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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 13/09/2021 12:51 (SGT) Date of Accident 11/09/2021 16:25 (SGT) Exact Location of Accident Jurong Town Hall Rd, Singapore Additional Location Information TOWARDS AYE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLQ6822Z

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TANG LONE HEE BERNARD NRIC No SXXXX860H **Email Address** btanglh@gmail.com Mobile Phone No (Phone) +65-91736001 Alternative Phone No. +65-91736001

### VEHICLE PARTICULARS

Manufacturer Honda Model Jazz 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1496

### INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number PNPV2019-00011452-02 Cover Note Number

### DRIVER

Name of Driver TANG RUI FENG REAGAN NRIC No TXXXX837A

Date Of Birth	27/01/2001
Occupation	Outdoor
Date Of Driving Pass	25/06/2021
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91736001
Alt. Phone Number	(1110110) 100-01700001
Email Address	btanglh@gmail.com
Address	BLK 3 DUNDEE ROAD #35-15
Address complement	-
Postcode	149457
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Clear
Road Surface	Dry
	Ыу
OTHER INFORMATION	
The state of the s	
10/2	
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)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF DOLLOF ACTION	
DETAILS OF POLICE ACTION	
W	
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?	**
Was there any video captured by Car Camera?	Yes
	No
was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
While Borner	
Vehicle Registration Number	SLQ3803Z
Vehicle Manufacturer	8
Vehicle Model	₩.
Vehicle Variant	€
Vehicle Cotons	*
Vehicle Category Name of Driver	Private car
	KOH SUAN CHEOW
	SXXXX325Z
Contact Number	(Phone) +65-96796766
Address	

Address complement	
Postcode	-
	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
ger (morading briver)	

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyhalder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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	Hon Rd		Vehicle 4:SU068222
	230	ΔΑ	vehicle B :SU038037
	Se		
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# Describe Circumstances of the Accident I WAS TRAVELLING ALONG JURONG TOWN HALL ROAD ON THE 2ND LANE. I DID NOT NOTICE THAT FRONT VEHICLE WAS IN STATIONARY POSITION END UP HIT ONTO REAR PORTION OF VEHICLE B (SLQ3803Z)

### Declaration

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

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11 / 09 / 2021 (dd/mm/yy)	Time of Accident: 16 : 25 ( 24-HR-FORMAT)				
Vehicle No.: SLQ6822Z Vehicle Make 8	Model: HONDA JADE				
*Transmission (Manual o Auto					
Exact location of Accident: JURONG TOWN HALL ROAD TOWARDS AYE					
Policyholder's Name:TANG LONE HEE BERNARD					
*Policyholder's email address : BTANGLH@GMAIL.COM					
Driver's Name: TANG RUI FENG REAGAN	NRIC/FIN/REG No.: T0102837A				
*Driver's email address : BTANGLH@GMAIL.COM					
Driver's Contact No.: 91736001	Company Contact No (If any):				
Date of birth: 27/01/2001	Driving Pass Date: 25/06/2021				
Driver's Address: 3 DUNDEE ROAD, #35-15, SINGAPOR	E (149457)				
Insurance Company: FWD	(170707)				
Policy No.:PNPV2019-00011452-02Type	of Coverage Comprehesive V Third Party / Third Party Fire 8 Th. (				
Policy No.: PNPV2019-00011452-02 Type of Coverage Comprehesive Third Party / Third Party / Third Party , Fire & Theft Relationship between Owner & Driver: (Please CIRCLE one only)					
Owner /Spouse Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:					
What do you wish to claim? (Please <u>TICK</u> one only)					
o Own Insurance / o Other Vehicle (The one you want to claim against ) و Reporting (For Record Purpose )					
Tyce of Accident					
o Chain Collision offead To Rear o Side Swipe o Other					
	*No. of Passengers / Including Driver):1				
*Passenger Name:	Condom Male / 5				
*Passenger Name:	Gender: Male / Female				
Weather condition & Road conditions? (On the day of	Gender: Male / Female				
Clear & Dry / o Raining & Wet / o After-Rain & Wet /	o Drizzling & Wet / Others:				
Was there any video captured by your car Car camera?	O Yes / Mo				
Any Injuries: o Yes No (If YES) Injured Person' Na	me:				
injuries sustain .	niured Person in Which Vohicle				
Police Report field: o Yes to No (If YES) Which Police St	ation:				
The Other Pa	arty (S) Details:				
1. Driver's Name / IC No: KOH SUAN CHEOW S1297325	Z Vehicle No: SLQ38037				
Driver's Contact No: 96796766	Insurance Company :				
2. Driver's Name / IC No (If Any):	Vehicle No:				
Driver's Contact No:	Insurance Company :				
"" acpendent withess (II Any):	Contact No.				
Preferred Workshop Name: AUTO SPRINT PTE LTD	Contact No. 83447584				
	CONTACT NO. CO447001				



# 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: PNPV2019-00011452-02 (Comprehensive - Executive Plan)

Car plate number: SLQ6822Z

Your name (As the policyholder): Bernard Tang Lone Hee

Coverage start date: 19/07/2021 Coverage end date: 18/07/2022

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: 12/06/2021

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.