

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 First Submission	16/08/2024 15:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/08/2024 20:15 (SGT)
Exact Location of Accident	Seletar, Singapore
Additional Location Information	SELETAR WEST RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1480U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH JOEK BOOI
NRIC No	SXXXX854D
Email Address	WENDY4077@GMAIL.COM
Mobile Phone No	(Phone) +65-96314017
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA COROLLA ALTIS 1.6L CVT
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	1598
Vehicle Fuel	Petrol
First Registration Date	31/08/2015
Chassis no	MR053REH104538005
Effective Date/Time of Ownership	18/08/2016 03:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2023-00005592

DRIVER

Name of Driver	GOH JOEK BOOI
NRIC No	SXXXX854D
Date Of Birth	06/03/1959
Occupation	Indoor
Driving Pass Date	28/09/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96314017
Alt. Phone Number	-
Email Address	WENDY4077@GMAIL.COM
Address	BLK 105 WOODLANDS STREET 13 13-182 SINGAPORE 730105
Address complement	-
Postcode	-
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	4
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	-

PASSENGER 1

Name	MICHELLE
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

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

PLS REFER TO THE SKETCH PLAN BY DRIVER

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 XD8666X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver GURBHEJ SINGH
Passport No/FIN GXXXX153K
Contact Number (Phone) +65-91712399
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

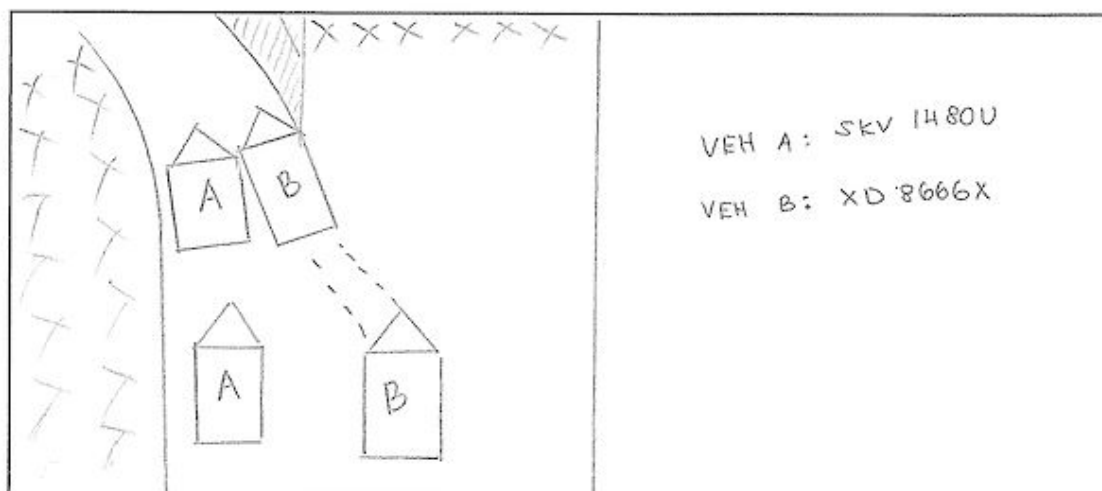
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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

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


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

Sketch Plan



Describe Circumstance of the Accident		
Date of Accident:	15/08/2024	Time: 20:15 hrs
		Location: Seletar West Road 3
My Vehicle A:	SKV 1480U	Vehicle B: XD 8666 X
Vehicle C:		
<p>I was starting to move forward toward a left filter junction, my vehicle was at the left most side while on my right was an open space area park by long. Before proceed forward; I saw VEH(B) starting to move forward abit, so I drove forward to pass vehicle (B), suddenly VEH(B) accelerate to move left towards my vehicle. In order to enter the slip road, but due to the recklessness of VEH(B), VEH(B) driver did not notice my vehicle (due to the height of his vehicle, VEH(B) left side hit onto my right side of my vehicle. During the accident there were 3 passenger in my car witness the incident.</p>		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input checked="" type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only		
Remarks: Please forward a copy of my efile accident Report to:		
My Workshop: JD MOTORSPORTS PTE LTD		
Workshop Email Address: jd.motorsports@outlook.com		
<input type="checkbox"/> Note: Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information		

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

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