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Confirmed by : (Dates	Time:)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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. 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 aforecald.

aforesaid.	
AND IN COURT OF STREET	ACCIDENT STATEMENT
Date Of Report	24/11/2020 15:44
Date Of Accident	24/11/2020 11:05
Exact Location Of Accident	YIO CHU KANG RD TWDS SERANGOON NORTH AVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP6649L
Insured/Policyholder	
Name Of Registered Owner	LIM TECK GEE
NRIC No	SXXXX886G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94508258
Alternative Phone No	OFFICE-94508258
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00001249-01
Cover Note Number	
Driver	
Name of Driver	LIM TECK GEE
NRIC No	SXXXX886G
Date Of Birth	17/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1994
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94508258
Fax Number	
Contact Number	OFFICE-94508258

NOEMAIL

4 TAMPINES ST 73 #12-03 Address

528824 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJH5207C

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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIM TECK GEE

BODY

SJP6649L

YES

NO

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.
- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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 insurers) 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, 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:
 - 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

	A-) \$3P 8649 L
	8:) SJH 5207C
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:



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: PNCV2019-00001249-01

Car plate number

: SJP6649L

Coverage start date: 01/10/2020

Coverage end date: 30/09/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Lim Teck Gee

NRIC/FIN: \$7219886G

Address: 10 Tampines Industrial Avenue 5 12-03 Singapore 528824

Email: Desmondlim2012@yahoo.com.sg

Mobile Number: 94508258

Date of Birth: 17/06/1972

Gender: Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

About your car and policy

Car make and model: MERCEDES BENZ E200 NGT

Year of first registration: 2009

Plan type: Comprehensive

Standard Excess: \$\$5,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): \$\$1,495.08

Accident Place No. (Car Plate No.) SJP 6649 L Make/Model: Melledes EDD	Data of Assidant	:
Vehicle, No. (Car Plate No.) Insurace Company	Date of Accident	
Insurace Company : FWD Policy No: PNCV 1019 - 0000 1249 Owner or Company Name /IC No. : 450 8258 Owner's Hp Company 7 Owner or Company Contact No. : 450 8258 Owner's Hp Company 7 DRIVER'S Name / IC No. : 450 8000 Owner's Hp Company 7 DRIVER'S Date Of Birth Plant Party DRIVER'S License Pass Date 65 64 199 Relationship of Owner & Driver Spouse Parents Children Sibling Employee Others: 0MAR DRIVER'S Address Pass Date 65 64 199 DRIVER'S Contact No / Alt No. :1) 2) DRIVER'S Contact No / Alt No. :1) 2) DRIVER'S Coccupation INDOOR OUTDOOR (e.g. working inside or outside office) Email Address desmandlim 1012	Accident Place	: 110 Chu Rang Road lowards Serangoon North Avenue
Owner or Company Name /IC No. Secondary Company Contact No. 1950 8158 Owner's Hp Company To the company Contact No. 1950 8158 Owner's Hp Company To the company To the company Contact No. 1950 1950 Oriver's License Pass Date 1950 1950 Oriver's License Pass Date 1950 1950 Oriver's Address Spouse Parents Children Sibling Employee Others: 0 Wing Driver's Address 1950 1	Vehicle. No. (Car Plate No.)	: SJP 6649 L Make/Model: Melcedes E200
Owner or Company Contact No. : 9450 8158 Owner's Hp Company To DRIVER'S Name / IC No. : 08 allows. DRIVER'S Date Of Birth : 17.66. 1972 DRIVER'S License Pass Date 65.67. 199 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0	Insurace Company	:_ FWD . Policy No: PN(V)019-0000 1249-01.
DRIVER'S Name / IC No. DRIVER'S Date Of Birth Relationship of Owner & Driver DRIVER'S Address DRIVER'S Contact No / Alt No. INDOOR \ OUTDOOR(e.g. working inside or outside office) Email Address Weather & Road Surface CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET Reporting Type Reporting Type Reporting Only \ Claim Other Party \ Claim Own Insurance Number of Passengers (Including Driver): Was there any video Captured by car camera(YES) NO Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Any Injury (If YES, Pls state): Other Party Driver's Particular (If any) Vehicle No: Vehicle Make\Model: Vehicle Make\Model: Vehicle Make\Model: Vehicle Make\Model:	Owner or Company Name /IC No.	: Lim Teck Gee (S7219886G).
DRIVER'S Date Of Birth	Owner or Company Contact No.	: 9450 8158 · Owner's Hp Company Tel
Relationship of Owner & Driver DRIVER'S Address : \(\) \(DRIVER'S Name / IC No.	: as above .
DRIVER'S Contact No. Alt No. :1) 2) DRIVER'S Contact No. Alt No. :1) 2) DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office) Email Address :	DRIVER'S Date Of Birth	: 17.06. 1971 DRIVER'S License Pass Date 05.07.1994
DRIVER'S Contact No / Alt No. :1)	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 0\\nog \
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office) Email Address : desmand in 2012 O yahoo, com. So Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance Number of Passengers (Including Driver): Nivel Was there any video Captured by car camera YES NO Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Any Injury (If YES, Pls state): es Other Party Driver's Particular (if any) Vehicle No: SJH 5207C Vehicle No: Vehicle Make\Model: Vehicle Make\Model:	DRIVER'S Address	: 4 Tampines Street 73 #12-03 Singapore 528824
Email Address	DRIVER'S Contact No./ Alt No.	:1)
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance Number of Passengers (Including Driver):	DRIVER'S Occupation	: INDOOR \ QUTDOOR (e.g. working inside or outside office)
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance Number of Passengers (Including Driver):	Email Address	: desmandlim 2012 O yahoo. com. sq
Number of Passengers (Including Driver):	Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Was there any video Captured by car camera YES NO Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Any Injury (If YES, Pls state): eS Other Party Driver's Particular (if any) Vehicle. No: Vehicle. No: Vehicle Make Model: Veh	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Any Injury (If YES, Pls state):	Number of Passengers (Including D	Driver): DiiYer .
Vehicle. No: SJH 5207C Vehicle. No: Vehicle. No: Vehicle Make\Model: Vehicle Make\Model:	Exact purpose for which vehicle wa	is being used at the time of accident: Private use (Work purpose)
Vehicle Make\Model:	Other 1	Party Driver's Particular (if any)
ASSESSMENT OF THE PROPERTY OF	Vehicle, No: SJH 52070	Vehicle, No:
Name Driver: Name Driver:	Vehicle Make\Model:	Vehicle Make\Model:
	Name Driver:	Name Driver:
IC No. Driver/Contact: IC No. Driver/Contact:	IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender: