

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	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

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 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	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	Male
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

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	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	(Phone) +65-90945911
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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6. The 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.
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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TPE TOWARDS CHANGI BEFORE EXIT 9A

Vehicle A - SJL29904
Vehicle B - GBK69136
Vehicle C - SM77981M
KICKIAKIB

Describe Circumstances of the Accident

Traffic was heavy. Vehicle ahead me stop and my vehicle was stationary suddenly I felt an impact on my rear portion due to the impact my vehicle was push forward and hit onto vehicle in front. it was a 3 car chain collision.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

20/06/2013

VEHICLE NO: 55L2990Y

MAKE & MODEL: TOYOTA ISIS

AUTO / MANUAL

DATE OF ACCIDENT	19 / 06 / 2013	C.C. 1794
TIME OF ACCIDENT	1845	AM / PM
LOCATION OF ACCIDENT	TPE TOWARD CHANGI BEFORE EXIT 9A	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	TAN CHI KO	
EMAIL: NUTRINESTS@GMAIL.COM	Office:	MOBILE: 91474063
NRIC	S2194987F	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	FWD	
TYPE OF COVERAGE	<u>Comprehensive</u> / <u>Third Party</u> / Third Party Fire & Theft	
POLICY NO.	PNPV 2019-000174999-03	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: -	
NRIC	-	
DATE OF BIRTH	26 / 02 / 1967	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	-	
OCCUPATION	MALE / FEMALE	
DATE OF DRIVING PASS	<u>Outdoor</u> / Indoor	
GENDER	26 / 08 / 1993	
CONTACT NO.	<u>Male</u> / Female	
EMAIL	Mobile:	Office: Home:
ADDRESS	-	
DOES DRIVER OWN OTHER VEHICLES?	340B SEMBAWANG CLOSE 414-73 S(752340)	
RELATIONSHIP	<u>NO</u> / If yes: Reg No. INSURER	
WEATHER CONDITION	Employee / If No: <u>OWNER</u>	
ROAD SURFACE	<u>Clear</u> / Raining / Other:	
ANY INJURIES	Dry / <u>Wet</u> / Other:	
CONTACT NO.	<u>No</u> / If yes: Who?	
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>No</u> / If yes: Where?	
VEHICLE B NO.	NO/IF YES: WHO?	
NAME	GBK 69134 Any Passenger: 0	
CONTACT NO.	FURUKAWA TAKERU	
VEHICLE C NO.	8924 2748	
VEHICLE D NO.	SMT 7981M Any Passenger: 0	
VEHICLE E NO.	90945911 Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	Any Passenger:	
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

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.