: PNPV2018-00012431-01 (Comprehensive - Prestige Plan)

Car plate number: SCV2288Y

Your name (As the policyholder): LIU CHIN YEOW

Coverage start date: 28/11/2019

Coverage end date: 27/11/2020

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.

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

Issued on: 11/11/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-9838
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.