

## 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 .....	14/10/2024 12:53 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/10/2024 15:20 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PAYA LEBAR FLYOVER TWDS CHANGI
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJX7298S
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PRIMO AQUINO CANUELA
NRIC No .....	S7083179A
Email Address .....	ERWINNOEL.CANUELA@GMAIL.COM
Mobile Phone No .....	(Phone) +65-93627111
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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 .....	1500
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	PNPV2018-00008415-06

#### DRIVER

Name of Driver .....	ERWIN NOEL LOW CANUELA
NRIC No .....	T0006323H
Date Of Birth .....	26/02/2000
Occupation .....	Indoor
Driving Pass Date .....	13/08/2019
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82885169
Alt. Phone Number .....	-
Email Address .....	ERWINNOEL.CANUELA@GMAIL.COM
Address .....	BLK 312 BUKIT BATOK STREET 32 #04-81
Address complement .....	-
Postcode .....	650312
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	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) .....	2
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 .....	NOWO ALBUS KASTURI
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

ON 13/10/2024 AT ABOUT 1520HRS, I AM TRAVELLING ALONG PIE PAYA LEBAR FLYOVER TWDS CHANGI. AS THERE WAS A MASSIVE JAM, THE TRAFFIC WAS NOT MOVING. I AM STATIONARY AT LANE 1 WHEN OUT OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. VEHICLE B HAS BANGED ONTO MY REAR PORTION.

#### 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 .....	SHA6610A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	NEO YIT SAY
Contact Number .....	(Phone) +65-97236639
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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)**

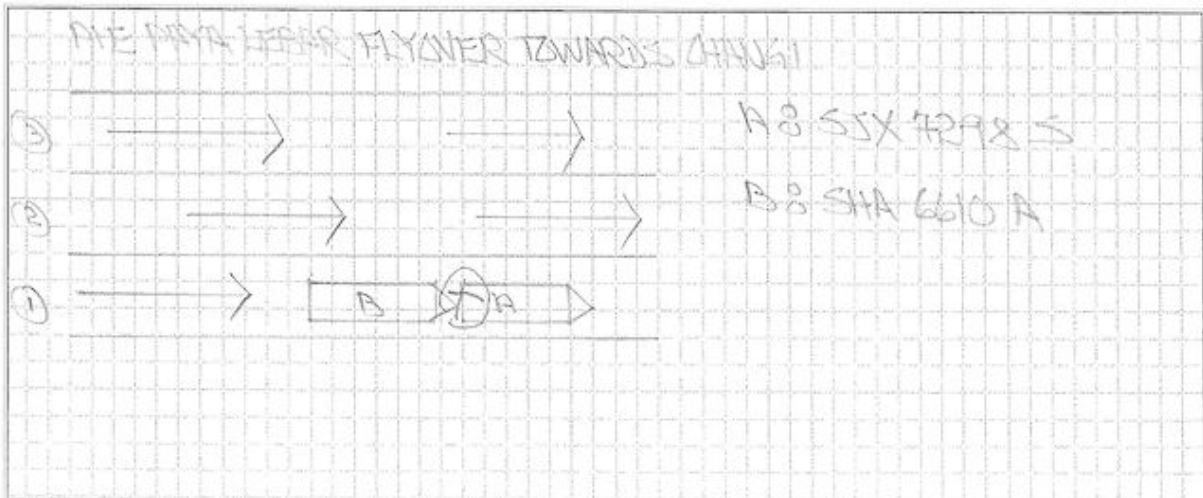
I understand, acknowledge, agree and consent that:

- (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  
 14 Oct 2024  
 Sketch Plan

  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
 14 Oct 2024

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



## Describe Circumstance of the Accident

On 13/10/2024 at about 1520hrs, I am travelling along PIE  
Paya Lebar Flyover towards Changi.


As there was a massive jam, the traffic was not moving.  
I am stationary at lane 1 when out of a sudden, I felt an  
impact from behind.

Vehicle B had banged onto my rear portion.

## Declaration

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

  
Policyholder's Signature / Date & Time  
14 Oct 2024

  
Driver's Signature (if driver is not the policyholder) / Date  
& Time  
14 Oct 2024

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

























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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: PNPV2018-00008415-06 (Comprehensive - Prestige Plan)

Car plate number: SJX7298S

Your name (As the policyholder): PRIMO AQUINO CANUELA

Coverage start date: 07/07/2024

Coverage end date: 06/07/2025

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.

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

Issued on: 15/06/2024

Adrian Vincent  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.