

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 Submission	26/02/2021 15:18 (SGT)
Date of Accident	25/02/2021 16:30 (SGT)
Exact Location of Accident	1 Woodlands Square, Singapore 738099
Additional Location Information	CAUSEWAY POINT CARPARK ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8950G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BRYAN TEO HEE MENG
NRIC No	SXXXX823A
Email Address	Selphk38@gmail.com
Mobile Phone No	(Phone) +65-97600180
Alternative Phone No	+65-97600180

VEHICLE PARTICULARS

Manufacturer	Kia
Model	KIA / FORTE K3
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2018-00010490-02
Cover Note Number	-

DRIVER

Name of Driver	BRYAN TEO HEE MENG
NRIC No	SXXXX823A
Date Of Birth	30/11/1976
Occupation	Indoor

Date Of Driving Pass	23/12/1997
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97600180
Alt. Phone Number	+65-97600180
Email Address	Selphk38@gmail.com
Address	15A WOODLANDS AVE 6
Address complement	#05-15
Postcode	738996
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BETH
Gender	Female

PASSENGER 2

Name	BRAYDEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4590G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

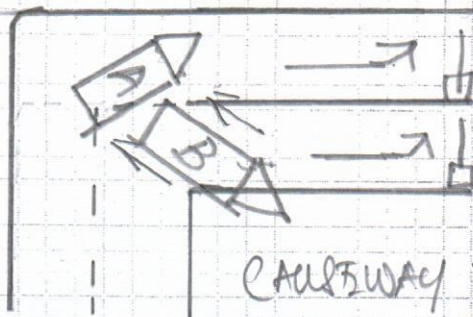
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 26/02/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A. SLT 8950G

B. GIBF 4590G

CAUSEWAY POINT CAR PARK ENTRANCE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS GOING TO CAR PARK ENTRANCE SUDDENLY VEH B REVERSED AND HIT ONTO MY RH REAR PORTION.

DECLARATION

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

Bryan
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Sym 26/02/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: SLT 8950G MAKE/MODEL: KIA

DATE OF ACCIDENT 25/02/2021 TIME 16 HR 30 MIN AM/ PM

LOCATION OF ACCIDENT CAUSEWAY POINT. CAR PARK ENTRANCE

EXACT PURPOSE USE DURING ACCIDENT GOING OUT.

CAR OWNER

NAME OF CAR OWNER BRYAN TEO HEE WEN

CONTACT NO 97600180

NRIC S7637823A

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY FWD

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO _____

ACCIDENT DRIVER ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER As Above

NRIC S7637823A NO OF PASSENGER/S 2 BETH (F)

DATE OF BIRTH 30-11-1996 PERAYDEAN (M)

OCCUPATION _____ ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 23/12/1997

GENDER ☒ MALE ☐ FEMALE

CONTACT NO 97600180

ADDRESS 15A WOODLANDS AVE 6 #05-15 (S) 738996

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: OWNER.

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT ☒ NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE ☒ NO/ ☐ YES

3RD PARTY INFO

VEHICLE B NO 98F4590G NO OF PASSENGER/S ☐

NAME NATARAJAN SIVANBARASAKI 98304567 T

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S ☐

VEHICLE D NO _____ NO OF PASSENGER/S ☐

VEHICLE E NO _____ NO OF PASSENGER/S ☐

VEHICLE F NO _____ NO OF PASSENGER/S ☐

ANY WITNESS _____

WITNESS CONTACT 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: PNPV2018-00010490-02 (Comprehensive - Executive Plan)

Car plate number: SLF8950G

Your name (As the policyholder): Bryan Teo Hee Meng

Coverage start date: 15/09/2020

Coverage end date: 14/09/2021

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:MSIG

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

Issued on: 16/07/2020

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.