

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 Actual 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 5. Intermitted in product in the 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 02/02/2023 18:02 (SGT) Reported by Date of Accident 02/02/2023 09:45 (SGT) Exact Location of Accident Singapore Additional Location Information SLE BEFORE CTE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGQ8383U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TIEN UNITED ENTERPRISE Company Reg No 5XXXX744B Email Address GARYTEN@GMAIL.COM Mobile Phone No (Phone) +65-91688383 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model PRIUS HYBRID 1.8S AT ABS D/AIRBAG 2WD Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto 1797

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNCV2018-00000539-04

DRIVER

Name of Driver TEN HENG KOK NRIC No SXXXX223Z Date Of Birth 06/09/1978 Occupation Outdoor

Date Of Driving Pass 07/08/2002 Driving experience 20 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91688383 Alt. Phone Number Email Address GARYTEN@GMAIL.COM Address 107 POTONG PASIR AVE 1 #13-472 Address complement Postcode 350107 Is the driver the policyholder? If No, Relationship of the Driver with the Insured OWNER 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name UNKNOWN Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Woodlands Division Headquarters Police Station Phone No (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE ATTACHED SKETCH PLAN BY DRIVER. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1**

GBC9629M

Vehicle Registration Number

Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	YEW WON TANG
Work Permit No	4XXXX7235
Contact Number	(Phone) +65-84389252
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Manufacturer - Vehicle Model - Vehicle Model - Vehicle Variant - Vehicle Colour - Vehicle Category Colour - Vehicle Category - Contact Number - Contact Number - Address - Address - Address - Company Name - Vehicle Company Name - Vehicle Category - Details of property damaged in accident - Vehicle Variant - Vehicle Category - Vehicle Cate	KD5075X Commercial vehicle
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-

KETCH PLAN	8283 Vehicle B: GBC 9	cation: SLE before CTE 639 M Vehicle C: XD 5075
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41		
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
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You Chy Kan		
1	p exit. The cars in	
glown and	stopped I also stop	iyea peninol a lovry and
there was o	a Silver lunnin stoni	sed behind me-
	3	
Then I her	are a loug bans	is and found out
the lowur	bank into you i	1891 - 1901 out and
cow a to	rude hehind the	The truck
hid the	TORYM ONO The	lovy he me.
	J	
		cowers .
TIPE	. Third Party	Claim
110		
Claim OD/TP at Ah	Lim Motor Claim OD/TP at or	ther workshop) Reporting Only
Remarks : Please forwa	ard a copy of my efile accident report to:	
My workshop : Email address :		
& myself :		
Email address :		
Note: Please take note	that your insurer have 14 days timefram	e for you to submit own damage claim under
you own policy. Kindly	check with your own insurer for more in	formation.
ECLARATION		AH H
	irticulars are true in every respect.	600
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1 110		V 2000 Comment (\$11 M)
MIN	Mw.	
olicyholder 35 ignature ate & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:
 - (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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





















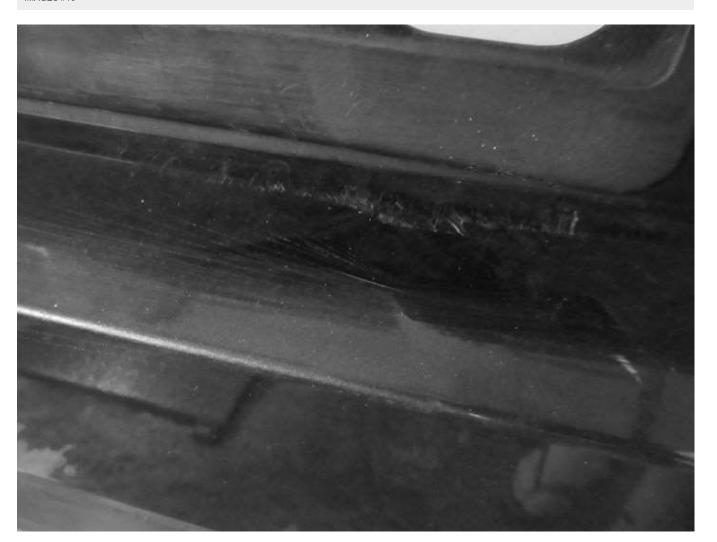






















U20230202/7035

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Report No. L/20230202/7035

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 02/02/2023 15:49	Vide Re	port No.		Station Diary No.
Name Of Informant TEN HENG KOK	Address 107 POTONG PASIR AVENUE 1 #13-472 SINGAPORE 350107			
ID Type / ID No. NRIC NO / \$7824223Z	Contact Home/C	3327	Mobile: 91688383	
Nationality MALAYSIAN	1500000000	Email Address garyten@gmail.com		
Occupation	Sex	Age	Date of Birth	Race
Private-hire car driver	Male	44	06/09/1978	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 02/02/2023 09:45 - 02/02/2023 09:50	Location Of Incident SELETAR EXPRESSWAY			

Brief details.

I, Ten heng kok is a private hire driver and I was sending a passenger from Yishun to Hougang on 2/2/2023.

I was travelling on the SLE before joining to CTE around 9:45am when a few cars in front of me slowed down to a complete stop.

I also slowed down and stop behind a lorry.

I notice there was a silver lorry behind me from my rear mirror and he also stopped.

Few seconds later, I heard a loud bang from the back and next thing I know is that my car is banged by

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2023 15:49
Officer In-Charge Of Case:	Classification Of Case:





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230202/7035

the lorry from the back.

I checked and asked the passenger if she was okay. She replied she was fine and not injured.

I put my car on "park mode" and exit the car to take photos of the accident.

It turns out there was a big truck behind the silver lorry and he banged into the rear of the lorry, causing the silver lorry to lunge forward and banged the rear of my car.

I took a few photos and exchanged particulars and contact number with the lorry driver.

The truck driver was walking around and taking photos at the that.

I saw the lorry driver and his passenger seemed to be fine at that point of time.

After exchanging particulars with the lorry driver and seeing no one required ambulance,

I left and carried on sending mye passenger to her destination.

Later in the afternoon, I received a call from IO Syakir that someone was injured and took an ambulance after I left

and he informed me that I need to make a police report.

Lorry particulars are:

Driver Name : YEW WON TANG Vehicle Number: GBC9629M

Truck Vehicle Number: XD5075X

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2023 15:49
Officer In-Charge Of Case:	Classification Of Case:





Calabrate living fwd.com.sa

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: PNCV2018-00000539-04

Car plate number : SGQ8383U

Coverage start date: 05/01/2023 Coverage end date: 04/01/2024

Who is insured to drive: You

Covered geographical area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Ten Heng Kok NRIC/FIN: S7824223Z

Address: 107 Potong Pasir Avenue 1 13-472 Singapore 350107

Email: garyten@gmail.com Mobile number : 91688383

Date of birth: 06/09/1978 Gender : Male

Marital status: Married Certificate of merit: Yes

Current no claims discount: 50% Years of driving experience: Three or more

Company name: Tien United Enterprise ACRA number: 53360744b

About your car and policy

Car make and model: TOYOTA PRIUS 1.8

Year of first registration: 2017

Plan type: Comprehensive Standard excess: \$\$5,000

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): \$\$1,615.63

Finance company: Maybank

FWD Singapore Pte. Ltd. & Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038986 | [65] 6820 8888. Registration No. 200501737H