

## 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 Authorised 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 ability.
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 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 Report             | 18/09/2017 16:17       |
| Date Of Accident           | 17/09/2017 12:00       |
| Exact Location Of Accident | YISHUN INDUSTRIAL PARK |
| Country/State of Loss      | SINGAPORE              |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJD9951G             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | WOO CHANG WAH        |
| NRIC No                     | S8129849A            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91904207 |
| Alternative Phone No        | OTHERS-96944587      |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | SUBARU          |
| Model  | IMPREZA-1.5 (A) |
| 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              |
| If No, Please state action to be taken                                       | REPORTING ONLY  |
| Vehicle Category   | PRIVATE CAR     |

### Insurance Company

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE           |
| Fleet Policy              | NO                      |
| Policy Number             | PNPV2017-00003064       |
| Cover Note Number         | 11/04/2017 - 10/04/2018 |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | LIM CHOON HUA          |
| NRIC No              | S7816421B              |
| Date Of Birth        | 02/06/1978             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 27/09/2004             |
| Driving Experience   | 12 YEARS AND 11 MONTHS |
| Gender               | FEMALE                 |
| Mobile Number        | (LOCAL) +65-96944587   |
| Fax Number           |                        |
| Contact Number       | OTHERS-91904207        |
| E Mail Address       | CHELZLIM78@GMAIL.COM   |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 805 YISHUN RING ROAD<br>#09-4277 |
| Postcode  | 760805                               |
| Was driver an employee of the Insured's Company     | NO                                   |
| If No, Relationship of the Driver with the Insured  | FRIEND                               |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                          |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                          |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - CROSS JUNCTION |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Was any body injured in the Accident?   | YES |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 4   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

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  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |          |
|-------------------------------------|----------|
| Vehicle Registration Number         | SLS5688R |
| Vehicle Make/Model/Colour           |          |
| Details Of Properties               |          |
| Name of Driver                      |          |
| NRIC/Passport Number                |          |
| Contact Number                      |          |
| Address                             |          |
| Postcode                            |          |
| Insurance Company Name              |          |
| Nature Of Damage                    |          |
| No. Of Passenger (Including Driver) |          |

#### Details of Witness

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |

#### DETAILS OF INJURED PERSON 1

|      |              |
|------|--------------|
| Name | LIM PEI RONG |
|------|--------------|

Approximate Age

Injuries Sustain

LEFT HAND SCRATCHES

Injured person in which vehicle?

SJD9951G

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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 :

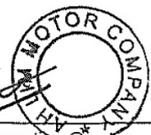
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

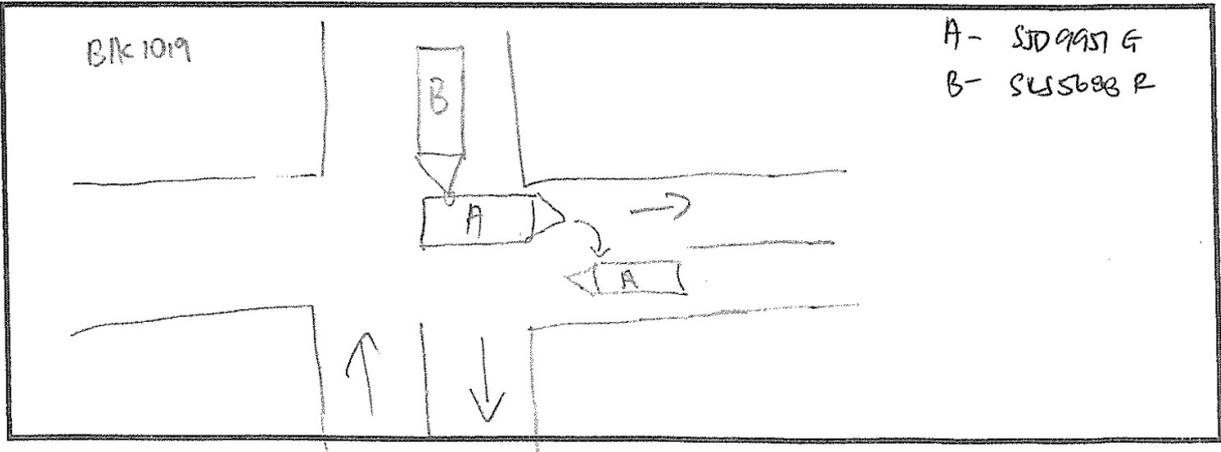
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time  
 18/1/19

  
 Driver's Signature (If driver is not the policyholder) / Date & Time  
 18/1/19 1120am

   
 Witnessed by Reporting Centre Personnel

Sketch Plan



**Sketch Plan Pg. 2**

**Describe Circumstances of the Accident**

Date: 18/9/17 Time: 12pm Location: Yishun Industrial Park

My Vehicle A: SJD 9951 G Vehicle B: SLS 5688 R Vehicle C/Others: \_\_\_\_\_

Around 12pm I was fetching my family for lunch to Taste of Thailand at Yishun Industrial Park A.

I turned into lane beside BIK 1019, halfway I realised the arrow is showing opposite direction of the road. However there isn't any 'No entry' sign.

