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 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 20/06/2023 15:28 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 19/06/2023 18:45 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information **TOWARDS CHANGI BEFORE EXIT 9A** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number SJL2990Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHI KO NRIC No SXXXX987F Email Address nutrinests@gmail.com Mobile Phone No (Phone) +65-91474065 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Isis Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Private car Transmission Auto CC 1794

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNPV2019-00017499-03

DRIVER

Name of Driver TAN CHI KO NRIC No SXXXX987F Date Of Birth 26/02/1967 Occupation Outdoor

Date Of Driving Pass 26/08/1993 Driving experience 29 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91474065 Alt. Phone Number Email Address nutrinests@gmail.com Address BLK 340B SEMBAWANG CLOSE #14-73 Address complement Postcode 752340 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 Chain Collision Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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? Nο 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBK6913U** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

FURUKAWA TAKERU

(Phone) +65-89242748

Vehicle Category

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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMT7981M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-90945911
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SAETCH PLUIT

IMPORTANT NOTICE

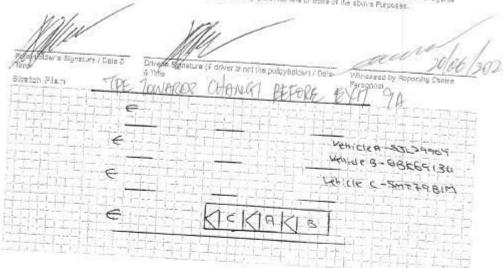
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- 2. Information provides must be as struckful and spain of an experible. Any will disrepression or withholding of network fects may also be presented to a supplied to a structure matter the title.
- 4. The leave and ecospones of this Formby insurance companies is not an administrator of pracy liberty on the part of the insurance 5. Any take respresse may be referred to the Police for Invastication

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 (a) by he uner, my workshop and the General Insurance Association of Singapore (1912*) may/are permitted to collect, use, disclose andor process my personal deterboration information set curin his point and any other personal information provided by my or in he have insured vehicles) involved in his accident (a) intermetion (and disclose and cranifer such Personal information to all association (a) involved in his accident (a) insurer(a) who have insured vehicle(a) bent will be intermeted to be the flucturers. It the numeral law yearlies for the Monetary Authority of Singapore and any relevant to povernight agrees yearlies and the purpose (a) of
- (i) processing, handing ancier dealing with ny cities including the calliament of the claims and any necessary investigations relating to (f) investigating the accident and/or my plains,
- (it) carrying out end/or stealing with my instructions or responding to any exquiries by ma;
- (b) stitutes and present date about me to bring about delivery of the same as mall as on the external cover of one-tipes from
- (v) complying with applicable law in administerby, processing, handing and/or dosing with my claims.
- (b) of insurer(s) with news insured veribal(s) involved in this socioent and the insurers' law yers/sw firm, may/are permitted to collect use. Stocked shafer proceeds my Personal information for one or more of the above Purposes; and
- (a) my Personal Eformation may/can be disclosed by any of the neurose and/or Git to their third perfy service providers or agends including their discrete. Times, which may be seed outside of Shipapone, for one or more of the above Purposes.



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