

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 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	19/05/2023 11:30 (SGT)
Reported by	Actual Driver
Date of Accident	19/05/2023 08:20 (SGT)
Exact Location of Accident	Yio Chu Kang, Singapore
Additional Location Information	TURNING RIGHT INTO BUANGKOK GREEN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ60T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN CHIN CHONG
NRIC No	SXXXX004H
Email Address	tanchunchong@yahoo.co.uk
Mobile Phone No	(Phone) +65-90217007
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V60
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	1498

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2020-00001163-0

DRIVER

Name of Driver	TIFFANY YAP I CHERN (TIFFANY YE AIZHEN)
NRIC No	SXXXX419D
Date Of Birth	02/06/1980
Occupation	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)	1
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	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LIM XUAN HONG BRANDON
NRIC No	SXXXX501B

Contact Number	(Phone) +65-88552922
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

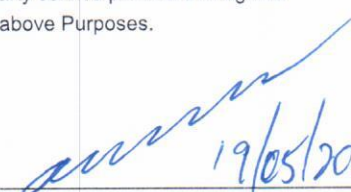
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

19/5/23

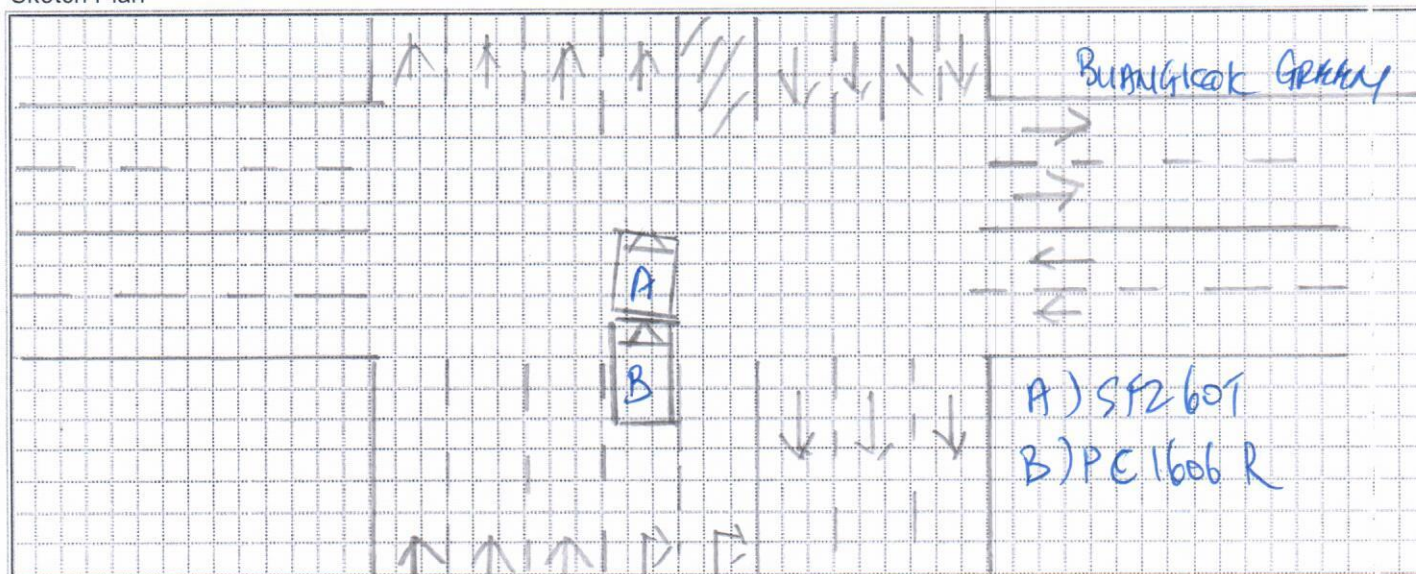

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

19/5/2023


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

19/05/2023

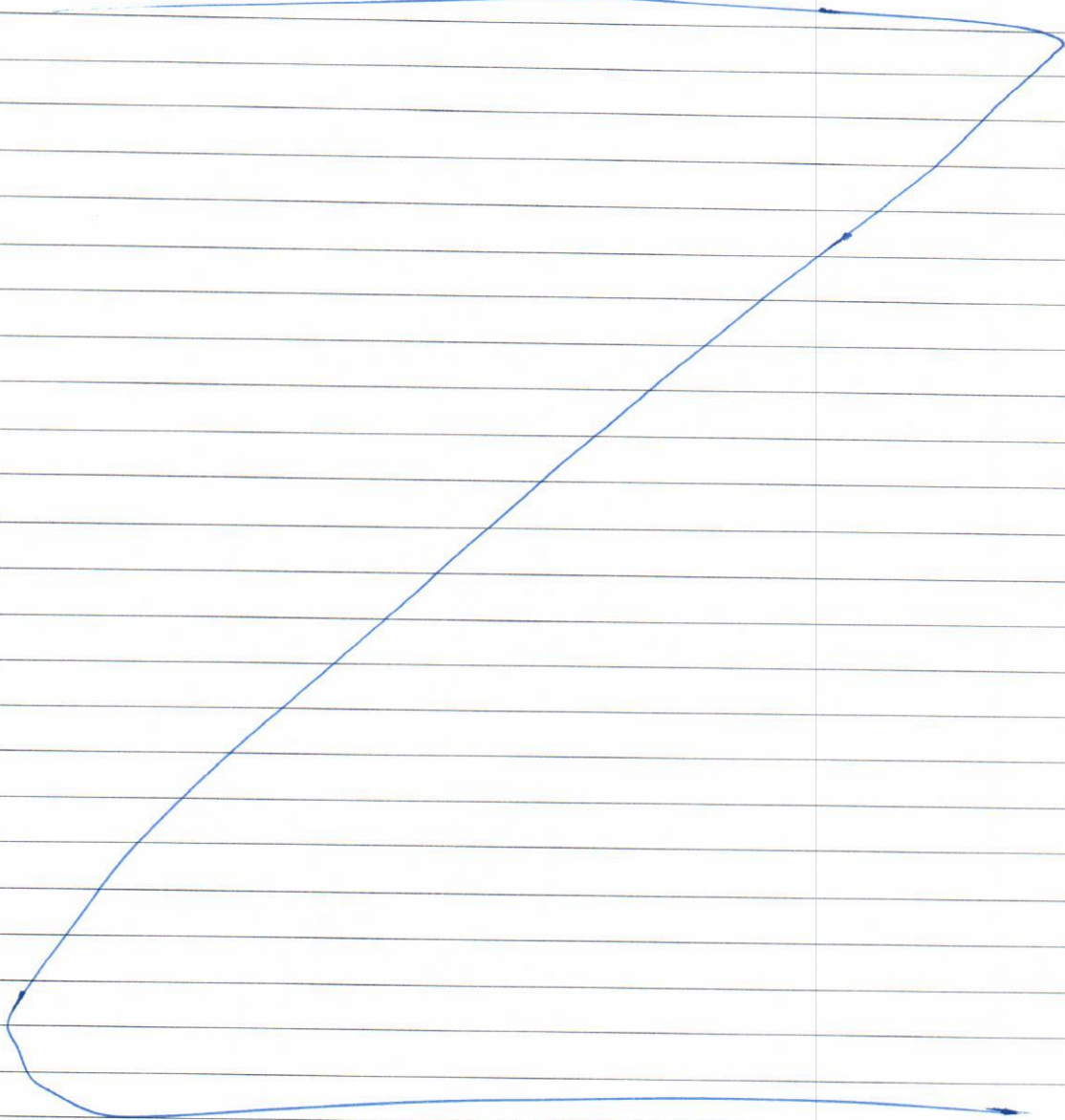
Sketch Plan



Describe Circumstance of the Accident


