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SN09235J0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/05/2023 11:30 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (19/05/2023 11:30 (SGT))



# 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 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

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

19/05/2023 11:30 (SGT) Actual Driver 19/05/2023 08:20 (SGT) Yio Chu Kang, Singapore TURNING RIGHT INTO BUANGKOK GREEN Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SFZ60T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No.

No TAN CHIN CHONG SXXXX004H tanchunchong@yahoo.co.uk (Phone) +65-90217007

VEHICLE PARTICULARS

Manufacturer Model Variant 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? Vehicle Category Transmission CC

Private use

Volvo

V60

No - Claiming third party Private car

Auto 1498

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

FWD Singapore Pte. Ltd. PNPV2020-00001163-0

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TIFFANY YAP I CHERN (TIFFANY YE AIZHEN) SXXXX419D 02/06/1980 Indoor

Date Of Driving Pass 21/11/2003 Driving experience 19 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-98765101 Alt. Phone Number Email Address tanchunchong@yahoo.co.uk Address 7B LEITH ROAD Address complement Postcode 547877 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 1 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) 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 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? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PC1606R Vehicle Manufacturer

LIM XUAN HONG BRANDON

SXXXX501B

## Accident report SN09235J0001

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

NRIC No

Contact Number	(Phono) +65 99552022
Address	(Phone) +65-88552922
Address complement	-
Postcode	-
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1 <del>-</del>

### SKETCH PLAN

### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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' 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

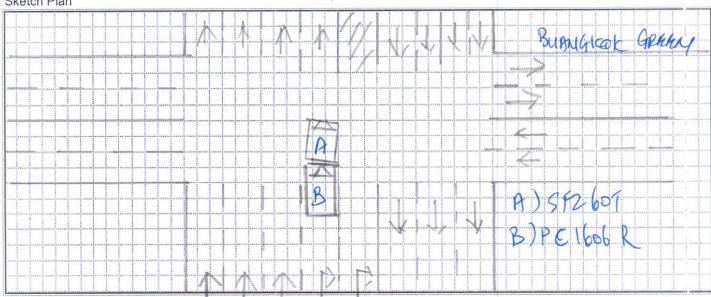
1 /9/5/23

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

5

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

To CHI KAMIR ROAD

Describe Circumstance of the Accident
At the junction of the Chukang road & Brangtok Green. I was turning
Trever from 1.0 chin lang kond into Engine to k Even. The overn anon
my tavour and proceeded into the runition love
the tax, in front of me stopped and I also stopped because I was unable
to proceed further. The bas that my was behind me hit me from behind.

Declaration

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

Policyholder's Signature / Date & Time
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time
/ Date & Time
/ Date & Time

10/5/2023

## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 19 05 2023	TIME OF ACCIDENT 1) 8:20
VEHICLE NO: SEZ 607	TRANSMISION (AUTO / MANUAL
MAKE & MODEL: VOIVO V60	LOCATION: JUNUTION YIO UNU KANG M & Brangtok sveen
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: TWD	POLICY NO: PNPV2020-00001163-03
TYPE OF COVERAGE:  COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER: TAN CHUN CHONCE	NRIC: \$1531004H
ADDRESS: TB LEITH Rd S(547877)	CONTACT NO:
EMAIL ADDRESS: +anchun chong@ yahoo. 6.41	VIDEO RECORDING YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC: 58070419D CONTACT NO: 98765101
DRIVER OWNER RELATIONSHIOP: SPONSE	PASSENGER: MALE( ) FEMALE ( / )
DATE OF BIRTH: 02 / 06 / 1980	DRIVING PASSING DATE: 21 / 11 / 2003
OCCUPATION: INDOOR / OUTDOOR	ADDRESS: 7 B Leith RA S(547877)
ANY INJURIES NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO : 547175018 PC 1606R	VEHICLE C REG NO :
DRIVERNAME: Lim Xuan Hong Brandon	DRIVER NAME :
NRIC: 597175018	NRIC :
CONTACT: 8855 62922	CONTACT :
VEHICLE D REG NO : 480	ANY WITNESS? NO, IF YES:
DRIVER NAME :	NAME :
NRIC :	CONTACT:
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ?: YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO



## 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: PNPV2020-00001163-03 (Comprehensive - Executive Plan)

Car plate number: SFZ60T

Your name (As the policyholder): TAN CHUN CHONG

Coverage start date: 19/01/2023 Coverage end date: 18/01/2024

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: 01/01/2023

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.