

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	24/12/2024 09:42 (SGT)
Reported by	Actual Driver
Date of Accident	23/12/2024 19:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS, NEARBY LORNIE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB1405H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ER SIEW HONG
NRIC No	S8918381B
Email Address	BLOOPYZERO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94557503
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	CERATO 1.6(A) EX
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	1591
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	PNPV2024-00000627

DRIVER

Name of Driver	ER SIEW MING
NRIC No	S9110381H
Date Of Birth	19/03/1991
Occupation	Indoor
Driving Pass Date	27/12/2011
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-96257924
Alt. Phone Number	-
Email Address	SIEWMING91@GMAIL.COM
Address	BLK 418 FAJAR ROAD 08-429 SINGAPORE 670418
Address complement	-
Postcode	670418
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Raining
Road Surface	Wet

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)	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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5301H
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

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

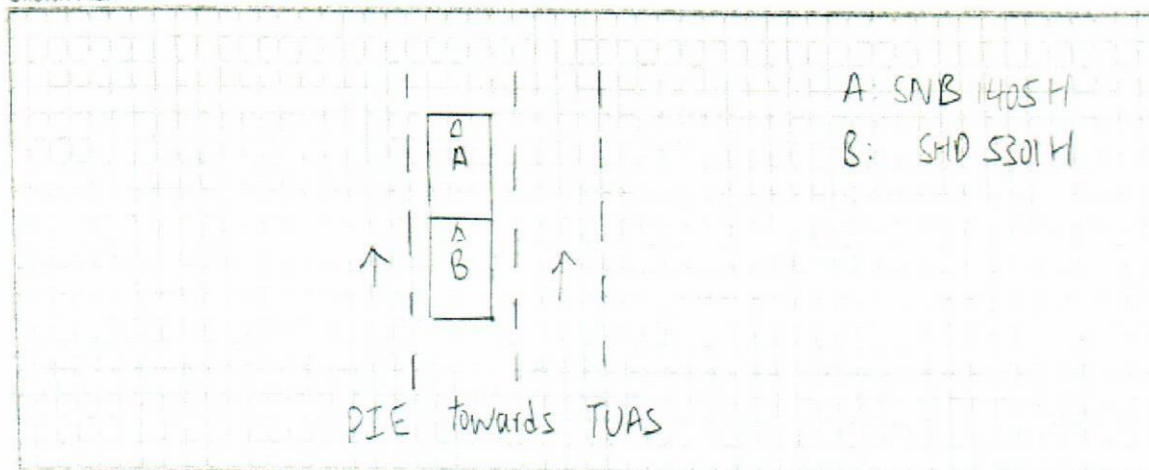
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

I was driving on PIE Expressway towards tuas direction at 7.23pm, 23 Dec 2024. The incident occurred when a mercedes cut into my lane ~~abruptly~~ abruptly, I managed to ~~brake~~ brake in time. Gave a light tap to inform him (Horn). Afterwards, he joined brake in front of me. It seems like he is unable to ~~move~~ move to the left lane due to motorcycles and come to a stop. I did keep my car distance and managed to brake in time. But the taxi behind hit my boot. SHD5301H, trans cab. In such, the boot and bumper of the car is damaged. The video of the incident has been recorded in my in-car camera.

