

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	13/10/2021 16:25 (SGT)
Date of Accident	13/10/2021 09:10 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS BKE (WOODLANDS) LAMP POST 607
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD3537J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG YING KIT
NRIC No	SXXXX243G
Email Address	joesh79@yahoo.com
Mobile Phone No	(Phone) +65-98429679
Alternative Phone No	+65-98429679

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 car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00003004-01
Cover Note Number	-

DRIVER

Name of Driver	LEONG YING KIT
NRIC No	SXXXX243G

Date Of Birth	07/11/1979
Occupation	Outdoor
Date Of Driving Pass	03/03/2005
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98429679
Alt. Phone Number	+65-98429679
Email Address	joesh79@yahoo.com
Address	BLK 357C ADMIRALTY DRIVE #11-122
Address complement	-
Postcode	753357
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 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	SMQ9527U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEONG YING KIT
Gender	Male
Phone No	(Phone) +65-98429679
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJD3537J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

Policyholder's Signature / Date & Time

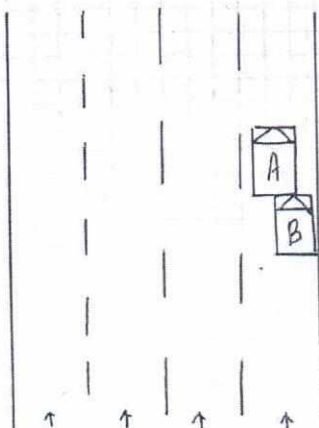
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

SLE towards BKE (Woodlands)
Lamp Post 607

Vehicle A: SJD3537J
Vehicle B: SMQ9527U




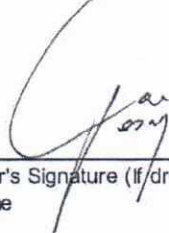
Describe Circumstances of the Accident

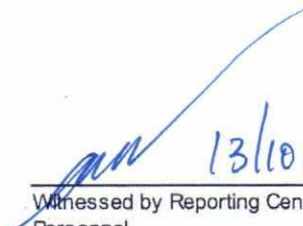
On the stated date & time, I, vehicle A (SJD35373) was travelling straight at the stated location on Lane 1. As the front vehicle slowed down and came to a stop, I followed suit. Second later, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B (SMD 95274) collided onto the rear portion of my vehicle causing damages.

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

 13/10/2021
Witnessed by Reporting Centre Personnel

July

Date of Accident: 13/10/2021 Accident Time: 0910hrs (24-HR-FORMAT)
Accident Place: SLE towards BIKE (Woodlands) Lamp Post 607
Vehicle Reg. No (Car plate No.): SJD3537J Vehicle Make/Model: Toyota Vios
Insurance Company: FWD Policy No. PNPV2020-60003004-01
Name of Registered Owner: Company / Individual Leong Ying Kit
ID of Registered Owner: Co Reg No: - Owner's NRIC No: S79332436
Co Contact No: - Owner's Contact No: 9842 9679
DRIVER'S Name: Leong Ying Kit DRIVER'S NRIC No: S79332436
DRIVER'S Date of Birth: 07 Nov 1979 DRIVER'S License Pass Date: 13 Mar 2005
Relationship bet. Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Others: owner
DRIVER'S Address: APT Bk 357C Admiralty Drive #11-122 S (753357)
DRIVER'S Contact No / Alt No: 1) 9842 9679 2) -
DRIVER'S Occupation: INDOOR / OUTDOOR (eg. working inside or outside of an office)
Email Address: joesht91@yahoo.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 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES / NO Passenger Name: _____ Gender: M/F

Was there any video captured by car camera? YES / NO Any Injuries: YES / NO Injured Name: Leong Ying Kit

Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMB4527U

Vehicle Reg No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name DRIVER: _____

Name DRIVER: _____

ID No. DRIVER: _____

ID No. DRIVER: _____

DRIVER'S Contact & add: _____

DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____

Vehicle Reg No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name DRIVER: _____

Name DRIVER: _____

ID No. DRIVER: _____

ID No. DRIVER: _____

DRIVER'S Contact & add: _____

DRIVER'S Contact & add: _____



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: PNPV2020-00003004-01 (Comprehensive - Classic Plan)

Car plate number: SJD3537J

Your name (As the policyholder): LEONG YING KIT

Coverage start date: 19/03/2021

Coverage end date: 18/03/2022

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: Maybank Singapore

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

Issued on: 04/03/2021

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.