

## 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	31/07/2019 18:25
Date Of Accident	31/07/2019 12:35
Exact Location Of Accident	THONG SOON GREEN
Country/State of Loss	SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLE2593Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM JOON YONG EDDIE
NRIC No	S7934146J
Email Address	EDDIELIMJY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97118279
Alternative Phone No	Others-97118279

### **Vehicle Particulars**

Manufacturer	TOYOTA
Model	WISH-1.8 (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	PNPV2018-00008963-01
Cover Note Number	14/07/2019-13/07/2020

### **Driver**

Name of Driver	LIM JOON YONG EDDIE
NRIC No	S7934146J
Date Of Birth	26/10/1979
Occupation	INDOOR
Date Of Driving Pass	05/01/2001

8/6/2019

E-FILE

Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97118279
Fax Number	
Contact Number	OTHERS-97118279
EMail Address	EDDIELIMJY@GMAIL.COM
Address	BLK 512C YISHUN ST 51 #13-463
Postcode	763512
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### **General Information of the Accident**

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	1

#### **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 ATTACHED STATEMENT & SKETCH 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	SLV7928U
Vehicle Make/Model/Colour	
Details Of Properties	

8/6/2019

E-FILE

Vehicle Category	PRIVATE CAR
Name of Driver	ANG JIAN WEI NICHOLAS
NRIC/Passport Number	S8711033H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Sketch Plan**

**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.
- (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: 31/7/2019  
1330 hrs

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

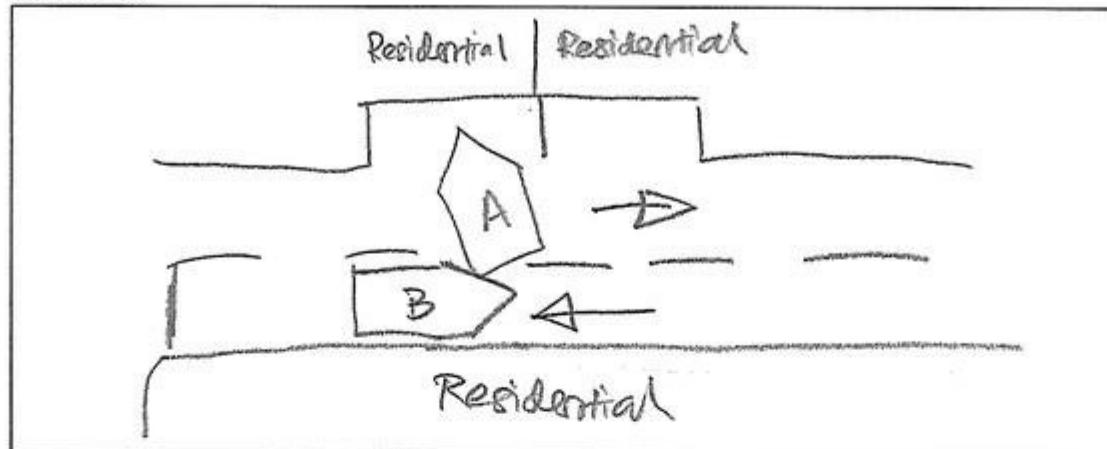
AH LIM MOTOR COMPANY  
No. 10 Ang Mo Kio Street 10

Reporting Centre Personnel's Signature -

Name:  
NRIC/FIN No.:

Date of accident: 31/07/2019 Time: 1235 hrs Location: Thong Soon Green  
 My Vehicle A: SLE 2593 Z Vehicle B: SLV 7928 V Vehicle C: -

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A was doing a three point turn at Thong Soon Green. While Car A was reversing, Car B was navigating through the area to avoid the parked cars along the road. Car A did not notice Car B at its rear and continued to reverse, hitting Car B in the process.

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 : eddielinjy@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: 31/07/2019  
1344 hrs

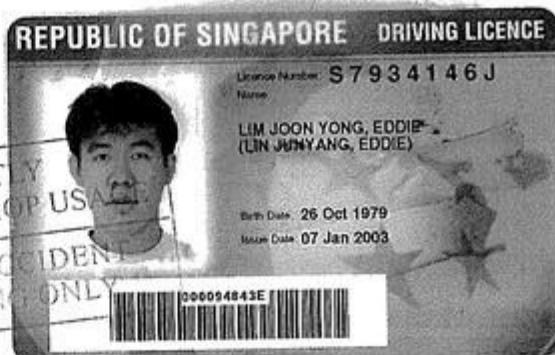
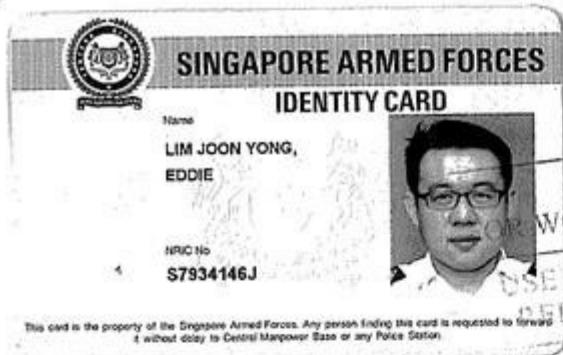
Driver's Signature  
 (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:  
 NRIC/FIN No.:

AH LIM MOTOR COMPANY



1px  
no video  
no injury.  
clear & dry.

3rd party  
Ang Jianwei, Nicholas  
S8711033H

97118279.



**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:** PNPV2018-00008963-01 (Comprehensive - Classic Plan)

Car plate number: SLE2593Z

Your name (As the policyholder): LIM JOON YONG EDDIE

Coverage start date: 14/07/2019

Coverage end date: 13/07/2020

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.

Finance company: Hong Leong Finance Limited

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

Issued on: 16/05/2019

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Abhishek Bhatia  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6620-8888  
or email us at contact.sg@fwd.com if any details  
in this Certificate of Insurance need to be changed.

**Accident Photo**

**Accident Photo**

**Accident Photo**

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**Accident Photo**



**Accident Photo**



**Accident Photo**

