

# **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.

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   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 16/09/2021 15:02 (SGT) Date of Accident 16/09/2021 07:15 (SGT) Exact Location of Accident Sims Way, Singapore Additional Location Information JUNCTION @ SIMS WAY & GEYLANG RD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Private use

Vehicle Registration Number SFP3088Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner

**NEO CHENG KANG** NRIC No. S6907199F

Email Address ERIC.NEO8@GMAIL.COM Mobile Phone No (Phone) +65-94573088

Alternative Phone No +65-94573088

VEHICLE PARTICULARS

Manufacturer Honda Model Shuttle

Variant SHUTTLE HYBRID 1.5 AUTO

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private hire

Transmission Auto CC 1496

**INSURANCE COMPANY** 

Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number PNCV2019-0000313-02 Cover Note Number 20/03/2021 - 19/03/2022

DRIVER

Name of Driver **NEO CHENG KANG** NRIC No. S6907199F

Date Of Birth 20/02/1969 Occupation Indoor Date Of Driving Pass 02/05/1987 Driving experience 34 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-94573088 Alt. Phone Number +65-94573088 Email Address ERIC.NEO8@GMAIL.COM Address 22 BOON KENG RD Address complement #08-37 Postcode 330022 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE SKETCH PLAN BY DRIVER ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLZ5186K

 Vehicle Registration Number
 SL25186K

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 TERAI HIROKI

 NRIC No
 \$7987842A

 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

## IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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) 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

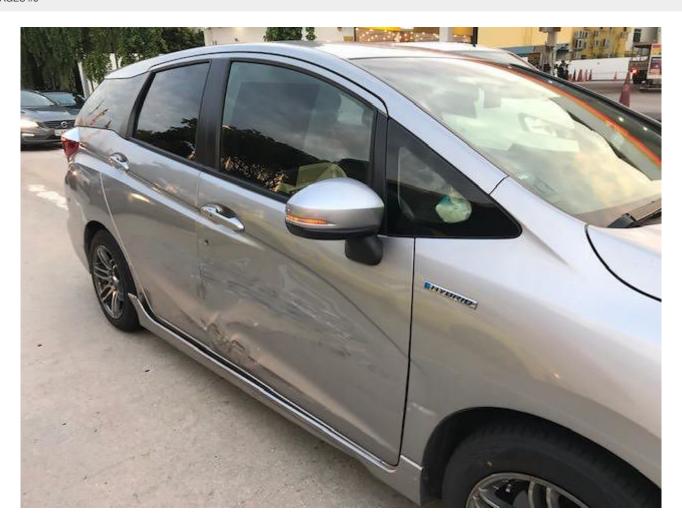
Name: / NRIC/FIN No.:

Ah Lim Mot

Vehicle A: SF-P	30884 Vehicle B: SLZ 5	86 Vehicle C:	Ge
TCH PLAN			F
Grey	and Rd.	Geylana Rd.	
	Simply Was	The second of th	
CRIBE CIRCUMSTANCES	OF THE ACCIDENT		
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My workshop :  imail address :  k myself :  imail address :  Note : Please take note the  rou own policy. Kindly ch	im Motor Claim Of TP at oth a copy of my efile accident report to:  nat your insurer have 14 days timeframe to eck with your own insurer for more info	for you to submit own damage claim un	
cyholder's Signature e & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Ah'Lim Motor Compa- Reporting Centre Personnel's Signati Name: NRIC/FIN No.:	ure

