

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 | 16/08/2021 12:11 (SGT) |
| Date of Accident | 14/08/2021 12:06 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | TOWARDS AYE (ANG MO KIO AVENUE 1 FLYOVER) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMD9661H |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | TAI YEK SUAN |
| NRIC No | SXXXX989E |
| Email Address | a3669j@gmail.com |
| Mobile Phone No | (Phone) +65-93805419 |
| Alternative Phone No | +65-93805419 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Vios |
| 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 hire |
| Transmission | Auto |
| CC | 1497 |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | PNCV2019-00001063-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | TAI YEK SUAN |
| NRIC No | SXXXX989E |

| | |
|--|---------------------------------|
| Date Of Birth | 31/07/1967 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/05/2001 |
| Driving experience | 20 YEARS AND 3 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-93805419 |
| Alt. Phone Number | +65-93805419 |
| Email Address | a3669j@gmail.com |
| Address | BLK 766 YISHUN AVENUE 3 #07-291 |
| Address complement | - |
| Postcode | 760766 |
| 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 | Collision - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Female |

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

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 | SJW380M |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Estima |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|--------|
| Name of Driver | ALBERD |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

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

I understand, acknowledge, agree and consent that:

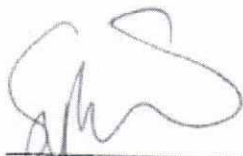
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Policyholder's Signature / Date & Time

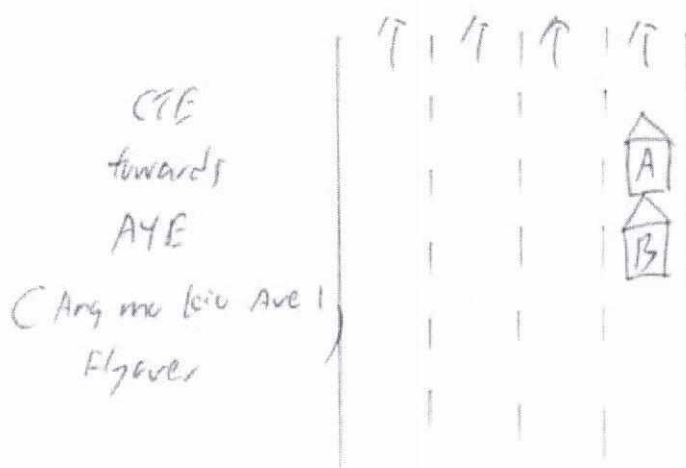


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

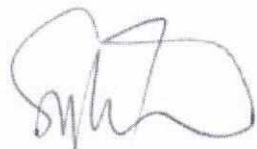


A - SMD 9661 H1
 B - SJW 380 M

On the stated date and time, I was travelling on the extreme right lane along CTE towards AYF. Due to the front traffic ahead I slowed down and stopped, and stationary. Suddenly I felt a great impact from the rear of my vehicle A. It was vehicle B failed to stop on time, causing the collision and damages to the rear portion of my vehicle A. After the impact, I felt unwell and might consult doctor later.

Declaration

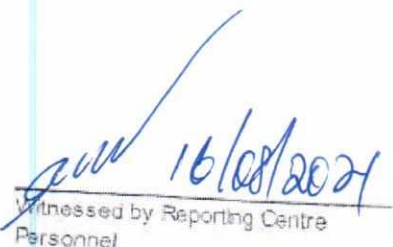
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



16/08/2024
Witnessed by Reporting Centre Personnel

PRIVATE HIRE

Date of Accident : 14.08.2021 Accident Time: 12 06 (24-HR-Format)
Accident Place : C76 towards AYE (AMK Ave 1 Flyover)
Vehicle No. (Car Plate No.) : SMD 9661 H Make/Model: Toyota VIOS
Insurance Company : FWD Policy No: PNCV 2019-10001063
Owner or Company Name / IC No. : TAI YEL SWAN 52616989E
Owner or Company Contact No. : 93805419 Owner's Hp _____ Company Tel _____
DRIVER'S Name/IC No. : Same as owner
DRIVER'S Date of Birth : 31-07-1967 DRIVER'S License Pass Date: 15-05-2001
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: _____
DRIVER'S Address : Blk 766, Yishun Ave 3, #07-291, S(760766)
DRIVER'S Contact No./ Alt No. : 1) 93805419 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : 93669; @ gmail.com
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): 01 Driver (Tai yek swan) DRIVER
01 Passenger (unknown) (F)
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, Please state): _____

Other Party Driver's Particular (if any)

| | | | |
|------------------------|-----------------|------------------------|---|
| Vehicle No | : SJW 380 M | Vehicle No | : |
| Vehicle Make/Model | : Toyota Estima | Vehicle Make/Model | : |
| Name Driver | : Albert | Name Driver | : |
| IC No. Driver/Contact: | : | IC No. Driver/Contact: | : |

Passenger's name & gender:

Xinhua workshop @ gmail.com



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: PNCV2019-00001063-01

Car plate number : SMD9661H

Coverage start date: 13/09/2020

Coverage end date: 12/09/2021

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Tai Yek Suan

NRIC/FIN: S2616989E

Address: 766 Yishun Avenue 3 #07-291 Singapore 760766

Email: Taisybille@yahoo.com.sg

Mobile Number: 93805419

Date of Birth: 31/07/1967

Gender: Female

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: TOYOTA VIOS 1.5

Year of first registration: 2018

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,799.08

Finance company: Hong Leong Finance