

## 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 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 Report	19/06/2019 16:37
Date Of Accident	14/06/2019 13:00
Exact Location Of Accident	CANTONMENT ROAD TWDS OUTRAM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX7431A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JESSICA WONG HUI TING
NRIC No	S8981991A
Email Address	KIOBING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91189640
Alternative Phone No	OTHERS-91112823

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-999CC TSI TL (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00004194
Cover Note Number	10/04/2019 - 09/04/2020

### Driver

Name of Driver	LI HUIBIN
NRIC No	S8439142E
Date Of Birth	17/12/1984
Occupation	INDOOR
Date Of Driving Pass	11/02/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91112823
Fax Number	
Contact Number	OTHERS-91189640
Email Address	BINDI.LI@ICLOUD.COM

Address	715 YISHUN ST 71 #07-300
Postcode	760715
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : LYNN ONG KAI SI GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	DIDN'T CAPTURE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBX622E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROGER WONG
NRIC/Passport Number	
Contact Number	96222602
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

SKETCH PLAN


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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

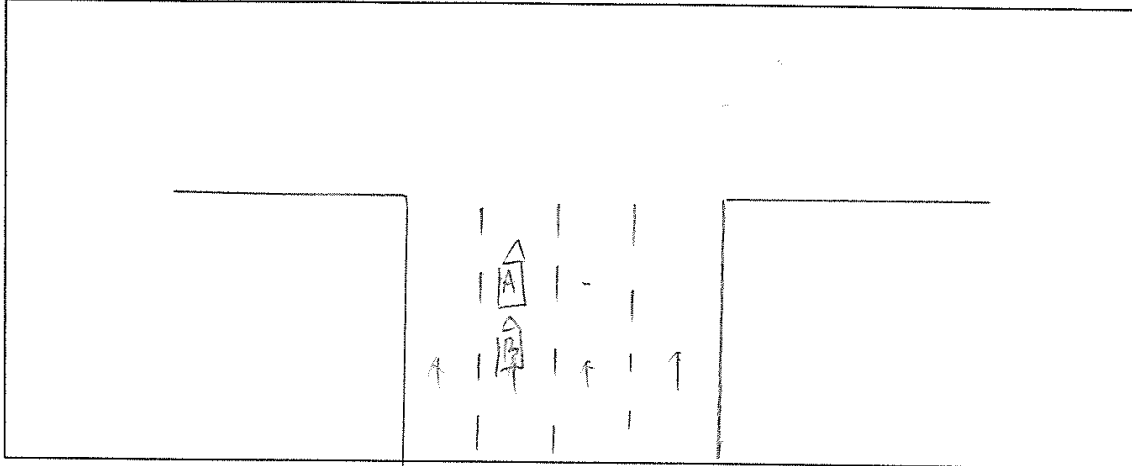
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan Pg. 2

Date of accident: 14/06/19 Time: 1303 Location: Cantonment Road Tuds Outram  
 My Vehicle A: SLX 7421A Vehicle B: SBX 672E Vehicle C: \_\_\_\_\_

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A stopped at red light. Vehicle B knocked from the back of Vehicle A. I feel the impact from my rear.

Name of Vehicle B: Roger Wong  
 mobile : 9622 2602

☒ 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 :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



AH LIM MOTOR COMPANY



### YOUR EXECUTIVE CAR INSURANCE SUMMARY

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 or the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER** : PNPV2019-00004194

#### About this policy

Premium paid	: S\$1,452.05	Coverage start date	: 10/04/2019
(Inclusive of GST)		Coverage end date	: 09/04/2020
Who is insured to drive:	: You and any Authorised Driver		
Plan Type	: EXECUTIVE		

#### About you (As the policyholder)

Your name	: Jessica Wong Hui Ting		
Address	: 21 Fernvale Close 22-03 Rivertrees Residences Singapore 797460		
Email	: kiobing@gmail.com		
NRIC/FIN	: S8981991A	Date of birth	: 02/09/1989
Marital status	: Single	Gender	: Female
Current no claims discount	: 10%	Mobile Number	: 91189640
Years of driving experience	: Three or more	Certificate of merit	: Yes

#### About your car

Car make and model	: VOLKSWAGEN GOLF 1.0
Year of first registration	: 2018
Car plate number	: SLX7431A
Issued on:	: 04/03/2019

**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 +65-6820-8888 or email us to [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in this Car Insurance Summary need to be changed.

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8439142E

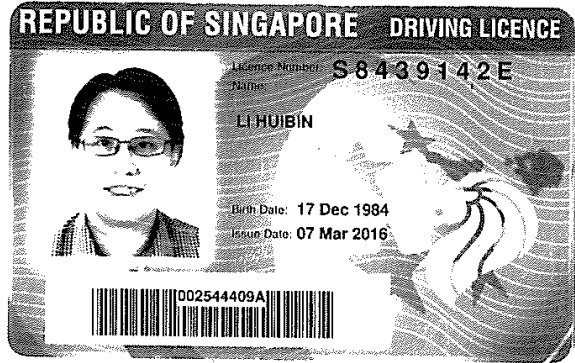


Name  
LI HUIBIN

Race  
CHINESE  
Date of birth  
17-12-1984  
Country/Place of birth  
SINGAPORE

Sex  
F

8439142E



9/11/2023

D/C

NO injury.

Box.

(F) Lynn Ong Kai Si

5553793



NRIC No S8439142E



Date of issue  
06-01-2016

Address  
APT BLK 715 YISHUN STREET 71  
#07-300  
SINGAPORE 760715

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$  11 Feb 2014



Licence No: S8439142E

NP 428A

To Whom It May Concern,

Accident involving my vehicle no. SLX 7431A on 14 Jun 2019 (date) with  
SBX 672E (other vehicle no) along Caution Road / Durtam Road

I, Jessica Wong Hui Ting Nric No. S8781991A

Owner of vehicle no. SLX 7431A am aware of the accident of my vehicle on  
14 Jun 2019 (Date) while car was driven by LI HUI BIN

Nric No. S8439142E. I hereby, authorise him / her to make the report.

X

JG

Name

Date:

.....  
..  
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X

\_\_\_\_\_

Name

Date:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