Third party claim @ SV Autoworks PTE LTD 

Declaration

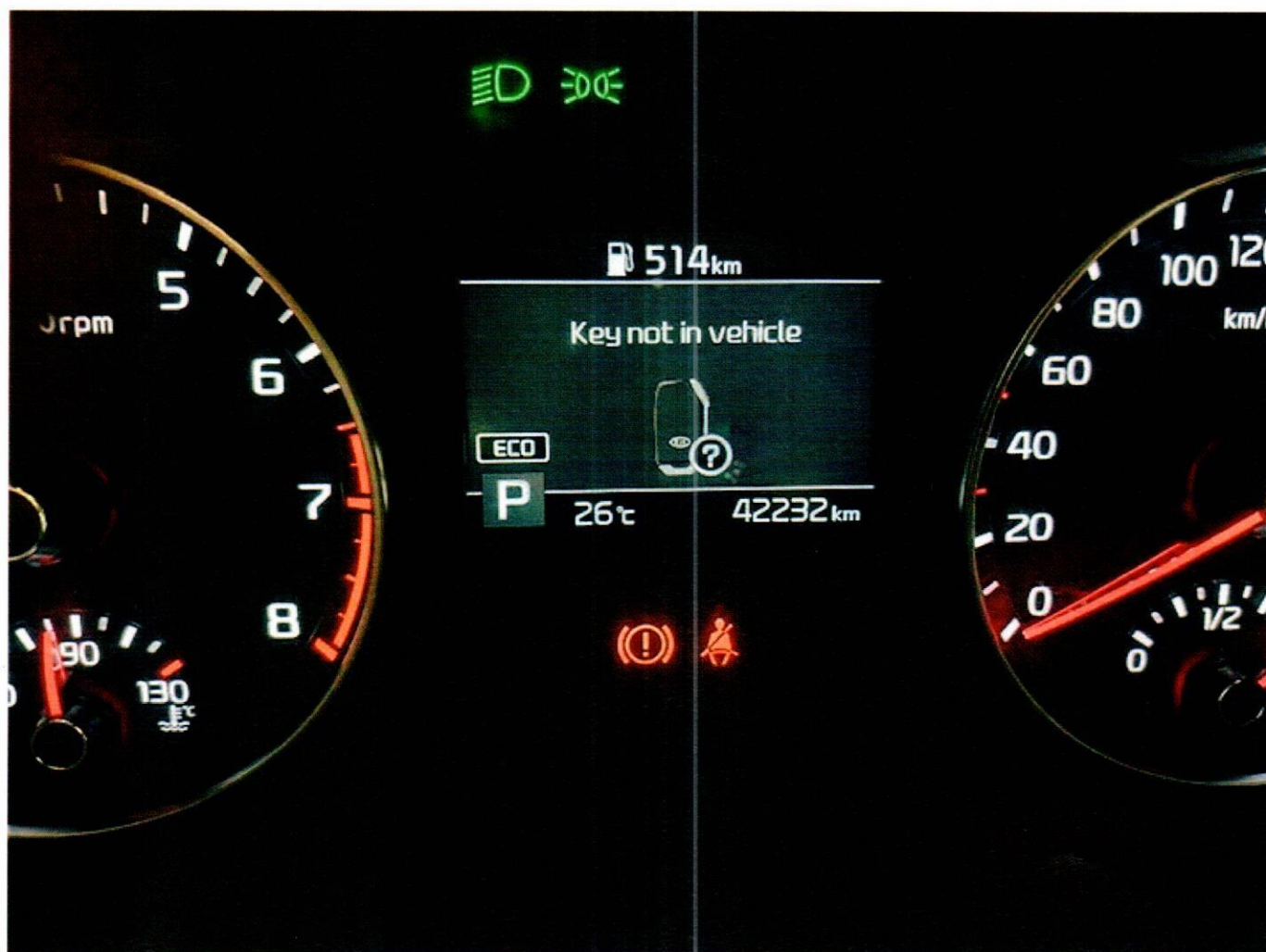
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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



























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV1024COM001 Vehicle Registration No: SNB1405H
Name (as shown in NRIC) : ER SIEW MING NRIC/FIN/Passport No : S9110381H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 418 FAJAR ROAD #08-429 Singapore(670418)
Contact (Tel) : _____ Mobile No.: +65 9625 7924
Email Address : BLOOPYZERO@HOTMAIL.COM
Date of Accident : 23/12/2024 Time of Accident : 1930
Place of Accident : PIE TOWARDS TUAS, NEARBY LORNIIE EXIT
Insurance Company: FWD Singapore Pte. Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMMENDMENT ON DATE OF ACCIDENT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:





Authorization for Accident Reporting

From -Yvonne - <bloopyzero@hotmail.com>

Date Tue 12/24/2024 9:17 AM

To Vin's Claims <claims@vinsautogroup.com.sg>

I, [Er Siew Hong S8918381B], owner of the vehicle with plate number [SNB 1405 H], hereby acknowledge and authorize [Er Siew Ming], holder of NRIC [S9110381H], to report the accident and process the accident claim on my behalf.

Accident Details:

Date: 23 Dec 2024

Time: 7.23pm

Location: PIE towards Tuas, near Lornie Exit, Lane 2

I declare that the above information is true and accurate to the best of my knowledge.

Thank you!