At the junction of Yio Chu Kang road & Buangkok Green, I was turning right from Yio Chu Kang Road into Buangkok Green. The green arrow was in my favour and I proceeded into the junction box.

The taxi in front of me stopped and I also stopped because I was unable to proceed further. The bus that ~~was~~ was behind me hit me from behind.




Declaration


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


19/05/23

Policyholder's Signature / Date & Time


19/5/2023

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


19/05/2023

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 19/05/2023	TIME OF ACCIDENT : 8:20	
VEHICLE NO : SFZ60T	TRANSMISSION : AUTO / MANUAL	
MAKE & MODEL : Volvo V60	LOCATION : junction Yio Chu Kang rd & Brangkok Green	
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY	
INSURANCE COMPANY : FWD	POLICY NO : PNIPV2020-00001163-03	
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)	
NAME OF OWNER : TAN CHUN HONG	NRIC : S7531004H	
ADDRESS : 7B Leith Rd S(547877)	CONTACT NO : 90217007	
EMAIL ADDRESS : tanchunhong@yahoo.co.uk	VIDEO RECORDING : YES / NO	
NAME OF DRIVER : AS ABOVE / IF NO : TIFFANY YAP	NRIC : S807041AD CONTACT NO : 98765101	
DRIVER OWNER RELATIONSHIP : SPOUSE	PASSENGER :	MALE () FEMALE (1)
DATE OF BIRTH : 02 / 06 / 1980	DRIVING PASSING DATE : 21 / 11 / 2003	
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : 7B Leith Rd 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 : S9717501B PC 1606R	VEHICLE C REG NO :	
DRIVER NAME : Lim Xuan Hong Brandon	DRIVER NAME :	
NRIC : S9717501B	NRIC :	
CONTACT : 8855*2922	CONTACT :	
VEHICLE D REG NO : 88	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.