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	Assessment/Survey Report	
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Owner / Drivers (Tel:	·
Polley No: ()	Period: () Cover Type: (Times	
Confirmed by i (. Dates	P: 80-100%]
Insured/Driver Liability: (%)) [Note-Est Status (WO): N: 0-20%; P: 21-79%.	
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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 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.
- 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	10/11/2020 15:36						
Date Of Accident	09/11/2020 12:50						
Exact Location Of Accident	ALONG JURONG WEST AVENUE 2						
Country/State of Loss	SINGAPORE						
V. Telephine (III. V) - In the Control of the Contr	ETAILS OF OWN VEHICLE						
Vehicle Registration Number	SMQ2986Z						
Insured/Policyholder							
Name Of Registered Owner	TAY SIOW HUI						
NRIC No	SXXXX199D						
Email Address	YELLOWSYZ@YAHOO.COM.SG						
Mobile Phone No	(LOCAL) +65-96712397						
Alternative Phone No	OFFICE-96712397						
Vehicle Particulars							
Manufacturer	AUDI						
Model	TT-2.0 COUPE (A)						
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	PNPV2019-00015468						
Cover Note Number							
Driver							
Name of Driver	TAY SIOW HUI						
NRIC No	SXXXX199D						

 Name of Driver
 TAY SIOW HU

 NRIC No
 SXXXX199D

 Date Of Birth
 29/08/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 31/03/2010

Driving Experience 10 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96712397

Fax Number

Contact Number OFFICE-06712307

Address

BLK 308 JURONG EAST STREET 32

#06-248

Postcode

600308

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

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?

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)

NO

soliciting/offering accident claims assistance.

1

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC4937R

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No Of Dassages (Instinting Deline)

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts wom?

Was this injured conveyed to hospital by ambulance?

Address Postcode TAY SIOW HUI

SLIGHT INJURY

SMQ2986Z

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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, involces, 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Perspinel's Signature

Name:

NRIC/FIN No.:

Jurong Was	+ Ave 2	Vehide B (PC 4937 R)
	I A B	
	71718	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

stated location on the lanel. As infront had a Construction so I slowed down to waiting for lane I traffic to be cleared. Out of Suddenly, I felt a huge impact on the rear portion of my vehicle. I realised vehicle B (PC4937R) collided onto the rear portion of my vehicle causing domages.	bn	the	Stated	de	ate	k tim	e, I,	vehicle	A(Smg 29	867)	Wa	s trav			a stop
of my vehicle. I realised vehicle B (PC4937R) collided onto the rear portion of my	tated	locati	on or	the.	lane	1. As	infron	t had	a (onstruction	2 00	o I	Slower			
	or lane	2 4	raffic	40	be o	leared	, out o	4 Sudde	nly	, 工 和	a V	nuge	impact	on the	2 (0)	ar portion
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	whick	caus	may de	amag.	es.											
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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.:

NRIC/FIN No .:

Tunh

Date of Accident	: 09 11 2020 Accident Time: 12 50 kms (24-HR-FORMAT)
Accident Place	: Jurang West Ave 2
Vehicle Reg. No (Car plate No.)	: Sm & 2986 Z Vehicle Make/Model: Audi TT
Insurance Company	: FWD Policy No. PNN2019 - 00015468
Name of Registered Owner	: Company / Individual Tay Siow Hui
ID of Registered Owner	: Co Reg No: Owner's NRIC No: S&6341990
	: Co Contact No: Owner's Contact No: 96712397
DRIVER'S Name	: Tay Siew Hui DRIVER'S NRIC No: 58624199D
DRIVER'S Date of Birth	: 29 Aug 1986 DRIVER'S License Pass Date 31 mar 2010
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: owner
DRIVER'S Address	: Blk 308 Jurong East stroot 3 > # 66-248 Singapore 600308
DRIVER'S Contact No./ Alt No.	01711107
DRIVER'S Occupation	: INOOOR (OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: yellowsyz @ yahoo.com.sg
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Was the accident reported to the Was there any video Captured by	Driver): 01 Passenger Name: - Gender: M/F police? YES \ NO Passenger Name: - Gender: M/F car camera; YBS \ NO Any Injuries: YES \ NO Injured Name: Tou Sies Hin
Exact purpose for which vehicle	was being used at the time of accident: Private use \ Work purpose
	Other Party Driver's Particulars (if anv)
Vehicle Reg No: PC 4937	Vehicle Rag No:
Vehicle MakelModel:ToyotA	
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
2 19	Other Party Driver's Particulars (if any)
Vehicle Reg No:	Vehicle Reg No:
Vehicle MakelModel:	Vahicle Make/Model:
Name DRIVER	
IC No. DRIVER	IC No. DRIVER
DRIVER'S Contact & add	DRIVER'S Contact & wid



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: PNPV2019-00015468 (Comprehensive - Classic Plan)

Car plate number: SMQ2986Z

Your name (As the policyholder): Tay Siow Hui

Coverage start date: 17/09/2019 Coverage end date: 04/02/2021

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: 08/07/2020

Khor Kee Eng

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.