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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

20/06/2023 15:28 (SGT) Both Policyholder and Actual Driver 19/06/2023 18:45 (SGT) TPE, Singapore TOWARDS CHANGI BEFORE EXIT 9A Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJL2990Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No. Alternative Phone No.

No TAN CHI KO SXXXX987F

MARKET CONTRACTOR

Mark Stranger

nutrinests@gmail.com (Phone) +65-91474065

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

Toyota

Isis

No - Claiming third party

Private car Auto 1794

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

FWD Singapore Pte. Ltd. PNPV2019-00017499-03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN CHI KO SXXXX987F 26/02/1967 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 3 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? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number GBK6913U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **FURUKAWA TAKERU** Contact Number

(Phone) +65-89242748

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Manufacturer	SMT7981M
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	(Phone) +65-90945911
Address complement	-
Postcode	5.E.
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Flease report <u>correctly</u> 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
- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forw arded 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 erchiving of this report at the centre and to copies of the 8. Consent under the Personal Data Protection Act (POPA)

Tunderstand, 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 fform] 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' law yers/law firms, the Monetary Authority of Singapore and any relevant
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to (ii) investigating the accident anolor 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, involces, reports or notices to me, which could involve discipating of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (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 additional and the insurers' law yers/law firms, may/are permitted to collect. use, displace 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 provide

(morating their law yers/law firms	i), which may be slied outside of Singapo	and/or GIA to their third party service providers one, for one or more of the above Purposes.	or agents
Sketch Plan	Drivers Standure (If driver is not the Towards Offenda)	e policyholder) / Date Witnessed by Reportin	20/06/2023
←		Vehicle A SUSE	1904
	KI SKI	H (B	78117

Describe Circumsiances of the Accident Traffic was heavy. rehigle ahead me stop and my rehigle was stationary suddenly I felt an impact on my rear portion due to the impact my remole and hit anto relicie in front, it was a collision. Declaration IWe declare the foregoing particulars are true in every respect. der's Signature / Date & Driver's Signalure (if driver is not the policyholder) / Date

Wilnessed by Reporting Centre

Personnel

DATE OF ACCIDENT	MAKE & MODEL : TOTOTA ISIS () MANUAL
	19 100 1
TIME OF ACCIDENT	1845 AM RPM °C.C: 1794
LOCATION OF ACCIDENT	The state of the s
EXACT PURPOSE USED AT TIME OF ACCIDENT	THE TOWARD CHAMBI BEFORE EXIT 9A
NAME OF OWNER	PRIVATE HIRE
EMAIL: HUTRINESTS @ 6	TAN CHI KO
NRIC	
CLAIM TYPE	271dHd8.1E
FLEET POLICY,	OD / PHIRD PARTY / REPORTING ONLY
INSURANCE CO.	YES (NO ?
TYPE OF COVERAGE	FWD
ALCOHOL SECTION AND AND AND AND AND AND AND AND AND AN	Somprehensive / Chird Party / Third Party Fire & Theft
POLICY NO.	Phpy) Cold Party Third Party Fire & Theft
NAME OF DRIVER	EVBONE / TENO - 14466 - 03
INKIC	AS ABOVE IF NO.
DATE OF BIRTH	26 (0) (100 2
ANY PASSENGER	1 1 1 1 0 +
NAME OF PASSENGER	YES (NO:
GENDER OF PASSENCER	
OCCUPATION	MALE / FEMALE
DATE OF DRIVING PASS	Outdoor / Indoor
GENDER	26 108 11993
CONTACT NO.	Male / Female
EMAIL:	Mobile, Office,
ADDRESS	Home:
DOES DRIVER OWN OTHER VEHICLES?	340B SEMBALDANG CLOSE 414-73 S(752340)
PELATION OTHER VEHICLES?	NO 1 If yes: Reg No:
RELATIONSHIP	TA YAY TOWN
WEATHER CONDITION	Employee / If No: OWNER Clear / Raining
ROAD SURFACE	Manual Other
ANY INJURIES	No) if yes: Who?
CONTACT NO.	(FOT) yes: Who?
OLICE REPORT	No News W
NOTICE OF INTENDED PROSECUTION GIVEN TEHICLE B NO.	No) If yes : Where?
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ITNESS CONTACT NO	Any Passenger :
WAS THERE ANY VIDEO	
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ACCIDENT PHOTOS TAKENS	YES/(NO)
**WORKSHOP:	YES (NO
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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: PNPV2019-00017499-03 (Third Party)

Car plate number: SJL2990Y

Your name (As the policyholder): Tan Chi Ko

Coverage start date: 21/11/2022 Coverage end date: 20/11/2023

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:

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

Issued on: 31/10/2022

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.