I was unable to do a 3 point turn as it's a one lane with vehicles parking on the road. I decided to proceed to do a U turn in front.

As I approached to the cross junction, I stopped to check for oncoming vehicle. When I moved off, vehicle B ramped onto the left side of my vehicle. The impact was so big that my car skidded & spun 180°

Three 3 passengers and myself suffered minor injury.

The other driver and I exchanged particulars and arranged for tow truck.

Claim OD / TP at Ah Lim Motor

Claim OD / TP at other workshop

Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop :

Email Address :

& Myself : Lim Choon Hwe

Email Address : chel2lim78@gmail.com

Note : Please take note that your insurer have **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: 18/9/17

  
 Driver's Signature (If driver is not the policyholder)  
 Date & Time 18/9/17

  
 Witnessed by Reporting Centre  
 Personnel

**YOUR CLASSIC CAR INSURANCE SUMMARY**

Please call \_\_\_\_\_ for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER** : PNPV2017-00003064

**About this policy**

Premium paid : S\$987.58 Coverage start date : 11/04/2017  
(Inclusive of GST) Coverage end date : 10/04/2018  
Who is insured to drive: : You and any Authorised Driver  
Policy Type : CLASSIC

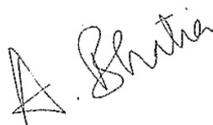
**About you (As the policyholder)**

Your name : Woo Chang Wah  
Address : 805 Yishun Ring Road 09-4277 Khatib Gardens Singapore 760805  
Email : johnsonwoosg@yahoo.com  
NRIC/FIN : S8129849A Date of birth : 09/10/1981  
Marital status : Single Gender : Male  
Current no claims discount : 10% Mobile Number : 91904207  
Years of driving experience : Three or more Certificate of merit : No

**About your car**

Car make and model : SUBARU IMPREZA 1.5  
Car plate number : SJD9951G Year of first registration : 2008

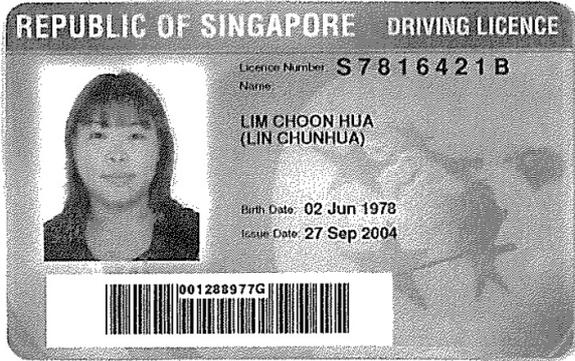
Issued on: : 07/04/2017



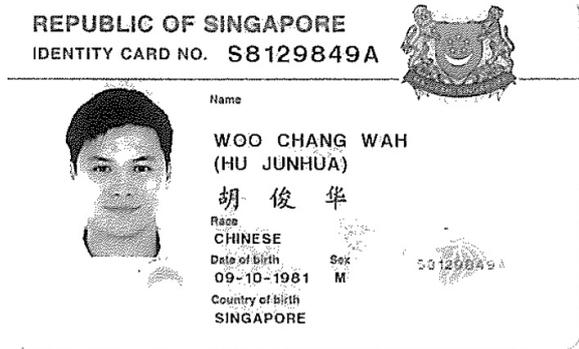
**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions  
and exclusions of this policy.  
Please immediately inform us at \_\_\_\_\_  
or email us to \_\_\_\_\_ if any details in  
this Travel Insurance Summary need to be changed.

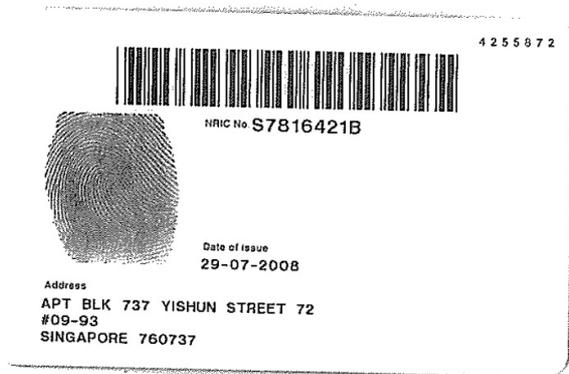
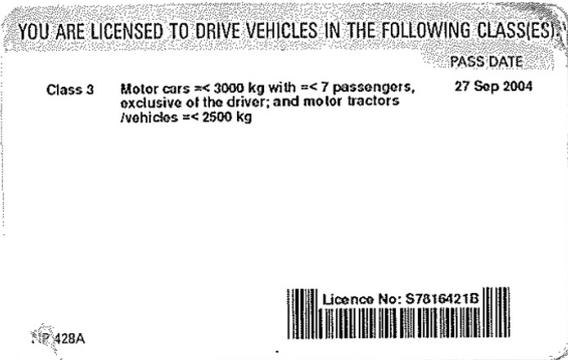
Sketch Plan Pg. 4



ipax  
 no video  
~~#~~  
 injung - Lim Pei Rong  
 left hand scratch -  
 S8530627H  
 clear eddy.  
 3rd party - ipax



96944587 / 91904207 (owner/friend)



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