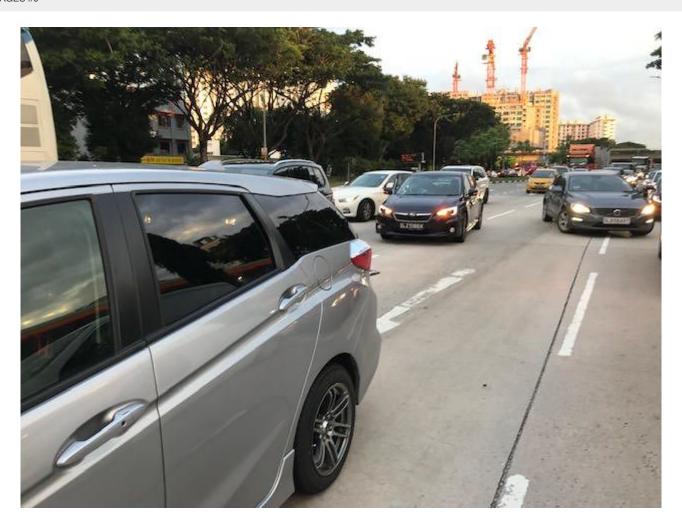


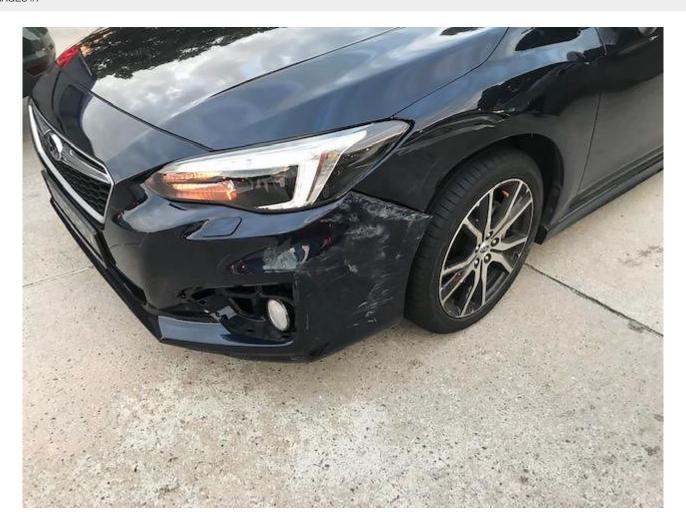




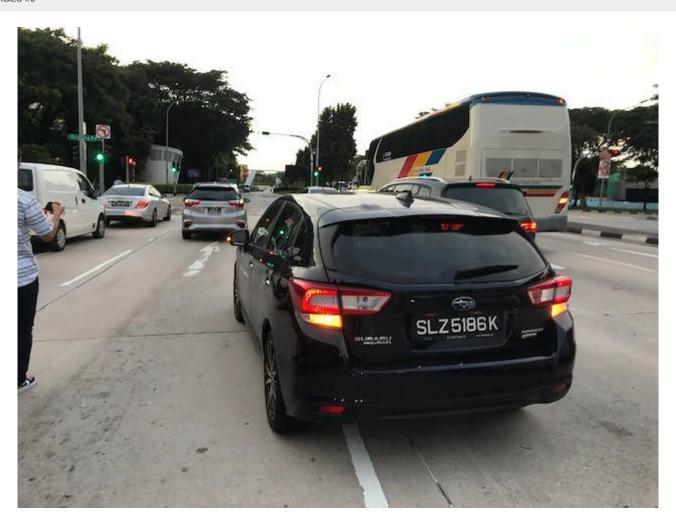




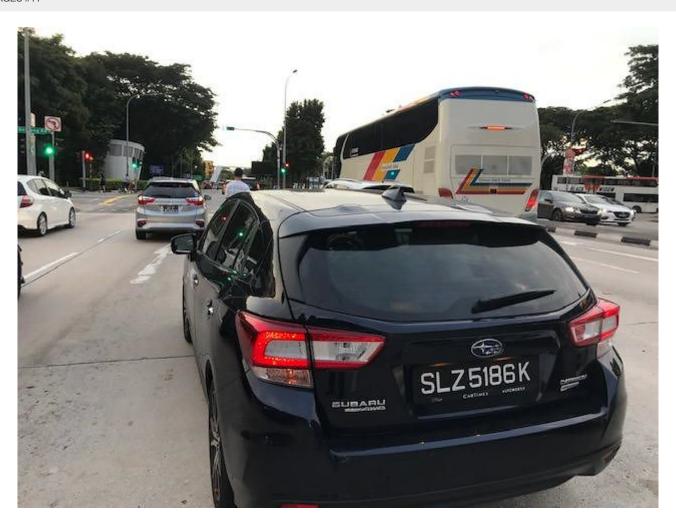




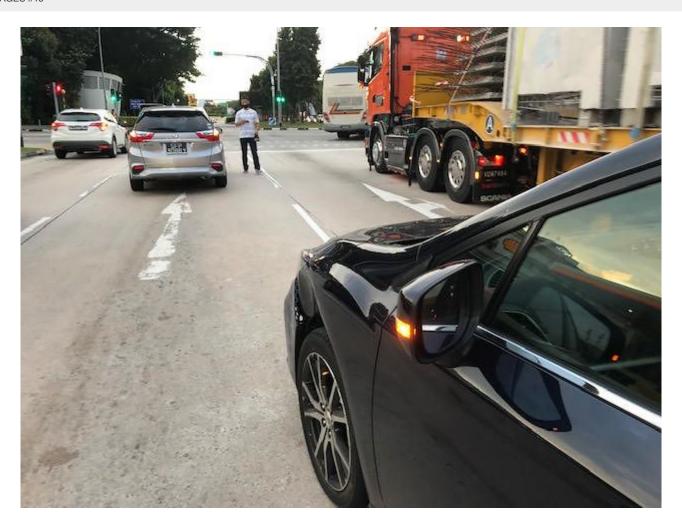


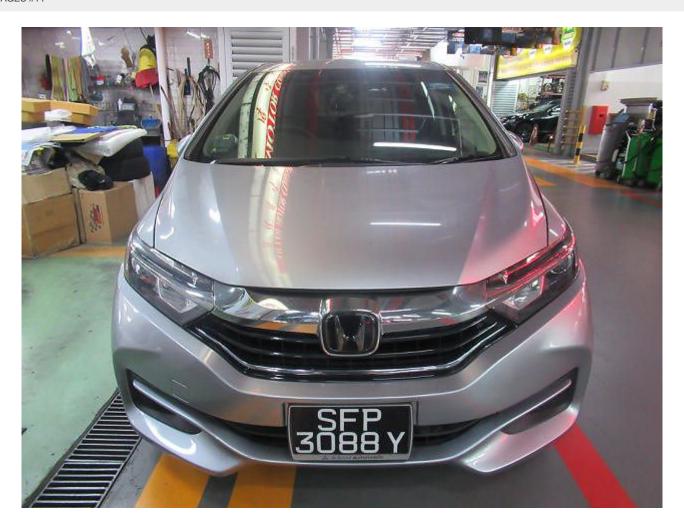














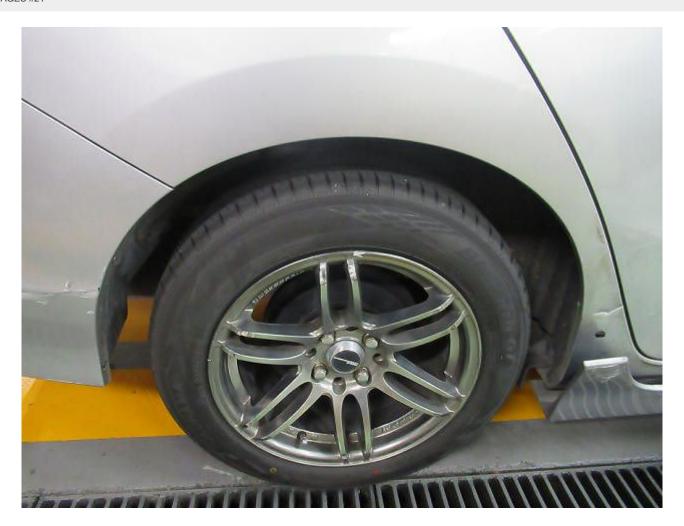


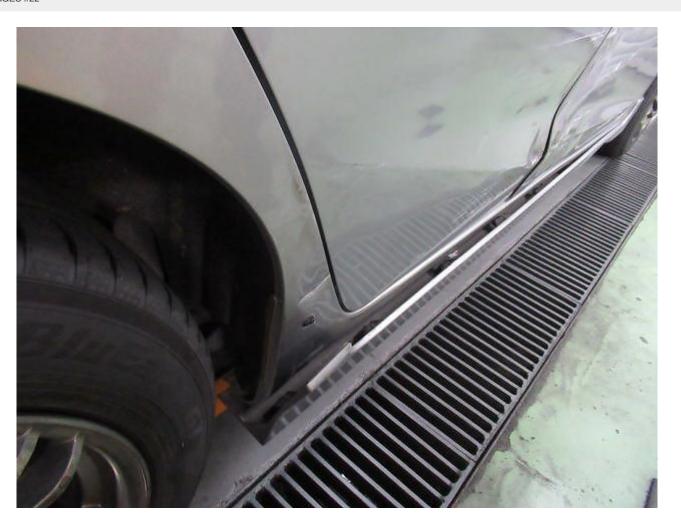










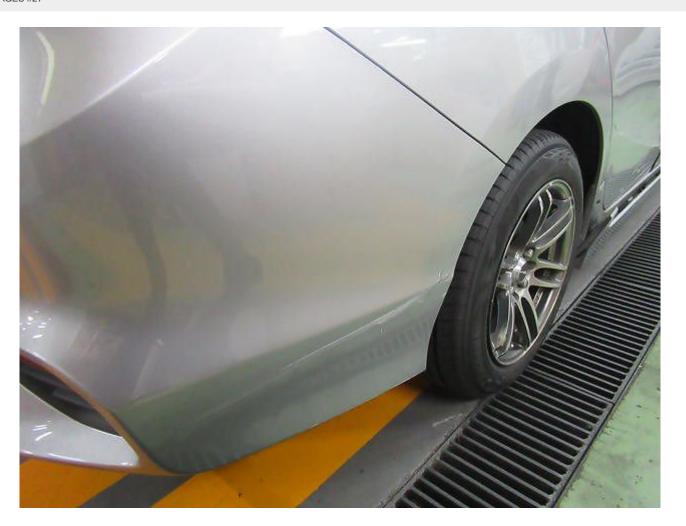






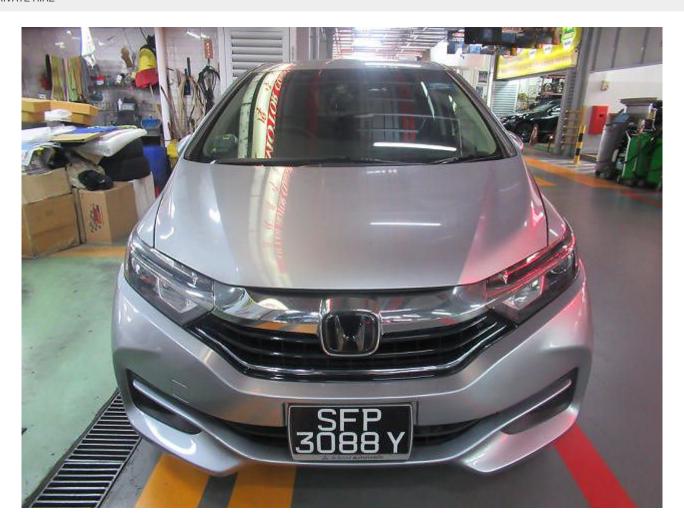














### CERTIFICATE OF INSURANCE

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 or by the next working day of the incident regardless of whether it · will lead to a claim.

## POLICY NUMBER: PNCV2019-00000313-02

Car plate number

SEP3088Y

Car chassis number

GP72001985

Engine number

: LEB7102770/H13802670

Coverage start date: 20/03/2021

Coverage end date: 19/03/2022

Who is insured to drive: You

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Neo Cheng Kang

NRIC/FIN: S6907199F

Address: 22 Boon Keng Road 08-37 Singapore 330022

Email: Eric.neo8@gmail.com

Mobile Number: 94573088

Date of Birth: 20/02/1969

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: HONDA SHUTTLE 1.5

Year of first registration: 2019

Plan type: Comprehensive

Standard Excess: S\$2,000

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Authorised family members to drive your car: No

Overseas Booster: Not Applicable

Premium paid (Inclusive of GST): \$\$1,713.41

Finance company: Maybank Singapore Ltd

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038986. T: (65) 6820 8888. Company Registration No. 200501737H | www.fwd.com.sg