#### 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.
- $5. \ \underline{\text{Any false reporting may be referred to the Police for investigation.}}$
- 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	14/09/2020 09:18
Date Of Accident	12/09/2020 16:55
Exact Location Of Accident	BKE > WOODLAND (AROUND 8KM MARK)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG3248R
Insured/Policyholder	
Name Of Registered Owner	NEO GUAN HOE ROLAND
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00003614-01
Cover Note Number	23/02/2020-22/02/2021
Driver	
Name of Driver	NEO GUAN HOE ROLAND
NRIC No	S1689498B
Address	BLK 307 JURONG EAST ST 32 #11-224
General Information of the Accident	
Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Other Information	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	4
Circumstances of Accident	
REFER TO THE 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

Vehicle Make/Model/Colour MAZDA 5

Name of Driver SHUNJI HIROSHIMA

Insurance Company Name

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number GBH9882X
Vehicle Make/Model/Colour HYUNDAI VAN

Name of Driver MUHAMMAD LUQMANUL HAKIM BIN ZOLKEPILE

Insurance Company Name

**DETAILS OF OTHER VEHICLE PROPERTY 3** 

Vehicle Registration Number SKK4333A

Vehicle Make/Model/Colour SUZUKI GRAND VITARA

Name of Driver GOH SU CHEN

Insurance Company Name

**DETAILS OF INJURED PERSON 1** 

Name PASSENGER OF SLB3011X (YOUNG GIRL)

Injured person in which vehicle? SLB3011X

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 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)
  - (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")
- 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
- 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.
- 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.
- 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.

Date & Time: 1 4 SEP 2020

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: Rokesworden.

NRIC/FIN No.:

GIARMIC SkerchPlanForm V3

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SKETCH PLAN	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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DWARDS THE CLUB AND AND STHES. I U	NAS TRAVELLING ALONG BKE
TOWARDS TURF CLUB AVE. NEAR 8 km m	ARE IN MN MERCEDES (SK632481
ON LANE 3. THE CAR IN FRONT OF ME	= WHICH IS A SVZUKI (SKK)333
SUDDENLY CAME TO A STOP AND THUS I	ALSO BLAKE AND STOPPED.
TOWARLE THE TAR PRINT	
FRONT COLLEGE BEHIND ME WHICH I	S A MAZDA & (SLB 3011X)
FRONT COLLIDED WITH MY REAR AND FRONT COLLIDED WITH SIX SHEW	AS A RESULT, MY VEHICLE
THE REAR OF MY VEHICLE SUSTAIN DR	ENT AND FRANT BONNET
TO DEN RO.	
The property of the second sec	
portant:	- Reporting Only
u have been advised by the workshop that in the event that you wish to im against your own policy (OD CLAIM), There is a FOURTEEN (14)	- Claim OD
	- Claim OD
YS CLAUSE WHEREBY MUST BE MADE within the climitate of the	Claim TD
YS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame in the day of the occurrence.	- Claim TP - Claim OD/TP at other workshop

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

Policyholder's signature

Date & Time 14 SEP 2020

8.25AM

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name: Ruleswaran. Hound 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: PNPV2019-00003614-01 (Comprehensive - Executive Plan)

Car plate number: SKG3248R

Your name (As the policyholder): NEO GUAN HOE ROLAND

Coverage start date: 23/02/2020 Coverage end date: 22/02/2021

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.

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

Issued on: 05/02/2020

Khiris

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 if any details in this Certificate of Insurance need to be changed.





1 of 3

Report No. T/20200912/2099

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No. Date/Time Report Made: 116 L/20200912/0161 12/09/2020 22:12 Informant's Particulars Address: Name of Informant: APT BLK 307 JURONG EAST STREET 32 #11-224 NEO GUAN HOE ROLAND SINGAPORE 600307 Contact No.: ID Type / ID No .: Mobile: 94558480 Home/Office: NRIC NO / \$1689498B Email: Nationality: SINGAPORE CITIZEN Date of Birth: Type of Informant: Sex: Age: 55 04/05/1965 Driver Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Class: 3 Date of Expiry: DIRECTOR

Type of Accident:	nation of the Accident Injury Conveyed By Ambul	Drink Drive: No	Date/Time of Accident: 12/09/2020 16:	Straight F	Type of Location: Straight Road	
Location: BUKIT TIMAL Weather:	H EXPRESSWAY	Road Surface:		Road Speed Li	mit:	
Drizzling		Wet				
LINEANING		Traffic Control: Not Controlled		1 00 - 1 / - 1		
Traffic Flow: One Way		(A)		Traffic Volume Moderate		

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBH9582X	Van	HYUNDAI			Slightly Damaged	3
SKG3248R	Car	MERCEDES BENZ	C 180 BLUEEFFICI ENCY	White	Seriously Damaged	3
SKK4333A	Car	SUZUKI		A CONTRACTOR OF THE PROPERTY O	Slightly Damaged	1
SLB3011X	Car	MAZDA			Seriously Damaged	2





2 of 3 Report No. T/20200912/2099

Police Station Of Origin: Jurong East N.P.C

92 Boon Lay Way SINGAPORE 609962

Tel No: 1800-8999999

CONTINUATION OF REPORT

Insurance No	Effective	Expiry Date
PNPV2019-	23/02/2020	22/02/2021
	Carried Control of the Control of th	PNPV2019- 23/02/2020

Details of Perso	n involved					
Any Padestrian Ir	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	NEO GUAN HOE ROLAND			ID No		S1689498B
Related Vehicle	NIL.			Contact No. 9		94558480
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry; NIL
Date Treatment	NIL. Date D			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	of Injury NIL		

#### Brief Details.

On the 12/09/2020 at about 1655hrs, I was travelling along BKE towards Turf Club Ave near 8km mark in my Mercedes (SKG3248R) on lane 3. The car in front of me which is a Suzuki (SKK4333A) suddenly came to a stopped and thus I also braked and stopped.

However, the car behind me which is a Mazda 5 (SLB3011X) front collided with my rear and as a result, my vehicle front collided with the Suzuki. Because of the collision, the rear of my whole vehicle sustained dent and the front bonnet also became dented. The Mazda 5 sustained dent on both the front and back. The Suzuki rear sustained some dent, The Suzuki driver told me that he braked as some vehicle which

There was a ICA van (GBH9882X) which was behind the Mazda 5 and from what I could see, the front bonnet sustained some dents also. Some personnel from the ICA van then contacted TP and called for ambulance. Subsequently, the TP came and gather our particulars and the Suzuki driver then went off while me and the Mazada 5 and the ICA van then shifted towards Turf Club Ave. There was a young girl in the Mazda 5 which was conveyed to hospital by ambulance however I am unsure what injuries she sustained.

After all the processes, I then went off. I do not have any in-car cam footage available in my vehicle. I did not sustained any injuries. I do not know if any other people sustained injuries as a result of the accident.





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 3 of 3 Report No. T/20200912/2099

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 2 TAN WEE JIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/09/2020 22:12
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NG BEIFENG Contact No.: 65476415	Classification Of Case:
Authentication Stamp / Mc	

























